Form 990-T	<u>'</u> E>	cempt Organization		siness Income der section 6033(rn ˈ	OMB No 1545-0687
Politi OOO I	For colo	dilu ploxy tax ndar year 2017 or other tax year begin				m 1/8	<u> </u>
	For case	Go to www.irs gov/Form990			_ 10 1		
Department of the Treasury Internal Revenue Service	▶ Do	not enter SSN numbers on this form a				c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	7 5 5			me changed and see instruction	_	D Emplo	oyer Identification number
address changed						(Emplo	byees' trust see instructions)
B Exempt under-section	1.	FRANKLIN SQUARE HOS	ATIG	L CENTER INC			
$X_{501}(C_{2}/3)$	Print	Number, street, and room or suite no	faPO	box, see instructions	_	52-0	608007
408(è) 220(e)	or Type						ated business activity codes instructions)
408A530(a)	',	9000 FRANKLIN SQUAR	E DR	IVE		(366 !!!	sudcitoris y
529(a)	j	City or town, state or province, countr	y, and 2	ZIP or foreign postal code			
C Book value of all assets at end of year		BALTIMORE, MD 21237				9000	99
		up exemption number (See instruct				1	
283,609,265.			` ' -	rporation 501(c		_] 401(a)	trust Other trust
		rimary unrelated business activity		ATTACHM			
		corporation a subsidiary in an affil					67 7 19 144
J The books are in car		Identifying number of the parent co	rporati		ne number 41	_	-6721
		or Business Income		(A) Income	(B) Exper	•	(C) Net
1a Gross receipts or		OI Business income	Ι	(A) media	(B) Exper		(0) 1.02
b Less returns and allow		c Balance ▶	1c			٠	
		lule A, line 7)	2				1
-	•	2 from line 1c	3				
4a Capital gain net i	ncome (a	attach Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b				
c Capital loss dedu	iction for	trusts	4c		•		
5 Income (loss) from	partnersh	ps and S corporations (attach statement)	5				<u> </u>
6 Rent income (Sch	nedule C)		6				
7 Unrelated debt-fi	nanced ir	ncome (Schedule E)	7				
8 Interest, annuities, roya	ilties, and re	nts from controlled organizations (Schedule F)	8		<u> </u>		
		01(c)(7) (9), or (17) organization (Schedule G)	9				-
·	_	ncome (Schedule I)	10				
		dule J)	11	259,323.	ATCH 3	 !	259,323
•		ctions, attach schedule)	13	259,323.	AICH	,	259,323
		Taken Elsewhere (See inst			deductions)(Except f	
		t be directly connected with t					,
		directors, and trustees (Schedule K)				14	
•							
16 Repairs and mair	ntenance	REC	上!	<u>VED</u>		16	
17 Bad debts						17	
18 Interest (attach s	chedule)	MAY.	16.	2019 · · 🍎 · · · · · ·		18	<u> </u>
19 Taxes and license	es) · · · · · · · · · ·		· · 19	
		See instructions for (mitation rules)	FNI			20_	
·		14302)					
		d on Schedule A and elsewhere on r				22b	
						1	
		compensation plans				4	
		s				1	
•		Schedule J)					
		schedule)				` '	<u> </u>
		es 14 through 28					
		ole income before net operating					250 222
		ion (limited to the amount on line 3					-
		le income before specific deduction					050 303
		rally \$1,000, but see line 33 instruc				/	1,000.
		able income Subtract line 33 fr					
		r line 32	<u></u>	<u> </u>	<u> 7.</u>	<u>.V 34</u>	
		Notice, see instructions.	_	_		/	Form 990-T (2017)
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Pai	t III	Tax Computation		
35	Organ	nizations Taxable as Corporations. See instructions for tax computation Controlled group		
	membe	ers (sections 1561 and 1563) check here X See instructions and		
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
	(1) \$	(2) \$ (3) \$ $-258,323$		
b		organization's share of (1) Additional 5% tax (not more than \$11,750)		
	(2) Ado	ditional 3% tax (not more than \$100,000)		
С	Income	e tax on the amount on line 34	ic 71	,177.
36	Trusts			
	the am	ount on line 34 from Tax rate schedule or Schedule D (Form 1041).	6	
37		tax See instructions	7	
38	_	ative minimum tax	В	
39			9	_
40	Total /	Non-Compliant Facility Income See instructions	0 71	,177.
Pai		Tax and Payments		
41 a		n tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
		credits (see instructions)		
		al business credit Attach Form 3800 (see instructions)		
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)		
	Total	credits. Add lines 41a through 41d	le l	
42		ct line 41e from line 40	2 71	,177.
43		axes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	*	
44		ax Add lines 42 and 43.		,177.
		ents A 2016 overpayment credited to 2017	,	
40 u	2017	estimated tay payments		
c	Tayde	estimated tax payments	`	
4	Foreign	n organizations Tax paid or withheld at source (see instructions)		
		p withholding (see instructions)		
e f		for small employer health insurance premiums (Attach Form 8941)		
g g		credits and payments Form 2439		
9	, i	Form 4136 Other Total ▶ 45g		
46		payments. Add lines 45a through 45g	5 7	,100.
47		ated tax penalty (see instructions) Check if Form 2220 is attached	7	
48		ie If line 46 is less than the total of lines 44 and 47, enter amount owed	8 64	,077.
49		ayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	9	
50		ne amount of line 49 you want Credited to 2018 estimated tax Refunded 5	0	
Pai	t V	Statements Regarding Certain Activities and Other Information (see instructions)		
51	At any	y time during the 2017 calendar year, did the organization have an interest in or a signature or oth		s No
	over a	a financial account (bank, securities, or other) in a foreign country? If YES, the organization may	have to file	1 .
	FinCEN	N Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the fore	eign country _	ز ا
	here 🕨			X
52	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to	trust?	X
	If YES,	see instructions for other forms the organization may have to file		
53		the amount of tax-exempt interest received or accrued during the tax year ▶ \$		<u> </u>
•		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best order of penalties. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	of my knowledge and	belief, it is
Sig	n 📗 🗀		he IRS discuss this	s return
Her	'e 🖊	5 9 19 VP/Treasurer with the	the preparer shown	below
			tructions)? X Yes	No
Do:-		Print/Type preparer's name Preparer's signature Check	if PTIN	
Paid	ı barer	JG WHITE 5/8/2019 self-emple		
	Only		▶ 13-556520	
	,	Firm's address ▶ 1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102 Phone no		
			Form 990-	·I (2017)

FRANKLIN SQUARE HOSPITAL CENTER INC.

JSA

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Form 990-T (2017)							Page :	
Schedule A - Cost of Go	ods Sold. Er	ter metho	d of inventor	y valuation	>			
1 Inventory at beginning of year 2 Purchases	2 3	roperty a		7 Cost of 6 from 1 Part I, line 8 Do the property to the orga	goods so ine 5 En 2 rules of produced anization?	or Subtract line ter here and in section 263A (vor acquired fo	with respect to Yes No r resale) apply X	
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent recei	ved or accru	ed					
(a) From personal property (if the p for personal property is more than more than 50%)	ercentage of rent	(b) F	rom real and p	ersonal property personal property ased on profit or	exceeds	xceeds in columns 2(a) and 2(b) (attach schedule		
(1)								
(2)								
(3)								
(4)								
Total		Total				/b) 7 - 4 - 1 d - d 4		
(c) Total income Add totals of co here and on page 1, Part I, line 6,						(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,	
Schedule E - Unrelated De	bt-Financed I	ncome (se	ee instructioi	ns)			·	
				come from or	3 [nnected with or allocable to ced property	
1 Description of debt	-financed property					nt line depreciation ch schedule)	(b) Other deductions (attach schedule)	
(1)		-· -·						
(2)				_				
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ble to property	4 di	olumn Ivided Ilumn 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)			<u> </u>	%				
(4)			<u> </u>	%				
Totals	one included in	· · · · · ·		▶		e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	

Form **990-T** (2017)

Page 4

Schedule F - Interest, Annu	inics, Royanics			ntrolled Or			10110 (00	.c mondon		
Name of controlled organization	2 Employer identification numb			ated income	4 Total payme	of specif nts mad	ied include	of column 4 the d in the contro ation's gross in	olling	6 Deductions directly connected with income in column 5
(1)			_							
(2)								-		
(3)										
(4)			-						-	<u> </u>
Nonexempt Controlled Organiz						10	Part of colum	n 9 that is	11	Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made		ınc	luded in the canal	controlling		nected with income in column 10
(1)									ļ	
(2)									· ·	
(3)										
(4)							dd columns 5		<u> </u>	dd columns 6 and 11
Totals	come of a Sec	tion 501	I(c)(7),	(9), or (17 3 Deduc) Orga		-		Pa	rt I, line 8, column (B) 5 Total deductions
1 Description of income	2 Amount of	income		directly cor (attach scl				h schedule)		and set-asides (col 3 plus col 4)
(1) (2)					_					
(3)										
(4)										=
Totals ▶ Schedule I - Exploited Exe	Enter here and o	olumn (A).		Marining of the F		come	(see insti	ructions)		Entor here and on page 1 Part I, line 9, column (R)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc unrel business	enses ctly ed with tion of ated	4. Net incorfrom unrela or business 2 minus co If a gain, c	ne (loss) led trade (column lumn 3) ompute	5 G from	ross income activity that of unrelated ness income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)						_		1		·
(3)							-			
(4)			-							
	Enter here and on page 1, Part I, line 10 col (A)	Enter her page 1, line 10	Part I,							Enter here and on page 1, Part II line 26
Totals ▶ Schedule J - Advertising In										
Part I Income From Per	iodicals Report	ed on a	Consol	idated Ba	sis		_			
1. Name of periodical	2 Gross advertising income	3 Di advertisii		4 Adver gain or (lo 2 minus c a gain, co cols 5 thr	ss) (col ol 3) If mpute	5	Circulation income	6 Read cos	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		****								
(2)										,
(3)										
]						
Totals (carry to Part II, line (5)) ▶										Fam 990-

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)	,					
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶		/				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
(i)		%	
otal Enter here and on page 1, Part II, line 14			

Form 990-T (2017)

52-0608007 ATTACHMENT 4

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1	UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	258,323.
2	TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	i.
	COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	87,830.
3	TAX ON LINE 1 FIGURED USING THE 21% RATE	54,248.
4	MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
	IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	16,160,720.
5	MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
	IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	9,818,888.
6	DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
	IN THE CORPORATION'S TAX YEAR	44,276.
7	DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
	IN THE CORPORATION'S TAX YEAR	26,901.
8	ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	71,177.

1793294

ATTACHME	NT	3

PART I - LINE 12 - OTHER INCOME

QTFB PARKING PRE-TAX BUS PASS 247,732. 11,591.

PART I - LINE 12 - OTHER INCOME

259,323.