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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047  <div> <div>2008</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2008</b> <b>calendar year, or tax year beginning 07-01-2008</b> <b>and ending 06-30-2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Washington Hospital Center Corporation		<b>D</b> Employer identification number 52-1272129
		Doing Business As		<b>E</b> Telephone number (202) 877-7000
		Number and street (or P O box if mail is not delivered to street address) 110 Irving Street NW	Room/suite	<b>G</b> Gross receipts \$ 1,100,794,947
		City or town, state or country, and ZIP + 4 Washington, DC 20010		
<b>F</b> Name and address of Principal Officer Harrison Rider 110 Irving Street NW Washington, DC 20010		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )		
<b>J</b> Web site: ▶ www.whcenter.org		<b>H(c)</b> Group Exemption Number ▶		
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ▶			<b>L</b> Year of Formation 1949	<b>M</b> State of legal domicile DC

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WHC is dedicated to delivering exceptional patient first health care. We provide the region with the highest quality and latest medical advances through excellence in patient care, education, and research.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3 28	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 18	
	5	Total number of employees (Part V, line 2a)	5 5,321	
	6	Total number of volunteers (estimate if necessary)	6 250	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 5,870,872	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -4,271,692	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,363,462	Current Year 7,943,472
	9	Program service revenue (Part VIII, line 2g)	1,000,056,271	1,068,799,723
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,105,267	-2,314,985
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,100,793	21,977,435
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,028,625,793	1,096,405,645
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	529,869,891	546,670,781
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		(Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	484,449,706	528,203,811
18		Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,014,319,597	1,074,874,592
19		Revenue less expenses. Subtract line 18 from line 12	14,306,196	21,531,053
Net Assets or Fund Balances				Beginning of Year
	20	Total assets (Part X, line 16)	406,615,673	396,046,407
	21	Total liabilities (Part X, line 26)	171,524,929	181,959,122
	22	Net assets or fund balances. Subtract line 21 from line 20	235,090,744	214,087,285

## Part II Signature Block

Please Sign Here	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				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2010-05-11</div> <div>Date</div> </div>	
	<div> <div></div> <div>Marc R Berger AVP, Taxation/Financial Compliance</div> <div>Type or print name and title</div> </div>				
Paid Preparer's Use Only	Preparer's signature	<div> <div></div> <div>Scott Sherman</div> </div>	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4	<div> <div></div> <div>KPMG LLP</div> <div>2100 Dominion Tower</div> <div>Norfolk, VA 235103310</div> </div>			EIN <input type="text"/>
					Phone no <input type="text"/> (757) 616-7000

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes

☐ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

☐ Yes

☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 56,616,251 including grants of \$ ) (Revenue \$ 17,755,746 )

Washington Hospital Center provided \$56.6M health professions education in fiscal 2009. These services generally included physician and medical student training, as well as training for other healthcare professionals.

4b

(Code ) (Expenses \$ 6,418,763 including grants of \$ ) (Revenue \$ )

Washington Hospital Center provided \$6.4M charity care services in fiscal 2009. Charity care is provided pursuant to MedStar Health’s Charity Care Policy to members of the community whose income is below certain thresholds and for which the hospital is not compensated.

4c

(Code ) (Expenses \$ 5,188,256 including grants of \$ ) (Revenue \$ )

Washington Hospital Center provided \$5.2M community health services in fiscal 2009. These services include community health education (support groups and self help), community based clinical services (screenings, free clinics, and mobile units), and health care support services.

4d

Other program services (Describe in Schedule O )

(Expenses \$ 822,680,155 including grants of \$ ) (Revenue \$ 1,051,043,977 )
















4e

Total program service expenses \$ 890,903,425









Must equal Part IX, Line 25, column (B).

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)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
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? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	28a Yes	
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	28b	No
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 	33	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	34 Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	35	No
<b>36</b>	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> . . . . . 	36	No
<b>37</b>	Did the organization conduct more than 5 percent 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> . . . . . 	37	No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a5,321		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body . . .

1a

28

1b

Enter the number of voting members that are independent . . .

1b

18

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? . . . . .

2

No

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? . . .

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets? . . .

5

No

6

Does the organization have members or stockholders? . . . . .

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .

7b

Yes

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a

the governing body? . . . . .

8a

Yes

b

each committee with authority to act on behalf of the governing body? . . . . .

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates? . . . . .

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .

10

Yes

11

Is there any officer, director or 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 . . . . .

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13 . . .

12a

Yes

b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

12b

Yes

c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

12c

Yes

13

Does the organization have a written whistleblower policy? . . . . .

13

Yes

14

Does the organization have a written document retention and destruction policy? . . . . .

14

Yes

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? . . . . .

15a

Yes

b

Other officers or key employees of the organization? . . . . .

15b

Yes

Describe the process in Schedule O

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? . . . . .

16a

Yes

b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

16b

Yes

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed DC

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ own website ☐ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
WASHINGTON HOSP CENTER CORP  
6525 BELCREST ROAD  
HYATTSVILLE, MD 20782  
(301) 209-5665

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)



(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D)  Reportable compensation from the organization (W- 2/1099MISC)	(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				
<b>1b Total . . . . .</b>									9,087,482	2,258,327	849,996

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	For any individual listed online 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> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

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

(A) Name and business address	(B) Description of services	(C) Compensation
Progressive Nursing Staffers 5514 Alma Lane Suite 201 SPRINGFIELD, VA 22151	MEDICAL STAFFING	5,489,522
AMN HEALTHCARE INC 2735 COLLECTION CENTER DRIVE CHICAGO, IL 60693	MEDICAL STAFFING	4,261,937
C2 Prof Svcs LLC 303 Cedar Grove Road EDGEWATER, MD 21037	MEDICAL STAFFING	3,337,254
Healthcare Management Group 1201 Seven Locks Road Suite 200 ROCKVILLE, MD 20854	MEDICAL STAFFING	1,958,713
Neathawk Dubuque and Packett One East Cary Street RICHMOND, VA 23219	Advertising	1,512,919
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization . . . . .		62

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . . 1a						
	b	Membership dues . . . . . 1b						
	c	Fundraising events . . . . . 1c						
	d	Related organizations . . . . . 1d						
	e	Government grants (contributions) 1e		3,830,308				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f		4,113,164				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total (Add lines 1a-1f) . . . . .		7,943,472				
	Program Service Revenue	2a	PATIENT SERVICES	Business Code 621,300	1,060,401,631	1,060,401,631		
b		PHARMACY	900,099	4,533,628	4,533,628			
c		LABORATORY FEES	621,500	3,864,464	3,864,464			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f . . . . . \$ 1,068,799,723						
Other Revenue		3	Investment income (including dividends, interest other similar amounts) . . . . .		2,074,317			2,074,317
		4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		0				
	6a	Gross Rents	(i) Real 1,182,876	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)	1,182,876					
	d	Net rental income or (loss) . . . . .		1,182,876			1,182,876	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses	4,389,302					
	c	Gain or (loss)	-4,389,302					
	d	Net gain or (loss) . . . . .		-4,389,302			-4,389,302	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . a						
	b	Less direct expenses . . . . . b						
	c	Net income or (loss) from fundraising events . . . . .		0				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . a						
	b	Less direct expenses . . . . . b						
	c	Net income or (loss) from gaming activities . . . . .		0				
	10a	Gross sales of inventory, less returns and allowances . . . . . a						
	b	Less cost of goods sold . . . . . b						
	c	Net income or (loss) from sales of inventory . . . . .		0				
	Miscellaneous Revenue	Business Code						
11a	MISC REVENUE	621,500	9,652,056	9,138,701	513,355			
b	PARKING	812,930	3,543,526			3,543,526		
c	SALE OF STEAM	339,110	5,357,517		5,357,517			
d	All other revenue		2,241,460	2,241,460				
e	Total. Add lines 11a-11d . . . . . \$ 20,794,559							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			1,096,405,645	1,080,179,884	5,870,872	2,411,417	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	4,348,814	3,824,397	524,417	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	457,970,064	402,720,354		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	16,521,099	14,530,790	1,990,309	
9	Other employee benefits . . . . .	37,633,282	33,116,068	4,517,214	
10	Payroll taxes . . . . .	30,197,522	25,537,267	4,660,255	
11	Fees for services (non-employees)				
a	Management . . . . .	56,205,082	14,802,854	41,402,228	
b	Legal . . . . .	1,990,320	5,000	1,985,320	
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	61,177,626	40,823,183	20,354,443	
12	Advertising and promotion . . . . .	3,080,474	328,843	2,751,631	
13	Office expenses . . . . .	15,652,414	13,899,308	1,753,106	
14	Information technology . . . . .	206,671	157,475	49,196	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	4,621,348	2,964,492	1,656,856	
17	Travel . . . . .	2,179,836	1,414,367	765,469	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
19	Conferences, conventions and meetings . . . . .	935,252	569,807	365,445	
20	Interest . . . . .	12,332,847	12,332,847		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	36,935,653	36,935,653		
23	Insurance . . . . .	34,421,069	261,385	34,159,684	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	MED/SURG SUPPLIES	84,978,370	84,928,975	49,395	
b	UTILITIES	18,831,133	17,851,844	979,289	
c	BAD DEBT RESERVE	84,200,504	84,200,504		
d	DRUGS/PHARMACEUTICALS	36,862,073	36,764,886	97,187	
e	FOOD SERVICE	7,474,900	6,456,710	1,018,190	
f	All other expenses	66,118,239	56,476,416	9,641,823	
25	Total functional expenses. Add lines 1 through 24f	1,074,874,592	890,903,425	183,971,167	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X**    **Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .	486,498	<b>1</b> 30,000
	<b>2</b>	Savings and temporary cash investments . . . . .	24,945,851	<b>2</b> 25,350,844
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>
	<b>4</b>	Accounts receivable, net . . . . .	82,046,386	<b>4</b> 90,028,911
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>
	<b>7</b>	Notes and loans receivable, net . . . . .		<b>7</b>
	<b>8</b>	Inventories for sale or use . . . . .	14,196,775	<b>8</b> 14,890,817
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	3,895,357	<b>9</b> 2,721,743
	<b>10a</b>	Land, buildings, and equipment cost basis		
		<b>10a</b> 653,458,244		
	<b>b</b>	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .		
		<b>10b</b> 455,980,542	210,693,792	<b>10c</b> 197,477,702
	<b>11</b>	Investments—publicly traded securities . . . . .	60,472,586	<b>11</b> 0
	<b>12</b>	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .		<b>12</b> 47,670,369
	<b>13</b>	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>
<b>14</b>	Intangible assets . . . . .		<b>14</b>	
<b>15</b>	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	9,878,428	<b>15</b> 17,876,021	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	406,615,673	<b>16</b> 396,046,407	
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .	93,447,379	<b>17</b> 94,036,570
	<b>18</b>	Grants payable . . . . .		<b>18</b>
	<b>19</b>	Deferred revenue . . . . .	2,840,733	<b>19</b> 2,754,853
	<b>20</b>	Tax-exempt bond liabilities . . . . .		<b>20</b>
	<b>21</b>	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>
	<b>22</b>	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>
	<b>24</b>	Unsecured notes and loans payable . . . . .		<b>24</b>
	<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	75,236,817	<b>25</b> 85,167,699
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	171,524,929	<b>26</b> 181,959,122
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b>	Unrestricted net assets . . . . .	225,538,780	<b>27</b> 205,823,014
	<b>28</b>	Temporarily restricted net assets . . . . .	4,363,568	<b>28</b> 3,093,247
	<b>29</b>	Permanently restricted net assets . . . . .	5,188,396	<b>29</b> 5,171,024
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>
	<b>33</b>	Total net assets or fund balances . . . . .	235,090,744	<b>33</b> 214,087,285
	<b>34</b>	Total liabilities and net assets/fund balances . . . . .	406,615,673	<b>34</b> 396,046,407

**Part XI**    **Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b> Yes	
<b>c</b>	If "Yes" to lines 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? . . . . .	<b>2c</b> Yes	
<b>3a</b>	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>3a</b>	No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Washington Hospital Center Corporation	Employer identification number 52-1272129
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H )
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>Section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )
11	<input type="checkbox"/>	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 <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally Integrated      d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <b>Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 <b>Public Support</b> subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a <b>33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage		
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage		
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a33 1/3% Tests - 2008. 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		
b33 1/3% Tests - 2007. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test



SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

**Name of the organization**  
Washington Hospital Center Corporation

**Employer identification number**  
  
52-1272129

**Part I**

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

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

**Part II**

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

**1**

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

**2**

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

	Held at the End of the Year
<b>a</b>	

Total number of conservation easements

**3**

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ **Yes**☐ **No**

**6**

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

**7**

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

**8**

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

☐ **Yes**☐ **No**

**9**

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

**Part III**

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

**1a**

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

**b**

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

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

▶ \$

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

▶ \$

**2**

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

**a**

Revenues included in Form 990, Part VIII, line 1

▶ \$

**b**

Assets included in Form 990, Part X

▶ \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		321,669,527	205,637,512	116,032,015
c Leasehold improvements . . . . .		5,957,882	5,514,407	443,475
d Equipment . . . . .		33,670,517	31,019,741	2,650,776
e Other . . . . .		292,160,318	213,808,882	78,351,436
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				197,477,702

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other L/T BOARD DESIGNATED FUNDS	20,182,555	F
Other BOARD DESIGNATED GAINS	11,614,631	F
Other INVESTMENTS TEMP RESTRICTED	3,280,897	F
Other L/T ENDOWMENT FUNDS	5,143,255	F
Other CAPITAL CERTIFICATE HBCS	5,250,000	F
Other FUNDED DEPRECIATION	670,788	F
Other GRANTS	1,528,243	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	47,670,369	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
ACCRUED INTEREST	0
OTHER ASSETS	5,626,106
OTHER RECEIVABLE	10,365,089
CASH SURRENDER - INSUR L/T	1,573,815
OPTION IT ASSET	311,011
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
LIAB FOR SELF-INSUR CLAIMS	4,811,308
OTHER LIABILITIES	16,999,204
PATIENT SERVICE REFUNDS	23,540,032
PENSION LIABILITY	39,481,576
DUE TO AFFILIATES	6,685
WKRS CMP- SELF INS TRUST FUND	328,894
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	85,167,699

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FIN 48	Schedule D, Part XIV	The Corporation accounts for uncertain tax positions in accordance with the Financial Accounting Standards Board (FASB) issued Interpretation No 48, Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement 109 (FIN 48)

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization  
Washington Hospital Center Corporation

Employer identification number  
52-1272129

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i> ) . . . .						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i> ) . . . .						
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i> ) . . . . .						
d Total Charity Care and Means-Tested Programs . . . . .						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i> ) . . . . .						
f Health professions education (from <i>worksheet 5</i> ) . . . . .						
g Subsidized health services (from <i>worksheet 6</i> ) . . . . .						
h Research (from <i>worksheet 7</i> ) . . . . .						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i> ) . . . . .						
j Total Other Benefits . . . . .						
k Total (line 7d and 7j) . . . . .						

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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 IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6—surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**2 Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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**3 Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

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**4 Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

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**5 Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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**6** Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

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**7** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

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**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report



Schedule J (Form 990)  <div>Department of the Treasury Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.</div>	OMB No 1545-0047
		2008
		Open to Public Inspection

Name of the organization Washington Hospital Center Corporation	Employer identification number 52-1272129
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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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><input type="checkbox"/> First class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div>	<div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	<div><input checked="" type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div>	<div><input checked="" type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



Software ID:

Software Version:

EIN: 52-1272129

Name: Washington Hospital Center Corporation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
James Caldas	(i) (ii)	574,104 0	232,996 0	0 0	19,727 0	18,277 0	845,104 0	287,052 0
Janis Orlowski MD	(i) (ii)	456,855 0	138,076 0	0 0	19,673 0	17,654 0	632,258 0	228,428 0
Dennis Pullin	(i) (ii)	349,370 0	98,204 0	0 0	6,389 0	15,286 0	469,249 0	0 0
Sandra Marshall	(i) (ii)	258,675 0	0 0	322,461 0	50,309 0	5,097 0	636,542 0	564,546 0
Christina Younger	(i) (ii)	259,717 0	76,095 0	0 0	20,650 0	8,340 0	364,802 0	129,859 0
Thomas Marchozzi	(i) (ii)	187,700 0	3,940 0	0 0	7,419 0	10,118 0	209,177 0	187,700 0
Mark Smith md	(i) (ii)	554,192 0	100,000 0	0 0	31,389 0	9,921 0	695,502 0	277,096 0
Lisa Boyle MD	(i) (ii)	193,751 0	289,676 0	0 0	22,767 0	1,385 0	507,579 0	241,714 0
Arthur St Andre md	(i) (ii)	276,067 0	119,564 0	0 0	32,304 0	5,187 0	433,122 0	197,816 0
Kenneth A Samet	(i) (ii)	0 1,083,187	0 1,157,977	0 17,163	0 376,568	0 12,332	0 2,647,227	0 541,594
Marion Jordan MD	(i) (ii)	181,069 0	680,937 0	0 0	27,552 0	7,546 0	897,104 0	431,003 0
James Jeng MD	(i) (ii)	128,166 0	680,937 0	0 0	17,040 0	9,422 0	835,565 0	404,552 0
Stephen Gunther MD	(i) (ii)	218,218 0	541,739 0	0 0	19,991 0	8,010 0	787,958 0	379,979 0
Edward Platia MD	(i) (ii)	121,136 0	632,176 0	0 0	26,543 0	7,337 0	787,192 0	376,656 0
Zayd Eldadah MD	(i) (ii)	186,672 0	479,552 0	0 0	5,710 0	9,490 0	681,424 0	0 0
Dan Macksood	(i) (ii)	176,089 0	36,016 0	0 0	0 0	6,773 0	218,878 0	0 0
Elizabeth Wykpisz	(i) (ii)	214,971 0	59,733 0	0 0	0 0	4,636 0	279,340 0	0 0

Schedule L  
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization  
Washington Hospital Center Corporation

Employer identification number  
52-1272129

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total . . . . . ▶ \$

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Dennis Wraase	See Schedule O	1,411,789	Utility Services		No

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SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Washington Hospital Center Corporation

Employer identification number

52-1272129

Identifier	Return Reference	Explanation
Executive Compensation Process	Part VI, Section B, Question 15	The Executive Compensation Committee of the Board of Directors of MedStar Health, Inc (the "Committee") has oversight over the executive compensation program (the "Program") of MedStar Health, Inc and its affiliates Total compensation for the top management officials, officers and key employees of MedStar Health, Inc and its affiliates are reviewed and approved by the Committee with assistance and guidance from an independent third party advisor The members of the Committee are independent from all of the participants in the Program The main objective of the Program is to provide market competitive total compensation that is internally equitable and has a strong pay-for-performance linkage Performance is evaluated at the system, operating unit, and individual levels The overall total compensation philosophy is managed at the 75th percentile of the competitive market for comparable size (net revenue) and type ("tax-exempt healthcare organizations") Where appropriate, additional industry data is considered (general business and/or taxable healthcare) for selected positions that can be recruited from or potentially lost to these industries (e g , information technology, finance, etc ) The Committee has engaged Ernst & Young LLP ("E&Y") to serve as an advisor on the reasonableness and competitiveness of the Program In determining reasonableness and competitiveness, E&Y reviews market practices and trends, and makes recommendations related to the Program E&Y utilizes information from custom surveys, national compensation surveys, proprietary databases, and client experiences to determine its final recommendations E&Y presents their findings and recommendations to the Committee The Committee makes the final decisions on all of the compensation determinations of the Program All decisions made by the Committee are contemporaneously documented

Identifier	Return Reference	Explanation
COMPENSATION FOOTNOTES	PART VII, SECTION A	KENNETH SAMET KENNETH SAMET'S DEFERRED COMPENSATION IN PART II, COLUMN (C) INCLUDES \$330,414 REPRESENTING THE AMOUNT TO WHICH MR SAMET BECAME VESTED IN A SUPPLEMENTAL RETIREMENT BENEFIT THIS SUPPLEMENTAL RETIREMENT BENEFIT WAS EARNED DURING THE PAST 20 YEARS OF SERVICE

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING	PART XI, QUESTION 2C	WASHINGTON HOSPITAL CENTER CORPORATION is part of the MedStar Health, Inc audit and subject to oversight by the Audit Committee of the MedStar Board

Identifier	Return Reference	Explanation
Conflict of Interest Policy	Part VI, Section B, Question 12c	Appointment of Boards of Directors MedStar Health (and its subsidiaries) require all nominated Directors, prior to their appointment or election, to disclose the existence of (or potential existence of) any transaction with MedStar that would result in a conflict of interest Such disclosures (if any) are reviewed by the Governance Committee of the MedStar Health Board of Directors which determines how the matter should be resolved Annual Disclosures - All Officers, Directors, and Senior Managers All Officers, Directors and Senior Managers are required, not less than annually, to complete a survey of questions concerning any transactions or relationships which would or could represent a conflict of interest Such disclosures (if any) are reviewed by the Governance Committee of the MedStar Health Board of Directors which determines how the matter should be resolved

Identifier	Return Reference	Explanation
Financial Statements Availability	Part VI, Section C, Question 19	In prior years, MedStar Health has posted its annual financial audit and quarterly financial reports to the Nationally Recognized Municipal Securities Information Repository (NRMSIRs) and this year the organization began posting its financials to the Electronic Municipal Market Access (EMMA) system The organization also mails its annual and quarterly disclosures to holders of the Company's publicly traded debt The Company's governance documents and conflicts of interest policies are available upon request through its corporate (or as applicable entity) public information offices

Identifier	Return Reference	Explanation
Social Club Dues	Schedule J, Question 1a	The organization paid social club dues for one of its officers during this year Participation in these activities by the officer was for business purposes, and helped the organization further its exempt purposes

Identifier	Return Reference	Explanation
Process for Reviewing Form 990	Part VI, Section A, Question 10	The process for reviewing the Form 990 included education and transparency Senior financial executives, working with independent outside experts, thoroughly reviewed the revised Form 990 and accompanying instructions and provided education sessions on the revised Form to the organization's governing body and its senior officers In addition, separate education sessions were provided to the following committees of organization's governing body Finance, Audit, Governance, Strategic Planning, and Executive Compensation This education process took place over several months Following these education sessions, the governing body was provided a copy of the Form 990 in its final form and was encouraged to provide any input or comments relating to the Form 990 prior to its filing

Identifier	Return Reference	Explanation
Business Transactions Involving Interested Persons	Schedule L, Part IV, Question B	Dennis Wraase, at the time of reporting, was CEO of Pepco Holdings (PEPCO), which provides utility services to the Hospital The total amount of payments to PEPCO during the year was \$1,411,789

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
Washington Hospital Center Corporation

Employer identification number  
52-1272129

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Surgicenter at Pasadena LLC  5565 Sterrett Place 5th Floor Columbia, MD21044 52-2009504	Medical Services	MD	NA	Related				No			No
SJMC-RA LLC  5565 Sterrett Place 5th Floor Columbia, MD21044 75-3160895	Radiation Therapy	MD	NA	Related				No			No
Physician Imaging of Washington Hospital  6525 Belcrest Road Suite G 50 Hyattsville, MD20782 56-2616090	Lab Services	MD	NA	Related				No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
See Additional Data Table							



Part V

Transactions with Related Organizations

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

Software ID:

Software Version:

EIN: 52-1272129

Name: Washington Hospital Center Corporation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(F) Direct Controlling Entity
Church Home Corporation  5565 Sterrett Place 5th Floor Columbia, MD21044 23-7374724	Medical Fund	MD	501(c)(3)	PF	NA
Franklin Square Hospital Center Inc  9000 Franklin Square Drive Baltimore, MD21237 52-0608007	Hospital	MD	501(c)(3)	3	NA
Harbor Hospital Inc  3001 South Hanover Street Baltimore, MD21225 52-0491660	Hospital	MD	501(c)(3)	3	NA
Medstar Health Inc  5565 Sterrett Place 5th Floor Columbia, MD21044 52-2087445	Medical Svcs	MD	501(c)(3)	11b II	NA
Montgomery General Hospital  18101 Prince Philip Drive Olney, MD20832 52-0646893	Hospital	MD	501(c)(3)	3	NA
The Good Samaritan Hospital of Maryland  5601 Loch Raven Blvd Baltimore, MD21239 52-0591607	Hospital	MD	501(c)(3)	3	NA
The Union Memorial Hospital  201 East University Parkway Baltimore, MD21218 52-0591685	Hospital	MD	501(c)(3)	3	NA
Medstar Research Institute  108 Irving Street NW Washington, DC20010 52-6056274	Hospital	DC	501(c)(3)	3	NA
The Medstar-Georgetown Medical Center I  Hopsital Admin 1 Main Bldg Washington, DC20007 52-2218584	Hospital	DC	501(c)(3)	3	NA
HH Medstar Health Inc  5565 Sterrett Place 5th Floor Columbia, MD21044 52-1542230	Medical Svcs	MD	501(c)(3)	11b II	NA
Bay Development Corp  5565 Sterrett Place 5th Floor Columbia, MD21044 52-1132992	Foundation	MD	501(c)(3)	11a I	NA
Bay Life Services Inc  5565 Sterrett Place 5th Floor Columbia, MD21044 52-1496539	Mental Health	MD	501(c)(3)	9	NA
MedStar Surgery Center Inc  4061 Powdermill Road Suite 210 Calverton, MD20705 52-1061679	Medical Svcs	MD	501(c)(3)	9	WHC Corp
Church Home and Hospital of the City of  5565 Sterrett Place 5th Floor Columbia, MD21044 52-0591600	Medical Fund	MD	501(c)(3)	3	NA
Foundation for Georgetown University Hos  Hopsital Admin 1 Main Bldg Washington, DC20007 52-2339873	Foundation	DC	501(c)(3)	11a I	NA
Franklin Square Hospital Center Foundati  9000 Franklin Square Drive Baltimore, MD21237 52-2329546	Foundation	MD	501(c)(3)	11a I	NA
Good Samaritan Hospital Foundation Inc  5601 Loch Raven Blvd Baltimore, MD21239 52-2307122	Foundation	MD	501(c)(3)	11a I	NA
Good Samaritan Nursing Center Inc  5601 Loch Raven Blvd Baltimore, MD21239 52-1672866	Medical Svcs	MD	501(c)(3)	9	NA
GS Housing Inc  5601 Loch Raven Blvd Baltimore, MD21239 52-1481656	Elder Housing	MD	501(c)(3)	9	NA
GS Properties Inc  5601 Loch Raven Blvd Baltimore, MD21239 52-1429853	Admin Svcs	MD	501(c)(3)	11a I	NA
Harbor Hospital Foundation Inc  3001 South Hanover Street Baltimore, MD21225 52-1284532	Foundation	MD	501(c)(3)	11a I	NA
Medstar Health Infusion Inc  4061 Powdermill Road Suite 210 Calverton, MD20705 52-1980510	Medical Svcs	MD	501(c)(3)	9	NA
Medstar Health Visiting Nurses Associati  4061 Powdermill Road Calverton, MD20705 53-0196597	Medical Svcs	MD	501(c)(3)	9	NA
Medstar Long Term Care Corporation  4061 Powdermill Road Suite 210 Calverton, MD20705 52-1489097	Hospital	MD	501(c)(3)	3	NA
Medstar VNA Healthcare  4061 Powdermill Road Suite 210 Calverton, MD20705 52-1458516	Medical Svcs	MD	501(c)(3)	9	NA
MGH Community Health Inc  18101 Prince Philip Drive Olney, MD20832 52-1372467	Medical Svcs	MD	501(c)(3)	9	NA
MGH Health Foundation Inc  18101 Prince Philip Drive Olney, MD20832 52-1129959	Foundation	MD	501(c)(3)	7	NA
MGH Health Services Inc  18101 Prince Philip Drive Olney, MD20832 52-1366812	Foundation	MD	501(c)(3)	11a I	NA
MGH Women's Board  18101 Prince Philip Drive Olney, MD20832 52-6039600	Foundation	MD	501(c)(3)	11a I	NA
National Rehabilitation Hospital  102 Irving Street NW Washington, DC20010 52-1369749	Hospital	DC	501(c)(3)	3	NA

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(F) Direct Controlling Entity
Regional Rehab at Olney Inc  18101 Prince Philip Drive Olney, MD20832 52-2310902	Medical Svcs	MD	501(c)(3)	3	NA
Suburban NRH Medical Rehabilitation I  102 Irving Street NW Washington, DC20010 52-1931151	Medical Svcs	DC	501(c)(3)	3	NA
The Thomas O'Neil Catholic Health Care F  5601 Loch Raven Blvd Baltimore, MD21239 52-1104382	Foundation	MD	501(c)(3)	11a I	NA
Union Memorial Hospital Foundation Inc  201 East University Parkway Baltimore, MD21218 52-1446828	Foundation	MD	501(c)(3)	11a I	NA
VNA Foundation  4061 Powdermill Road Suite 210 Calverton, MD20705 52-1331981	Foundation	MD	501(c)(3)	11a I	NA
VNA Inc  4061 Powdermill Road Suite 210 Calverton, MD20705 52-1332411	Admin Svcs	MD	501(c)(3)	11a I	NA
WHC Foundation Inc  110 Irving Street NW Washington, DC20010 52-1791670	Foundation	DC	501(c)(3)	11a I	WHC Corp
Woodbourne Woods Inc  5601 Loch Raven Blvd Baltimore, MD21239 52-2299070	Elder Housing	MD	501(c)(3)	9	NA
Self Insurance Trust of Washington Hospi  110 Irving Street NW Washington, DC20010 52-1128332	Self Insuranc	DC	501(c)(3)	11a I	NA

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
MedStar Pharmacies Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1513056	Drug Sales	XY	NA	C Corp			
ExtenCare Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1556228	Medical Services	MD	NA	C Corp			
Helix Resources Management Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1913070	Admin Services	MD	NA	C Corp			
HelixCare Medical Group LLC 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1955580	Medical Services	MD	NA	C Corp			
HelixCare Properties LLC 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1966695	Medical Services	MD	NA	C Corp			
Parkway Ventures Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1702572	Holding Company	MD	NA	C Corp			
Physicians Administrative Services Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 23-7042074	Billing Services	MD	NA	C Corp			
MedStar Family Choice Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1995521	Managed Care	MD	NA	C Corp			
Medstar Enterprises Inc 4061 Powdermill Road Suite 210 Calverton, MD20705 52-2139841	Admin Services	MD	WHC Corp	C Corp			
Nascott Inc 4061 Powdermill Road Suite 210 Calverton, MD20705 52-1693808	Medical Services	MD	Medstar Ent	C Corp			
Star Billing Inc 4061 Powdermill Road Suite 210 Calverton, MD20705 52-1850113	Billing Services	MD	Medstar Ent	C Corp			
Washington Risk Network Management Inc 4061 Powdermill Road Suite 210 Calverton, MD20705 52-2132677	Medical Services	MD	Medstar Ent	C Corp			
Washington Hospital Center Physician Hos 100 Irving Street NW Washington, DC20010 52-1931000	Medical Services	MD	WHC Corp	C Corp			
Medstar Physician Partners Inc 4061 Powdermill Road Suite 210 Calverton, MD20705 52-2030809	Medical Services	MD	WHC Corp	C Corp			
NRH Ambulatory Services Inc 102 Irving Street NW Washington, DC20010 52-1930165	Rehab Services	MD	NA	C Corp			
Franklin Square Drive Land Condo Associa 5565 Sterrett Place 5th Floor Columbia, MD21044 76-0756352	Condo Owner Assoc	MD	NA	C Corp			
MGH Diversified Services Inc 18101 Prince Philip Drive Olney, MD20832 52-1943602	Medical Services	MD	NA	C Corp			
Greenspring Financial Insurance Limited  98-0188617	Insurance	MD	NA	C Corp			

Additional Data

Software ID:  
Software Version:  
EIN: 52-1272129  
Name: Washington Hospital Center Corporation

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Mark Smith md , Director	40 0	X						654,192	0	41,310
Lisa Boyle MD , PHYSICIAN/BOARD MEMBER	40 0	X						483,427	0	24,152
Arthur St Andre md , Section Director	40 0	X						395,631	0	37,491
Frederick Finelli MD , Board Member	1 0	X						119,435	0	0
Michael C Pistole MD , Board Member	1 0	X						32,000	0	0
Kenneth A Samet , Director	1 0	X						0	2,258,327	388,900
Neal M Kurzrok , BOARD MEMBER	1 0	X						0	0	0
Patricia A McGuire , BOARD MEMBER	1 0	X						0	0	0
Eric W Price , BOARD MEMBER	1 0	X						0	0	0
Elizabeth Ross MD , BOARD MEMBER	1 0	X						0	0	0
John A Sargent , BOARD MEMBER	1 0	X						0	0	0
Dennis R Wrasse , BOARD MEMBER	1 0	X						0	0	0
Carol R Joynt , Board Member	1 0	X						0	0	0
Benjamin I Lee MD , Board Member	1 0	X						0	0	0
Hon Charles A Bowsher , Board Member	1 0	X						0	0	0
Barbara Collins , Board Member	1 0	X						0	0	0
Richard A Weiss , Board Member	1 0	X						0	0	0
Marc N Duber , Board Member	1 0	X						0	0	0
Robin B Martin , BOARD MEMBER	1 0	X						0	0	0
William H Edwards Jr , Board Member	1 0	X						0	0	0
David C Grant Jr MD , Board Member	1 0	X						0	0	0
Ramon Barquin PhD , Director	1 0	X						0	0	0
Gary Gensler , Director	1 0	X						0	0	0
Richard A Hauser , Director	1 0	X						0	0	0
James H Shelton III , Director	1 0	X						0	0	0
L Marie Guillory , BOARD MEMBER	1 0	X						0	0	0
James Caldas , President	40 0			X				807,100	0	38,004
Janis Orlowski MD , SVP Medical Affairs	40 0			X				594,931	0	37,327
Dan Macksood , Sr Vice Pres and CFO	40 0			X				212,105	0	6,773
Linda Taylor , Secretary	40 0			X				107,193	0	9,154

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Dennis Pullin , Senior VP Operations	40 0				X			447,574	0	21,675
Elizabeth Wykpisz , Senior Vice President	40 0				X			274,704	0	4,636
Marion Jordan MD , Section Director	40 0					X		862,006	0	35,098
James Jeng MD , Physician	40 0					X		809,103	0	26,462
Stephen Gunther MD , Chair	40 0					X		759,957	0	28,001
Edward Platia MD , Physician	40 0					X		753,312	0	33,880
Zayd Eldadah MD , Physician	40 0					X		666,224	0	15,200
Sandra Marshall , SR EXECUTIVE CONSULTANT	40 0						X	581,136	0	55,406
Christina Younger , SVP Human Resources	40 0						X	335,812	0	28,990
Thomas Marchozzi , Senior VP CFO	40 0						X	191,640	0	17,537

**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

As a proud member of MedStar Health, Washington Hospital Center's mission is to deliver exceptional patient first health care to the region with the highest quality and latest medical advances through excellence in patient care, education and research. Located in Northwest Washington, D.C., Washington Hospital Center is the largest private hospital in the nation's capital. Among its services, the Washington Heart and Vascular Services is a national leader in research, diagnosis and treatment of cardiovascular disease, the neurosciences program offers a full range of surgical and minimally-invasive treatments, and the Washington Cancer Institute provides the latest cancer treatments and therapies. Washington Hospital Center also operates the area's only adult burn center and the region's premier shock trauma and surgical critical care center. In Fiscal Year 2009, Washington Hospital Center had 42,725 inpatient admissions, 373,623 outpatient visits, and 81,618 emergency visits.