

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 2001 Market Street, Suite 700 Philadelphia, PA 19103
Special Instructions	Returns should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g. Form 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> and Form 8886, <i>Reportable Transaction Disclosure Statement</i>). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them.
Application for Recognition of Exemption	The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, the organization must respond within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and posting. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.
What if we post Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its web site. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.

Cumulative E-File History 2014

Federal

Locator: 4218CV
Taxpayer Name: Mt. Washington Pediatric Hospital, Inc.
Return Type: 990, 990

Submitted Date 5/12/2016 4:09:12 AM
Acknowledgement Date 5/12/2016 4:27:54 AM
Status Accepted
Submission ID 23695320161335000008

[Print](#)

[Close](#)

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 07/01, 2014, and ending 06/30, 2015

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2014

Department of the Treasury
Internal Revenue Service

Name of exempt organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Name and title of officer

ALFRED A PIETSCH, TREASURER

Employer identification number

52-0591483

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>61518275.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5),	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN

1	4	2	1	9
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Alfred A Pietsch* Date ▶ 05/05/2016

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2	3	6	9	5	3	3	6	6	0	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Frank S. Grant* Date ▶ 05/16/2016

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

A For the **2014** calendar year, or tax year beginning **07/01, 2014**, and ending **06/30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.			D Employer identification number 52-0591483		
	Doing Business As			E Telephone number (410) 578-8600		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1708 W. ROGERS AVENUE					
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21209			G Gross receipts \$ 77,927,119.		
F Name and address of principal officer: SHELDON STEIN 1708 W. ROGERS AVENUE BALTIMORE, MD 21209			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ WWW.MWPH.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1926			M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MT. WASHINGTON PEDIATRIC HOSPITAL IS DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE OF THE CHILDREN WE SERVE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12.
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	692.
	6 Total number of volunteers (estimate if necessary)	6	114.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	870,170.	1,010,418.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,698,556.	58,569,033.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	620,336.	739,193.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,694,563.	1,199,631.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,883,625.	61,518,275.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	36,001,483.	36,175,970.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 163,914.	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,852,338.	18,412,611.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,853,821.	54,588,581.
19 Revenue less expenses. Subtract line 18 from line 12	6,029,804.	6,929,694.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	101,073,590.	105,229,167.
	22 Net assets or fund balances. Subtract line 21 from line 20.	22,862,582.	21,643,343.
		78,211,008.	83,585,824.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer	Date
	ALFRED A PIETSCH Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK GIARDINI	<i>Frank S. Giardini</i>	05/16/2016		P00532355
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103		Phone no. 215-561-4200			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number (EIN) or 52-0591483
	Number, street, and room or suite no. If a P.O. box, see instructions. 1708 W. ROGERS AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21209	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► S. MICHELLE LEE, 250 W. PRATT STREET SUITE 1436 BALTIMORE, MD 21201

Telephone No. ► 410 328-1376 FAX No. ► 410 328-7497

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or

► tax year beginning 07/01, 2014, and ending 06/30, 2015.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

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

Cumulative e-File History 2014

FED

Locator:	4218CV
Taxpayer Name:	Mt. Washington Pediatric Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	10/12/2015 09:36:39
Acknowledgement Date:	10/12/2015 09:58:12
Status:	Accepted
Submission ID:	23695320152855000009

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	52-0591483
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1708 W. ROGERS AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BALTIMORE, MD 21209	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

• The books are in the care of S. MICHELLE LEE, 250 W. PRATT STREET SUITE 1436 BALTIMORE, MD 21201
Telephone No. 410 328-1376 Fax No. 410 328-7497

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 16 .

5 For calendar year _____, or other tax year beginning 07/01, 20 14, and ending 06/30, 20 15 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature Frank S. Grande Title TAX PRINCIPAL Date 02/02/2016

Cumulative e-File History 2014	
FED	
Locator:	4218CV
Taxpayer Name:	Mt. Washington Pediatric Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	02/02/2016 15:12:07
Acknowledgement Date:	02/02/2016 15:27:45
Status:	Accepted
Submission ID:	23695320160335000028

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

MT. WASHINGTON PEDIATRIC HOSPITAL IS DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE OF THE CHILDREN WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 46,326,777. including grants of \$) (Revenue \$ 59,733,811.)

MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 23,733 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 43,773 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. 79% OF PATIENTS RECEIVED MEDICAL ASSISTANCE.

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

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

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

4e Total program service expenses 46,326,777.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:▶

S. MICHELLE LEE 250 W. PRATT STREET SUITE 1436 BALTIMORE, MD 21201 410-328-1376

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD B. CHAMBERS TRUSTEE	1.00 0	X						0	0	0
(2) ROBERT A. CHRENCIK TRUSTEE	1.00 0	X						0	0	0
(3) S. TRACY COSTER TRUSTEE	1.00 0	X						0	0	0
(4) STEVEN J. CZINN, M.D. TRUSTEE	1.00 0	X						0	0	0
(5) GEORGE J. DOVER, M.D. TRUSTEE	1.00 0	X						0	0	0
(6) JOHN KELLY TRUSTEE	1.00 0	X						0	0	0
(7) LAWRENCE C. PAKULA, M.D. TRUSTEE	1.00 0	X						0	0	0
(8) RONALD R. PETERSON TRUSTEE	1.00 0	X						0	0	0
(9) DR. BERYL ROSENSTIEN TRUSTEE	1.00 0	X						0	0	0
(10) G. DANIEL SHEALER, JR. ESQUIRE TRUSTEE	1.00 0	X						0	0	0
(11) ROSLYN STOLER TRUSTEE	1.00 0	X						0	0	0
(12) FRED WOLF, III, ESQUIRE TRUSTEE	1.00 0	X						0	0	0
(13) SHELDON STEIN PRESIDENT CEO	40.00 1.00			X				344,257.	0	171,044.
(14) ALFRED A. PIETSCH TREASURER	1.00 0			X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARY MILLER CFO / VP - FINANCE	40.00 1.00			X				162,714.	0	50,026.
(16) THOMAS ELLIS VP - HUMAN RESOURCES	40.00 0				X			163,375.	0	66,287.
(17) JENNIFER BOWIE VP - NURSING ADMIN	40.00 0				X			172,886.	0	31,542.
(18) BARINADA GIADOM ATTENDING PHYSICIAN	40.00 0					X		194,347.	0	32,286.
(19) KATHERINE ALTER, M.D. DIRECTOR PHYSICAL MEDICINE	32.00 0					X		235,388.	0	28,532.
(20) SILVIA WILLIAMS, M.D. ATTENDING PHYSICIAN	40.00 0					X		189,917.	0	17,203.
(21) AJOKI AJAYI-AKINTADE, M.D. ATTENDING PHYSICIAN	40.00 0					X		190,892.	0	10,858.
(22) STEPHEN NICHOLS, M.D. ATTENDING PHYSICIAN	40.00 0					X		217,027.	0	34,641.
1b Sub-total								344,257.	0	171,044.
c Total from continuation sheets to Part VII, Section A								1,526,546.	0	271,375.
d Total (add lines 1b and 1c)								1,870,803.	0	442,419.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 34

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 15

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	196,011.					
	d Related organizations	1d	358,482.					
	e Government grants (contributions),	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	455,925.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			1,010,418.				
Program Service Revenue			Business Code					
	2a NET PATIENT REVENUE		900099	58,569,033.	58,569,033.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			58,569,033.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			280,672.			280,672.	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
	c Rental income or (loss)							
	d Net rental income or (loss)			0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses		16,701,344.				
	c Gain or (loss)		16,242,823.					
	d Net gain or (loss)		458,521.	458,521.			458,521.	
	8a Gross income from fundraising events (not including \$ 196,011. of contributions reported on line 1c). See Part IV, line 18	a		200,874.				
		b Less: direct expenses	b	166,021.				
		c Net income or (loss) from fundraising events			34,853.			34,853.
	9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities				0				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code						
11a MEDICAL RECORDS		900099	2,053.	2,053.				
b NET ASSETS RELEASED FOR OPERATING PURPOSE		900099	289,605.	289,605.				
c ALL OTHER REVENUE		900099	873,120.	873,120.				
d All other revenue								
e Total. Add lines 11a-11d			1,164,778.					
12 Total revenue. See instructions			61,518,275.	59,733,811.		774,046.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	837,188.	711,610.	125,578.	
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	28,322,627.	23,910,319.	4,248,394.	163,914.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	522,320.	443,972.	78,348.	
9 Other employee benefits	4,432,320.	3,767,472.	664,848.	
10 Payroll taxes	2,061,515.	1,752,288.	309,227.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	49,712.	42,255.	7,457.	
c Accounting	465,363.	395,559.	69,804.	
d Lobbying	4,619.	3,926.	693.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,281,243.	2,789,057.	492,186.	
12 Advertising and promotion	193,136.	164,166.	28,970.	
13 Office expenses	1,434,453.	1,219,285.	215,168.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	343,574.	292,038.	51,536.	
17 Travel	83,844.	71,267.	12,577.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	7,604.	6,463.	1,141.	
20 Interest	79,625.	67,681.	11,944.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,834,293.	2,409,149.	425,144.	
23 Insurance	233,668.	198,618.	35,050.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES</u>	6,842,709.	5,816,303.	1,026,406.	
b <u>BED DEBT</u>	602,648.	602,648.		
c <u>CLINICAL</u>	555,231.	471,946.	83,285.	
d <u>CAFE CATERING</u>	354,388.	301,230.	53,158.	
e All other expenses	1,046,501.	889,525.	156,976.	
25 Total functional expenses. Add lines 1 through 24e	54,588,581.	46,326,777.	8,097,890.	163,914.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	0	1	0	
	2 Savings and temporary cash investments	17,403,334.	2	17,320,320.	
	3 Pledges and grants receivable, net	472,991.	3	260,427.	
	4 Accounts receivable, net	7,851,961.	4	7,701,680.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	150,913.	8	114,830.	
	9 Prepaid expenses and deferred charges	160,257.	9	28,667.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 61,730,672.			
	b Less: accumulated depreciation	10b 34,984,510.	25,361,159.	10c	26,746,162.
	11 Investments - publicly traded securities	27,194,179.	11	29,952,014.	
	12 Investments - other securities. See Part IV, line 11	0	12	0	
	13 Investments - program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	22,478,796.	15	23,105,067.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	101,073,590.	16	105,229,167.		
Liabilities	17 Accounts payable and accrued expenses	12,162,604.	17	11,913,791.	
	18 Grants payable	0	18	0	
	19 Deferred revenue	299,416.	19	99,805.	
	20 Tax-exempt bond liabilities	6,005,000.	20	5,700,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,395,562.	25	3,929,747.	
	26 Total liabilities. Add lines 17 through 25	22,862,582.	26	21,643,343.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	67,493,622.	27	72,670,079.	
	28 Temporarily restricted net assets	9,892,215.	28	10,090,574.	
	29 Permanently restricted net assets	825,171.	29	825,171.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	78,211,008.	33	83,585,824.	
34 Total liabilities and net assets/fund balances	101,073,590.	34	105,229,167.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,518,275.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,588,581.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,929,694.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,211,008.
5	Net unrealized gains (losses) on investments	5	-1,010,807.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-544,071.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83,585,824.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2014; 15 Public support percentage from 2013 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2014; b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2014, 2013. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2013 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2014, 2013. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2013 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2014. 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.

19b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2014

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **MT. WASHINGTON PEDIATRIC HOSPITAL, INC.**

Employer identification number
52-0591483

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 58,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MT. WASHINGTON PEDIATRIC HOSPITAL, INC.**

Employer identification number
52-0591483

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MT. WASHINGTON PEDIATRIC HOSPITAL, INC.**

Employer identification number
52-0591483

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MT. WASHINGTON PEDIATRIC HOSPITAL, INC.**

Employer identification number
52-0591483

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 358,482.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number
52-0591483

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2014

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C: LOBBYING ACTIVITIES

PART II-B, 1I

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA), THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE CHILDREN'S HOSPITAL ASSOCIATION (CHA). MHA, AHA AND CHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA, AHA AND CHA REPORTED THAT 6.22%, 23.65% AND 15.97% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

52-0591483

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor informed consent.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include 1a) works of art, historical treasures, or other similar assets held for public exhibition, education, or research; and 2) works of art, historical treasures, or other similar assets for financial gain.

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

Schedule D (Form 990) 2014

JSA 4E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	4,357,550.
(2) ECONOMIC INTEREST IN MWPF	17,560,398.
(3) OTHER	813,055.
(4) OTHER ACCOUNTS RECEIVABLE	374,064.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	23,105,067.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM 3RD PARTY PAYORS	3,929,747.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,929,747.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Series of horizontal dashed lines for providing supplemental information.

Part XIII Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

THE HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED UNDER SECTION 501C(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION FORMED UNDER THE LAWS OF THE STATE OF MARYLAND, ORGANIZED FOR CHARITABLE PURPOSES AND RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501C(3) OF THE CODE.

THE CORPORATION FOLLOWS A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF (event type)	GALA (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	91,535.	305,350.		396,885.
	2 Less: Contributions	31,122.	164,889.		196,011.
	3 Gross income (line 1 minus line 2)	60,413.	140,461.		200,874.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	26,259.	139,762.		166,021.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				166,021.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				34,853.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			91,537.		91,537.	.17
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			91,537.		91,537.	.17
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			215,227.		215,227.	.40
f Health professions education (from Worksheet 5)			346,500.		346,500.	.64
g Subsidized health services (from Worksheet 6)			1,138,492.	502,480.	636,012.	1.18
h Research (from Worksheet 7)			5,724.		5,724.	.01
i Cash and in-kind contributions for community benefit (from Worksheet 8)			36,151.		36,151.	.07
j Total. Other Benefits			1,742,094.	502,480.	1,239,614.	2.30
k Total. Add lines 7d and 7j.			1,833,631.	502,480.	1,331,151.	2.47

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

Schedule H (Form 990) 2014

JSA 4E1284 1.000

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			17,619.		17,619.	.03
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			30,001.		30,001.	.06
7 Community health improvement advocacy			32,960.		32,960.	.06
8 Workforce development						
9 Other						
10 Total			80,580.		80,580.	.15

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	8,339.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-8,339.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MT. WASHINGTON PEDIATRIC HOSPITAL INC

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding hospital licensing, CHNA, and excise taxes.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MT. WASHINGTON PEDIATRIC HOSPITAL INC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.MWPH.ORG</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group MT. WASHINGTON PEDIATRIC HOSPITAL INC

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MT. WASHINGTON PEDIATRIC HOSPITAL

SCHEDULE H, PART V, SECTION B

LINE 13H: IN COMPLIANCE WITH THE NEW IRC SECTION 501(R) REGULATIONS MT.

WASHINGTON PEDIATRIC HOSPITAL IS CURRENTLY IN THE PROCESS OF UPDATING

THEIR FINANCIAL ASSISTANCE POLICY TO ENSURE ITS COMPLIANCE IRS

REGULATIONS.

LINE 22: DUE TO STATE REGULATIONS, CHARGES ARE NOT REDUCED FOR ANY PAYER,

INCLUDING COMMERCIAL INSURANCE, GOVERNMENT PAYERS, OR UNINSURED PATIENTS.

ALL CHARGES ARE GROSS CHARGES.

SCHEDULE H, PART V, SECTION B

LINE 22D - ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF

THEIR ABILITY TO PAY.

LINE 24 - AS PREVIOUSLY DISCUSSED IN AN EARLIER SCHEDULE H NARRATIVE, THE

STATE OF MARYLAND IS A UNIQUE STATE IN REGARD TO THE PROVISION OF HEALTH

CARE SERVICES AND THEIR RELATED CHARGES BY HOSPITALS. ALL HOSPITAL

CHARGES PROCESSED TO ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, ARE SET

THROUGH MARYLAND'S HEALTH SERVICES COST COMMISSION. ACCORDINGLY, ALL

HOSPITAL CHARGES ARE NOT GROSS CHARGES AS DEFINED BY THE IRS UNDER

INTERNAL REVENUE CODE SECTION 501(R)(5)(B).

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

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RELATED ORGANIZATION REPORT

SCHEDULE H, PART I, LINE 6A

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 15 OF EACH YEAR.

IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON REQUEST AT THE ENTITY'S CORPORATE OFFICES.

COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

SCHEDULE H, LINE 7A, COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S

Part VI Supplemental Information

Provide the following information.

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UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

SCHEDULE H, LINE 7B, COLUMNS (C) THROUGH (F)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.

Part VI Supplemental Information

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SCHEDULE H, LINE 7F COLUMN (C) & (D)

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COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

COALITION BUILDING: PREMATURE INFANT HEALTH NETWORK, BALTIMORE CITY

INFANTS & TODDLERS PROGRAM

MWPB HAS TAKEN A PROACTIVE ROLE IN COMBATING LOW-BIRTH WEIGHT AND SUDDEN

Part VI Supplemental Information

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INFANT DEATH SYNDROME BY PARTICIPATING AS MEMBERS OF THE PREMATURE INFANT HEALTH NETWORK. OUR PARTNERSHIP WITH BALTIMORE CITY HEALTH DEPARTMENTS B'MORE HEALTHY BABIES CAMPAIGN WAS DEVELOPED TO ADDRESS BALTIMORE CITY'S HIGH RATE OF INFANT DEATHS, AMONG THE WORST IN AMERICA. IN 2009 ALONE, MORE THAN 120 INFANTS IN BALTIMORE UNDER THE AGE OF ONE DIED, WITH MANY OF THE DEATHS BEING PREVENTABLE. THE CITY ALSO HAS A HIGH RATE OF BABIES BORN PRE-TERM AND UNDERWEIGHT - KEY FACTORS IN INFANT MORTALITY.

STAFF ACTIVELY PARTICIPATES IN COMMUNITY MEETINGS AND ADVISORY GROUPS TO PROVIDE GUIDANCE IN THE DEVELOPMENT OF EDUCATIONAL MATERIALS AND OUTREACH INITIATIVES.

COMMUNITY HEALTH IMPROVEMENT AND ADVOCACY: CHILDREN'S HOSPITAL ASSOCIATION (CHA) OBESITY TASK FORCE, BRAIN INJURY ASSOCIATION OF MD PLANNING COMMITTEE

CHA OBESITY TASK FORCE/WEIGH SMART AND WEIGH SMART JR.

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MWPH WERE ACTIVE PARTICIPANTS IN THE CHILDREN'S HOSPITAL ASSOCIATION OBESITY FOCUS GROUP. OUR CENTER WAS CHOSEN AS ONE OF 16 PROGRAMS NATIONWIDE TO PARTICIPATE IN THIS IMPORTANT ENDEAVOR. FINDINGS FROM THE WORK GROUP WILL BE PUBLISHED IN LARGE NATIONAL SCIENTIFIC JOURNALS THIS YEAR WITH PROGRAM STAFF BEING RECOGNIZED AS AUTHORS ON THESE IMPORTANT DOCUMENTS. OUR PRESIDENT AND CEO, SHELDON STEIN AND OUR MEDICAL DIRECTOR, DR. RICHARD KATZ, SERVE AS MEMBERS OF THE BOARD AND ADVOCACY AND LEADERSHIP COUNCILS FOR CHILDREN'S HOSPITAL ASSOCIATION.

THE MT WASHINGTON PEDIATRIC HOSPITAL (MWPH) CENTER FOR PEDIATRIC WEIGHT MANAGEMENT AND HEALTHY LIVING (CENTER) EXPANDED THIS PAST FISCAL YEAR AND OFFERS SEVERAL COMPREHENSIVE, MULTI-DISCIPLINARY PROGRAMS FOR PEDIATRIC WEIGHT MANAGEMENT. THE CENTER NOW INCLUDES MEDICAL MANAGEMENT OF BOTH MEDICAL AND SURGICAL WEIGHT MANAGEMENT OPTIONS FOR CHILDREN AND ADOLESCENTS AND SERVES PATIENTS AGES TWO TO 18. MEDICALLY SUPERVISED WEIGHT MANAGEMENT PROGRAMS INCLUDE WEIGH SMART, AS WELL AS, THE NEWLY CREATED WEIGH SMART JR. PROGRAM. THE WEIGHT SMART JR. PROGRAM WAS A DIRECT REFLECTION OF THE INPUT FROM OUR COMMUNITY PHYSICIANS IN THE

Part VI Supplemental Information

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COMMUNITY NEEDS ASSESSMENT. MANY PHYSICIANS INDICATED "8 (YEARS OF AGE) IS TOO" LATE IN REGARDS TO THE BEST AGE FOR INTERVENTION WHEN DEALING WITH OBESITY. THIS PROGRAM WAS ADDED TO AUGMENT THE WEIGH SMART PROGRAM AND PROVIDE CONTINUITY OF CARE FOR CHILDREN OR ALL AGES.

DURING FY10, THE CENTER EVALUATED OVER 200 NEW PATIENTS AND COMPLETED MORE THAN 80 FOLLOW-UP APPOINTMENTS. TOTAL PROGRAM VISITS INCREASED BY FORTY-THREE PERCENT OVER FISCAL YEAR 2009 FROM 2,424 TO 2,642 TOTAL PROGRAM VISITS. THE STAFF HAS PRESENTED FINDINGS AT SEVERAL NATIONAL AND REGIONAL CONFERENCES. THE STAFF WAS INVITED TO PROVIDE ADDITIONAL PRESENTATIONS TO SCHOOL GROUPS IN THE FALL OF 2010.

BRAIN INJURY ASSOCIATION OF MD PLANNING COMMITTEE

MWPH PARTICIPATION IN THE BRAIN INJURY ASSOCIATION OF MARYLAND'S PLANNING COMMITTEE INCLUDED PROVIDING A PRESENTATION AT ITS ANNUAL CONFERENCE, AS WELL AS, ACCESS TO SEVERAL MEMBERS OF OUR STAFF AS CLINICAL RESOURCES. THIS INCLUDED, BUT WAS NOT LIMITED TO, A NEUROPSYCHOLOGIST , A SPEECH

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THERAPIST, AN OCCUPATIONAL THERAPIST AND A POST-DOCTORAL FELLOW IN CLINICAL NEUROPSYCHOLOGY. THERE WERE ALSO PRESENTATIONS AND OUTREACH TO LOCAL SCHOOLS AND PROFESSIONAL GROUPS ON TRAUMATIC BRAIN INJURY AND CONCUSSION MANAGEMENT, AS WELL AS, A SUPPORT GROUP WHERE A PSYCHOLOGIST WAS PROVIDED AS A RESOURCE FOR FAMILIES AND PATIENTS WHO ARE COPING WITH TRAUMATIC BRAIN INJURY (TBI).

BAD DEBT EXPENSE

SSCHEDULE H, PART III, LINES 2 AND 4

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL

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GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION

AGENCIES.

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.

MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED BY THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST. THIS TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE MARYLAND SYSTEM AS LONG AS TWO CONDITIONS ARE MET.

- ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC SET RATES AND
- THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM 1981

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TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE
PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED.
OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY
REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A
DIGNIFIED AND RESPECTFUL MANNER. CURRENTLY, MT. WASHINGTON PEDIATRIC
HOSPITAL IS IN THE PROCESS OF UPDATING ITS BILLING AND COLLECTIONS
PROCESS TO ENSURE IT IS IN COMPLIANCE WITH THE NEW IRC SECTION 501(R)
REGULATIONS. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS
REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR
PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE
POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE,
CREED, SEX OR ABILITY TO PAY.

PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE

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APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

TO COMPLETE A COMPREHENSIVE ASSESSMENT OF THE NEEDS OF THE COMMUNITY, THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 6-STEP COMMUNITY HEALTH ASSESSMENT PROCESS WAS UTILIZED AS AN ORGANIZING METHODOLOGY. THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) COMMUNITY BENEFIT TEAM (CBT) SERVED AS THE LEAD TEAM TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH INPUT FROM OTHER UNIVERSITY OF MARYLAND MEDICAL SYSTEM BALTIMORE CITY-BASED HOSPITALS, COMMUNITY LEADERS, THE ACADEMIC COMMUNITY, THE PUBLIC, HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH DEPARTMENT. MWPB ADOPTED THE FOLLOWING ASSOCIATION OF COMMUNITY HEALTH

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INITIATIVES 6-STEP PROCESS TO LEAD THE ASSESSMENT PROCESS AND THE ADDITIONAL 5-COMPONENT ASSESSMENT AND ENGAGEMENT STRATEGY TO LEAD THE DATA COLLECTION METHODOLOGY. ACCORDING TO THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HOSPITALS MUST PERFORM A COMMUNITY HEALTH NEEDS ASSESSMENT EITHER FISCAL YEAR 2011, 2012, OR 2013, ADOPT AN IMPLEMENTATION STRATEGY TO MEET THE COMMUNITY HEALTH NEEDS IDENTIFIED, AND BEGINNING IN 2013, PERFORM AN ASSESSMENT AT LEAST EVERY THREE YEARS THEREAFTER. THE NEEDS ASSESSMENT MUST TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, AND MUST BE MADE WIDELY AVAILABLE TO THE PUBLIC. FOR THE PURPOSES OF THIS REPORT, A COMMUNITY HEALTH NEEDS ASSESSMENT IS A WRITTEN DOCUMENT DEVELOPED BY A HOSPITAL FACILITY (ALONE OR IN CONJUNCTION WITH OTHERS) THAT UTILIZES DATA TO ESTABLISH COMMUNITY HEALTH PRIORITIES, AND INCLUDES THE FOLLOWING:

1. A DESCRIPTION OF THE PROCESS USED TO CONDUCT THE ASSESSMENT.
2. WHO THE HOSPITAL HAS COLLABORATED WITH TO COMPLETE THE ASSESSMENT

Part VI Supplemental Information

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3. HOW THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM COMMUNITY MEMBERS AND

PUBLIC HEALTH EXPERTS

4. A DESCRIPTION OF THE COMMUNITY SERVED

5. A DESCRIPTION OF THE HEALTH NEEDS IDENTIFIED THROUGH THE ASSESSMENT

PROCESS.

DATA WAS COLLECTED FROM THE FIVE MAJOR AREAS ILLUSTRATED ABOVE TO COMPLETE A COMPREHENSIVE ASSESSMENT OF THE COMMUNITY'S NEEDS. THE MWPH PARTICIPATES IN A WIDE VARIETY OF LOCAL COALITIONS INCLUDING, SEVERAL SPONSORED BY THE BALTIMORE CITY HEALTH DEPARTMENT, CANCER COALITION, BALTIMORE HEALTHY START PROGRAM, KIDS IN SAFETY SEATS (KISS), COALITION TO END LEAD POISONING, AS WELL AS PARTNERSHIPS WITH MANY COMMUNITY-BASED ORGANIZATIONS LIKE CHILDREN'S HOSPITAL ASSOCIATION (CHA), TRAUMATIC BRAIN INJURY SOCIETY, INJURY FREE COALITION FOR KIDS, GREATER BALTIMORE ASTHMA ALLIANCE (GBAA), AMERICAN DIABETES ASSOCIATION (ADA), AMERICAN HEART ASSOCIATION (AHA), B'MORE HEALTHY BABIES, TEXT4BABY, AND SAFE KIDS TO NAME A FEW. TO EFFECTIVELY REACH THE MISSION, MWPH CONDUCTED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING FY 2012. DESPITE THE

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LARGER REGIONAL PATIENT MIX OF MWPB, FOR PURPOSES OF COMMUNITY BENEFITS PROGRAMMING AND THIS REPORT, THE COMMUNITY BENEFIT SERVICE AREA (CBSA) OF MWPB IS WITHIN BALTIMORE CITY.

THE MT WASHINGTON PEDIATRIC HOSPITAL SERVES A LARGE PORTION OF BALTIMORE COUNTY AND BALTIMORE CITY; WE DRAW 59% OF OUR DISCHARGES FROM A DEFINED MARKET AREA WITH FOUR SUB-AREAS WITHIN THE BALTIMORE COUNTY AND BALTIMORE CITY. OUR CORE MARKET IS DEFINED AS 13 CONTIGUOUS ZIP CODES IN BALTIMORE CITY FROM WHICH WE DRAW 54% OF OUR DISCHARGES. THESE 13 TARGETED ZIP CODES ARE THE PRIMARY COMMUNITY BENEFIT SERVICE AREA. (CBSA) AND COMPRISE THE GEOGRAPHIC SCOPE OF THIS ASSESSMENT.

THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH TWO SURVEYS OFFERED TO THE PUBLIC DURING HEALTH FAIRS THROUGHOUT BALTIMORE CITY. A 6-ITEM SURVEY ASKED RESPONDENTS TO IDENTIFY THEIR TOP HEALTH CONCERNS AND THEIR TOP BARRIERS IN ACCESSING HEALTH CARE. A LONGER SURVEY WAS ALSO CREATED AND POSTED ONLINE ON THE PUBLIC WEBSITE.

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METHODS

A 6-ITEM WRITTEN SURVEY DISTRIBUTED TO HEALTH FAIR PARTICIPANTS IN FY2012 (SHORT FORM), N = 871 AND A 25-ITEM ONLINE SURVEY POSTED TO WWW.UMM.EDU WEBSITE FOR COMMUNITY TO COMPLETE (LONG FORM). THE COMMUNITY ADVOCACY & INJURY PREVENTION COORDINATOR ATTENDED NEIGHBORHOOD MEETINGS HOSTED BY THE BALTIMORE CITY HEALTH DEPARTMENT WHICH DISCUSSED MAJOR HEALTH NEEDS IN DISCREET BALTIMORE NEIGHBORHOODS WITHIN MWPH'S CBSA.

RESULTS

ANALYSIS BY CBSA TARGETED ZIP CODES REVEALED THE SAME TOP HEALTH CONCERNS AND TOP HEALTH BARRIERS WITH LITTLE DEVIATION FROM THE OVERALL BALTIMORE CITY DATA. THE TOP HEALTH CONCERNS VOCALIZED BY THE COMMUNITY THROUGH SURVEY WERE OVERWEIGHT/OBESITY, HIGH BLOOD PRESSURE/STROKE, DIABETES/SUGAR, SMOKING CESSATION/DRUG AC, AND HEART DISEASE. THEY ALSO FELT THAT THE BARRIERS TO ACCESSING HEALTH CARE SERVICES INCLUDED, RESPECTIVELY, NO HEALTH INSURANCE, (SERVICE) TOO EXPENSIVE, INACCESSIBLE TRANSPORTATION, LOCAL DOCTORS NOT PART OF HEALTH INSURANCE PLAN AND THAT THE DOCTOR WAS TOO FAR FROM HOME.

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HEALTH EXPERTS

METHODS

A COMMUNITY STAKEHOLDER MEETING WAS HOSTED THAT INCLUDED COMMUNITY ORGANIZERS, FAITH-BASED ORGANIZATION LEADERS, COMMUNITY-BASED NON-PROFIT ORGANIZATION MEMBERS/LEADERS. ATTENDEES REVIEWED & INCLUDED NATIONAL PREVENTION STRATEGY PRIORITIES, MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) INDICATORS, AND HEALTHY BALTIMORE 2015 PLAN FROM THE BALTIMORE CITY HEALTH DEPARTMENT.

RESULTS

AS A RECOMMENDATION, A NATIONAL PREVENTION STRATEGY WITH 7 PRIORITY AREAS ESTABLISHED, A STATE HEALTH IMPROVEMENT PROCESS (SHIP) WHICH INCLUDES 39 OBJECTIVES IN 6 VISION AREAS FOR THE STATE, INCLUDES TARGETS FOR BALTIMORE CITY, AND HEALTHY BALTIMORE 2015 THAT IDENTIFIES 10 PRIORITY AREAS FOR HEALTH DISPARITY. HEALTH EXPERTS FROM UNIVERSITY OF MARYLAND AT BALTIMORE CAMPUS PANEL FOCUS GROUP TOP ACTION ITEMS ALSO INCLUDED IMPROVE COMMUNICATION AND SYNERGY ACROSS CAMPUS SCHOOLS AND MWPH. INCLUDE MWPH ON

Part VI Supplemental Information

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COMMUNITY ACTION COUNCIL AND CONSIDER INTENSIVELY WORKING WITH ONE NEIGHBORHOOD TO IMPROVE HEALTH AND SOCIAL DETERMINATES OF HEALTH OUTCOMES. AS WELL AS TO CONTINUE TO LOOK FOR WAYS TO PARTNER, COLLABORATE AND SUPPORT EACH OTHER.

WE THEN ALIGNED FEDERAL, STATE, AND LOCAL HEALTH PRIORITIES; NATIONAL PREVENTION STRATEGY (NPS): 2011 PRIORITY AREAS, MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) 2011, AND THE HEALTHY BALTIMORE 2015 FOR EXAMPLE, TOBACCO FREE LIVING (NPS) ALIGNED PERFECTLY WITH THE PRIORITIES IDENTIFIED BY THE SHIP PRIORITY PREVENTING DRUG ABUSE & EXCESSIVE ALCOHOL USE AND HEALTHY BALTIMORE 2015'S BE TOBACCO FREE. THE NATIONAL HEALTH PRIORITY AREAS THAT WERE IDENTIFIED FOR MWPB ARE TOBACCO FREE LIVING PREVENTING DRUG ABUSE & EXCESSIVE ALCOHOL USE, HEALTHY EATING, ACTIVE LIVING, INJURY & VIOLENCE FREE LIVING, REPRODUCTIVE & SEXUAL HEALTH, AND MENTAL & EMOTIONAL WELL-BEING. THE STATE HEALTH PRIORITY AREAS THAT WERE IDENTIFIED INCLUDED HEALTHY BABIES, HEALTHY SOCIAL ENVIRONMENTS, SAFE PHYSICAL ENVIRONMENTS, INFECTIOUS DISEASES, CHRONIC DISEASES AND HEALTHCARE ACCESS. ON THE LOCAL LEVEL, THE PRIORITY

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AREAS IDENTIFIED BY HEALTHY BALTIMORE 2015 WERE PROMOTE ACCESS TO QUALITY HEALTH CARE FOR ALL, BE TOBACCO FREE, REDESIGN COMMUNITIES TO PREVENT OBESITY, PROMOTE HEART HEALTH, STOP THE SPREAD OF HIV & OTHER SEXUALLY TRANSMITTED INFECTIONS, RECOGNIZE & TREAT MENTAL HEALTH NEEDS, REDUCE DRUG USE & ALCOHOL USE, ENCOURAGE EARLY DETECTION OF CANCER, PROMOTE HEALTHY CHILDREN & ADOLESCENTS AND CREATING HEALTH PROMOTING NEIGHBORHOODS.

FAITH-BASED COMMUNITY LEADERS

OUR ORGANIZATION COMMUNITY STAKEHOLDER MEETING OF FAITH-BASED LEADERS TO INCLUDE THEIR COMMUNITIES' PERSPECTIVES ON HEALTH NEEDS (OCTOBER 2011) AND PARTICIPATED IN UMMS COMMUNITY PARTNER FOCUS GROUP (APRIL 2012). RESULTS INCLUDED THE MOST SERIOUS PROBLEM IDENTIFIED (44.8% REPORTED) THE NEED FOR AFFORDABLE HEALTH CARE. THE NEXT SERIOUS PROBLEM IDENTIFIED (35.7% REPORTED) WAS THE ISSUE OF VIOLENCE WITH IN THE COMMUNITY. THE NEXT THREE PROBLEMS, THAT WERE TO BE CONSIDERED OF MODERATE IMPORTANCE INCLUDED, RESPECTIVELY, BEHAVIORAL/MENTAL ILLNESS, HEART DISEASE AND DIABETES. WE ALSO FOUND OUT THAT 86.7% OF THE COMMUNITY GETS THEIR HEALTH

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INFORMATION FROM FAMILY & FRIENDS, 63% FROM INTERNET AND 60% FROM CHURCH.

AFTER GATHERING THIS DATA, THREE ACTION ITEMS WERE PROPOSED; A MOBILE UNIT THAT WOULD PROVIDE SCREENINGS, HEALTH EDUCATION, AND ENCOURAGE COMMUNITY ENGAGEMENT. POSSIBLY SETTING UP A GREEN NEIGHBORHOOD AS A MODEL, AND FOCUSING ON PROVIDING MORE MENTAL HEALTH SERVICES.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

DEFINED BY THE WORLD HEALTH ORGANIZATION AS: THE CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, LIVE, WORK AND AGE, TO IDENTIFY SDOH, MWPH REVIEWED DATA FROM IDENTIFIED 2011 BALTIMORE CITY HEALTH DEPARTMENT'S BALTIMORE CITY NEIGHBORHOOD PROFILES, BALTIMORE CITY FOOD DESERT MAP. WE CONCLUDED THAT THE TOP SDOHS WERE LOW EDUCATION ATTAINMENT (52.6% W/ LESS THAN HS DEGREE), HIGH POVERTY RATE (15.7%)/HIGH UNEMPLOYMENT RATE (11%), VIOLENCE, AND POOR FOOD ENVIRONMENT.

HEALTH STATISTICS/INDICATORS

METHODS

MWPH REGULARLY REVIEWED LOCAL DATA SOURCES SUCH AS, THE BALTIMORE CITY

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HEALTH STATUS REPORT, THE BALTIMORE HEALTH DISPARITIES REPORT CARD, AND THE BALTIMORE NEIGHBORHOOD PROFILES. NATIONAL TRENDS AND DATA SOURCES INCLUDED HEALTHY PEOPLE 2020, CENTERS FOR DISEASE CONTROL REPORTS/UPDATES AND F AS IN FAT: EXECUTIVE SUMMARY (RWJF).

RESULTS

THIS PROVIDED THE HOSPITAL WITH THE BALTIMORE CITY HEALTH OUTCOMES SUMMARY FOR CBSA-TARGETED ZIP CODES, AS WELL AS TOP 3 CAUSES OF DEATH IN BALTIMORE CITY IN RANK ORDER, RESPECTIVELY, HEART DISEASE, CANCER, STROKE, CAUSE OF PEDIATRIC DEATHS, AND HIGH RATE OF INFANT MORTALITY,

SELECTING PRIORITIES

ANALYSIS OF ALL QUANTITATIVE AND QUALITATIVE DATA DESCRIBED IN THE ABOVE SECTION IDENTIFIED THESE TOP SIX AREAS OF NEED WITHIN BALTIMORE CITY. THESE TOP PRIORITIES REPRESENT THE INTERSECTION OF DOCUMENTED UNMET COMMUNITY HEALTH NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION. THESE PRIORITIES WERE IDENTIFIED AND APPROVED BY THE MWPB COMMUNITY EMPOWERMENT TEAM:

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1.) OBESITY/HEART DISEASE/DIABETES

2.) MATERNAL & CHILD HEALTH

3.) VIOLENCE PREVENTION

4.) LEAD POISONING

DOCUMENTING AND COMMUNICATING RESULTS

THE COMPLETION OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT MARKS A MILESTONE IN COMMUNITY INVOLVEMENT AND PARTICIPATION WITH INPUT FROM COMMUNITY LEADERS, THE ACADEMIC COMMUNITY, THE GENERAL PUBLIC, UMMS BALTIMORE CITY-BASED HOSPITALS, JOHNS HOPKINS UNIVERSITY HOSPITALS (JHUH) AND HEALTH EXPERTS. THIS REPORT WAS POSTED ON THE MWPB WEBSITE UNDER THE COMMUNITY ADVOCACY & INJURY PREVENTION PROGRAM. HIGHLIGHTS OF THIS REPORT WERE DOCUMENTED IN THE COMMUNITY BENEFITS ANNUAL REPORT FOR FY'12. REPORTS AND DATA WAS SHARED WITH OUR COMMUNITY PARTNERS AND COMMUNITY LEADERS AS WE WORK TOGETHER TO MAKE A POSITIVE DIFFERENCE IN OUR COMMUNITY BY EMPOWERING AND BUILDING HEALTHY COMMUNITIES.

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PLANNING FOR ACTION AND MONITORING PROGRESS

PRIORITIES & IMPLEMENTATION PLANNING

BASED ON THE ABOVE ASSESSMENT, FINDINGS, AND PRIORITIES, THE MWPH AGREED TO INCORPORATE OUR IDENTIFIED PRIORITIES WITH MARYLAND'S STATE HEALTH IMPROVEMENT PLAN (SHIP). USING THE SHIP AS A FRAMEWORK, THE FOLLOWING MATRIX WAS CREATED TO SHOW THE INTEGRATION OF OUR IDENTIFIED PRIORITIES AND THEIR ALIGNMENT WITH THE SHIP'S VISION AREAS (SEE TABLE 1). MWPH WILL ALSO TRACK THE PROGRESS WITH LONG-TERM OUTCOME OBJECTIVES MEASURED THROUGH THE MARYLAND'S DEPARTMENT OF HEALTH & MENTAL HYGIENE (DHMH).

SHORT-TERM PROGRAMMATIC OBJECTIVES, INCLUDING PROCESS AND OUTCOME MEASURES WILL BE MEASURED ANNUALLY BY MWPH FOR EACH PRIORITY AREAS THROUGH THE RELATED PROGRAMMING. ADJUSTMENTS WILL BE MADE TO ANNUAL PLANS AS OTHER ISSUES EMERGE OR THROUGH OUR ANNUAL PROGRAM EVALUATION.

IN ADDITION TO THE IDENTIFIED STRATEGIC PRIORITIES FROM THE CHNA, MWPH

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EMPLOYS THE FOLLOWING PRIORITIZATION FRAMEWORK WHICH IS STATED IN THE MWPH COMMUNITY OUTREACH PLAN. BECAUSE MWPH SERVES THE REGION AND STATE, PRIORITIES MAY NEED TO BE ADJUSTED RAPIDLY TO ADDRESS AN URGENT OR EMERGENT NEED IN THE COMMUNITY, (I.E. DISASTER RESPONSE OR INFECTIOUS DISEASE ISSUE). THE CHNA PRIORITIZED NEEDS FOR THE SUSTAINED AND STRATEGIC RESPONSE CATEGORIES AND THE RAPID AND URGENT RESPONSE CATEGORIES' NEEDS WILL BE DETERMINED ON AN AS-NEEDED BASIS.

MWPH WILL PROVIDE LEADERSHIP AND SUPPORT WITHIN THE COMMUNITIES SERVED AT VARIETY OF RESPONSE LEVELS. RAPID AND URGENT RESPONSE LEVELS WILL RECEIVE PRIORITY OVER SUSTAINED AND STRATEGIC INITIATIVES AS WARRANTED.

RAPID RESPONSE - EMERGENCY RESPONSE TO LOCAL, NATIONAL, AND INTERNATIONAL DISASTERS, I.E. HAITI DISASTER, WEATHER DISASTERS - EARTHQUAKE, BLIZZARDS, TERRORIST ATTACK

URGENT RESPONSE - URGENT RESPONSE TO EPISODIC COMMUNITY NEEDS, I.E. H1N1/ FLU RESPONSE

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SUSTAINED RESPONSE - PROVIDING AN ONGOING RESPONSE TO LONG-TERM COMMUNITY NEEDS; I.E. OBESITY, INJURY PREVENTION EDUCATION, AND HEALTH SCREENINGS.

STRATEGIC RESPONSE - LONG-TERM STRATEGIC LEADERSHIP AT LEGISLATIVE AND CORPORATE LEVELS TO LEVERAGE RELATIONSHIPS TO PROMOTE HEALTH-RELATED POLICY OR REFORM AND BUILD KEY NETWORKS

FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS WILL BE CONDUCTED EVERY THREE YEARS AND STRATEGIC PRIORITIES WILL BE RE-EVALUATED THEN. PROGRAMMATIC EVALUATIONS WILL OCCUR ON AN ONGOING BASIS AND ANNUALLY, AND ADJUSTMENTS TO PROGRAMS WILL BE AS NEEDED. ALL COMMUNITY BENEFITS REPORTING WILL OCCUR ANNUALLY TO MEET STATE AND FEDERAL REPORTING REQUIREMENTS.

UNMET COMMUNITY NEEDS

SEVERAL ADDITIONAL TOPIC AREAS WERE IDENTIFIED BY THE MWPB DURING THE CHNA INCLUDING: MENTAL HEALTH, SAFE HOUSING, TRANSPORTATION, AND SUBSTANCE ABUSE. WHILE THE MWPB WILL FOCUS THE MAJORITY OF OUR EFFORTS ON

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE IDENTIFIED PRIORITIES OUTLINED IN THE TABLE ABOVE, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION AND WORK. THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH OUR ASSISTANCE AS AVAILABLE. THE UNMET NEEDS NOT ADDRESSED BY MWPH WILL ALSO CONTINUE TO BE ADDRESSED BY KEY BALTIMORE CITY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITY- BASED ORGANIZATIONS.

THE MWPH IDENTIFIED CORE PRIORITIES TARGET THE INTERSECTION OF THE IDENTIFIED COMMUNITY NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION. THE FOLLOWING TABLE SUMMARIZES THE PROGRAMS EITHER CURRENTLY IN USE OR TO BE DEVELOPED TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES

MARYLAND SHIP

VISION AREA MWPH PRIORITIES MWPH STRATEGIC

COMMUNITY

PROGRAMS MWPH PARTNERS

HEALTHY BABIES MATERNAL/CHILD HEALTH PRENATAL & POSTNATAL EDUCATION

Part VI Supplemental Information

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B'MORE HEALTHY BABIES

STORK'S NEST, TEXT4BABY,

HEALTHY SOCIAL

ENVIRONMENTS REDUCE CHILD MALTREATMENT VIOLENCE INTERVENTION

PROGRAM (VIP) BALTIMORE CITY HEALTH DEPT.,

SHOCK TRAUMA

SAFE PHYSICAL

ENVIRONMENTS TRAUMA PREVENTION

REDUCE PEDESTRIAN INJURIES

REDUCE BLOOD LEAD LEVELS

TRAUMA PREVENTION

B'MORE SAFE

SAFE KIDS PROGRAMMING (HELMETS, FIRE SAFETY, CAR SEATS)

B'MORE PREPARED TRAUMATIC BRAIN INJURY SOCIETY

SHOCK TRAUMA

SAFE KIDS, BALTIMORE CITY FIRE DEPT, MARYLAND CAR SEAT SAFETY PROGRAM

CHRONIC DISEASE REDUCE CHILDHOOD OBESITY

REDUCE DIABETES-RELATED EMERGENCY ROOM VISITS

Part VI Supplemental Information

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REDUCE DEATH FROM HEART DISEASE WEIGH SMART, WEIGH

SMART JR., HEALTHY LIVING ACADEMY,

NUTRITIONAL REHABILITATION PROGRAM AHA, ADA, UMB CAMPUS,

UMMS CITY HOSPITALS, VARIOUS

BALTIMORE CITY AGENCIES

HEALTHCARE ACCESS WORKFORCE DEVELOPMENT CAMP NOAH

GROW YOUR OWN BALTO CITY PUBLIC SCHOOLS, ARC BALTIMORE, DRESS FOR SUCCESS

ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

THE PATIENT FINANCIAL ASSISTANCE POLICY AT MT. WASHINGTON PEDIATRIC

HOSPITAL IS A COMPREHENSIVE POLICY DESIGNED TO ASSESS THE NEEDS OF

PATIENTS AND FAMILIES THAT HAVE EXPRESSED CONCERNS ABOUT THEIR ABILITY TO

PAY FOR NEEDED MEDICAL SERVICES. IN COMPLIANCE WITH THE NEW IRC SECTION

501(R) REGULATIONS MT. WASHINGTON PEDIATRIC HOSPITAL IS CURRENTLY IN THE

PROCESS OF UPDATING THEIR FINANCIAL ASSISTANCE POLICY TO ENSURE ITS

COMPLIANCE WITH IRS REGULATIONS.

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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MT. WASHINGTON PEDIATRIC HOSPITAL MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS/FAMILIES. THESE EFFORTS INCLUDE SIGNAGE AT OUR OUTPATIENT DESKS AND INPATIENT WELCOME AREAS, NOTICES ON PATIENT BILLS AND ADMISSIONS DOCUMENTS, AND INFORMATION ON OUR WEB SITE.

DESCRIPTION OF HOW MWPH INFORMS PATIENTS OF THE CHARITY CARE POLICY

NOTICES INFORMING THE PATIENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE HAVE BEEN POSTED IN CERTAIN LOCATIONS WITHIN THE HOSPITAL. NOTICES WERE POSTED ON THE OUTPATIENT REGISTRATION DESK AT ROGERS AVENUE, THE OUTPATIENT REGISTRATION DESK AT PG HOSPITAL, THE INPATIENT FAMILY WELCOME ROOM AT ROGERS AVENUE, AND THE INPATIENT NURSE'S STATION AT PG HOSPITAL. THE POSTED NOTICES STATE THE FOLLOWING:

"MOUNT WASHINGTON PEDIATRIC HOSPITAL HAS A PATIENT FINANCIAL ASSISTANCE PROGRAM ESTABLISHED TO HELP PATIENTS OBTAIN FINANCIAL AID WHEN IT IS BEYOND THEIR ABILITY TO PAY FOR SERVICES. AN APPLICATION AND FURTHER INFORMATION IS AVAILABLE FROM THE FINANCIAL COUNSELOR IN THE ADMISSIONS

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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OFFICE".

OTHER MEANS OF INFORMING THE PATIENTS OF AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDE HANDOUTS, NOTIFICATION BY THE ADMISSIONS OFFICE, SOCIAL WORK STAFF, AND PATIENT ACCOUNTING REPRESENTATIVES, AND/OR BILLING COMPANY STAFF. ALSO, AN INFORMATION SHEET IS PROVIDED TO THE PATIENTS, THE PATIENT'S FAMILY, OR THE PATIENT'S AUTHORIZED REPRESENTATIVE BEFORE DISCHARGE, WITH HOSPITAL BILL, OR ON REQUEST.

THE INFORMATION SHEET INCLUDED THE FOLLOWING ITEMS:

- A. A DESCRIPTION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY;
- B. A DESCRIPTION OF THE PATIENT'S RIGHTS AND OBLIGATIONS WITH REGARD TO HOSPITAL BILLING AND COLLECTION;
- C. CONTACT INFORMATION FOR THE INDIVIDUAL OR OFFICE AT THE HOSPITAL THAT IS AVAILABLE TO ASSIST THE PATIENT OR THE PATIENT REPRESENTATIVE IN UNDERSTANDING THE HOSPITAL BILL AND HOW TO APPLY FOR FREE AND REDUCED COST CARE;
- D. CONTACT INFORMATION FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM;

Part VI Supplemental Information

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E. A STATEMENT THAT PHYSICIAN CHARGES ARE NOT INCLUDED IN THE HOSPITAL BILL AND IS BILLED SEPARATELY.

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

MWPH IS LOCATED IN THE NORTHWEST QUADRANT OF BALTIMORE CITY, SERVING BOTH ITS IMMEDIATE NEIGHBORS AND OTHERS FROM THROUGHOUT BALTIMORE CITY, COUNTY AND SEVERAL OTHER COUNTIES IN THE REGION. THE NEIGHBORHOODS SURROUNDING MWPH ARE IDENTIFIED BY THE BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE (BNIA) AS SOUTHERN PARK HEIGHTS (SPH) AND PIMLICO/ARLINGTON/HILTOP (PAH). THE PRIMARY SERVICE AREA ZIP CODES DOES NOT NECESSARILY DETERMINE ELIGIBILITY FOR COMMUNITY BENEFIT SERVICES, BECAUSE WE ARE SPECIALTY PEDIATRIC FACILITY, OUR PATIENTS RESIDENCE SPAN THE STATE OF MARYLAND AND MANY FROM OUT OF THE STATE. MWPH DETERMINED THAT THE SPECIFIC ZIP CODES OF 21215 & 21216 DEFINES THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA) AND CONSTITUTE AN AREA THAT IS PREDOMINANTLY AFRICAN AMERICAN WITH BELOW AVERAGE MEDIAN FAMILY INCOME, BUT ABOVE AVERAGE RATES FOR UNEMPLOYMENT, AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH. RELYING ON

Part VI Supplemental Information

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DATA FROM THE 2009 AMERICAN COMMUNITY SURVEY , SPH'S MEDIAN HOUSEHOLD INCOME WAS \$27,365 AND PAH'S MEDIAN HOUSEHOLD WAS \$29,031. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$37,395 IN 2009. THE PERCENTAGE OF FAMILIES HAD INCOMES BELOW THE FEDERAL POVERTY GUIDELINES IN SPH WAS 25.9% ; IN PAH, 21.3% OF RATES FOR SPH AND PAH, WERE 17.5% AND 17.0% RESPECTIVELY WHILE THE BALTIMORE CITY UNEMPLOYMENT RATE RECORDED IN 2010 WAS 10.9%.

THE RACIAL COMPOSITION AND INCOME DISTRIBUTION OF THE ZIP CODES DESCRIBED BELOW REFLECT THE SEGREGATION AND INCOME DISPARITY CHARACTERISTIC OF THE BALTIMORE METROPOLITAN REGION. AS INDICATED ABOVE, THOSE ZIP CODES THAT HAVE A PREDOMINANTLY AFRICAN AMERICAN POPULATION, INCLUDING 21215, REFLECT THE RACIAL SEGREGATION AND POVERTY REPRESENTATIVE OF BALTIMORE CITY. THIS IS IN CONTRAST TO NEIGHBORING BALTIMORE COUNTY ZIP CODES (21208 & 21209) IN WHICH THE HOSPITAL IS LOCATED, THE MEDIAN HOUSEHOLD INCOME IS MUCH HIGHER, AND IN WHICH THE POPULATION IS PREDOMINATELY WHITE.

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THE BALTIMORE CITY HEALTH DEPARTMENT USES THE COMMUNITY STATISTICAL AREAS (CSA) WHEN ANALYZING HEALTH OUTCOMES AND RISK FACTORS. THE CSAS REPRESENT CLUSTERS OF NEIGHBORHOODS BASED ON CENSUS TRACK DATA RATHER THAN ZIP CODE AND WERE DEVELOPED BY BALTIMORE CITY PLANNING DEPARTMENT BASED ON RECOGNIZABLE CITY NEIGHBORHOOD PERIMETERS. ONE ZIP CODE (21207) SPANS CITY AND COUNTY LINES (SEE FOOTNOTE BELOW CHART). BALTIMORE COUNTY DOES NOT PROVIDE CSAS.

THE PRESENCE OF HEALTH DISPARITIES IS A MAJOR KEY FACTOR IN DETERMINING WHO THE TARGET POPULATION FOR OUR CBSA IS AND HOW MWPH MIGHT SERVE IT BEST AS A PEDIATRIC SPECIALTY HOSPITAL. UNLIKE MOST OTHER HOSPITALS THAT SHARE ONE OR MORE OF OUR PRIMARY SERVICE AREA ZIP CODES AND BECAUSE OF THE SPECIALTY SERVICES WE PROVIDE, OUR PATIENTS COME TO US FROM ALL OVER THE STATE OF MARYLAND AND PENNSYLVANIA. MWPH IS ALSO LOCATED IN THE 21209 ZIP CODE WHICH IS ONE OF THE MOST WEALTHY AND HEALTHY NEIGHBORHOODS IN THE CITY OF BALTIMORE. INTERESTINGLY ENOUGH, MWPH IS WITHIN WALKING DISTANCE FROM THE 21215 ZIP CODE AND PIMLICO/ARLINGTON/HILLTOP NEIGHBORHOOD WHICH AS THE AFOREMENTIONED DATA DEMONSTRATES HAS SEVERAL

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HEALTH DISPARITIES, POVERTY, AND VULNERABLE POPULATIONS.

PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

MWPH CREATED A BALTIMORE CITY HEALTH OUTCOMES SUMMARY FOR THE AFOREMENTIONED CBSA-TARGETED ZIP CODES. THE TOP THREE CAUSES OF DEATH IN BALTIMORE CITY IDENTIFIED, RESPECTIVELY, WERE HEART DISEASE, CANCER, AND STROKE. THE NUMBER ONE CAUSE OF PEDIATRIC DEATHS IS THE HIGH RATE OF INFANT MORTALITY.

BASED ON OUR COMMUNITY NEEDS ASSESSMENT, MWPH PRIORITIZED AND IDENTIFIED THE COMMUNITY NEEDS AS FOLLOWS:

- 1) EDUCATION/HEALTH LITERACY/OUTREACH
- 2) ACCESS TO HEALTH CARE
- 3) CHRONIC DISEASE/OBESITY/DIABETES
- 4) MATERNAL AND CHILD HEALTH
- 5) LEAD POISONING

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6) ASTHMA

7) INJURY PREVENTION

THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH TWO SURVEYS OFFERED TO THE PUBLIC DURING HEALTH FAIRS THROUGHOUT BALTIMORE CITY. A 6-ITEM SURVEY ASKED RESPONDENTS TO IDENTIFY THEIR TOP HEALTH CONCERNS AND THEIR TOP BARRIERS IN ACCESSING HEALTH CARE. A LONGER SURVEY WAS ALSO CREATED AND POSTED ONLINE ON THE PUBLIC WEBSITE.

METHODS INCLUDED A 3-ITEM SURVEY DISTRIBUTED TO THE PUBLIC AT A VARIETY OF OUTREACH EVENTS IN FY'15 (SHORT FORM) AND MADE AVAILABLE IN MARYLAND MATTERS PUBLICATION (N=1,212). A 25-ITEM ONLINE SURVEY WAS ALSO POSTED TO THE SURVEY MONKEY AND WWW.UMM.EDU WEBSITE FOR COMMUNITY TO COMPLETE (LONG FORM). THE COMMUNITY ADVOCACY ACTIVELY ENGAGED COMMUNITY MEMBERS FROM ATTENDING AND PARTICIPATING IN SEVERAL NEIGHBORHOOD MEETINGS HOSTED BY BALTIMORE CITY HEALTH DEPARTMENT AND OTHER LOCAL COMMUNITY ORGANIZATIONS.

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THE RESULTS IDENTIFIED THE TOP FIVE HEALTH CONCERNS, TOP 5 BARRIERS TO HEALTH CARE, AND PRESENTED AN OPPORTUNITY FOR PARTICIPANTS TO PROVIDE RECOMMENDATIONS OR SOLUTIONS. THE TOP FIVE HEALTH CONCERNS IDENTIFIED WERE DIABETES (N=708), HIGH BLOOD PRESSURE/STROKE (N=669), HEART DISEASE (N=596), SMOKING/ALCOHOL/DRUG ABUSE (N=535), AND CANCER (N=515). ANALYSIS BY CBSA TARGETED ZIP CODES REVEALED THE SAME TOP HEALTH CONCERNS AND TOP HEALTH BARRIERS WITH LITTLE DEVIATION FROM THE OVERALL BALTIMORE CITY DATA.

THE TOP FIVE BARRIERS TO HEALTH CARE IDENTIFIED INCLUDED 'NO HEALTH INSURANCE' (N=833), 'TOO EXPENSIVE' (N=726), 'NO TRANSPORTATION' (N=446), 'LOCAL MDS NOT PART OF PLAN' (N=259), 'COULDN'T GET AN APPOINTMENT WITH DOCTOR' (N=138), 'DOCTOR TOO FAR AWAY' (N=125), AND '(MEDICAL) SERVICE NOT AVAILABLE IN THE CITY' (91). THERE WERE ALSO 103 INDIVIDUAL RESPONSES THAT PROVIDED ADDITIONAL INSIGHT INTO LOCAL HEALTH DISPARITIES. ANALYSIS BY CBSA TARGETED ZIP CODES IDENTIFIED VERY SIMILAR HEALTH CONCERNS AND TOP HEALTH BARRIERS WITH LITTLE TO NO DEVIATION FROM OVERALL BALTIMORE CITY DATA, OR THE MWPB CHNA COMPLETED IN 2012.

Part VI Supplemental Information

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ANALYSIS OF ALL QUANTITATIVE AND QUALITATIVE DATA DESCRIBED IN THE ABOVE

SECTION IDENTIFIED THESE TOP SIX AREAS OF NEED WITHIN BALTIMORE CITY.

THESE TOP PRIORITIES REPRESENT THE INTERSECTION OF DOCUMENTED UNMET

COMMUNITY HEALTH NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION.

THESE PRIORITIES WERE IDENTIFIED AND APPROVED BY THE MWPB COMMUNITY

EMPOWERMENT TEAM AND VALIDATED WITH THE HEALTH EXPERTS FROM THE BALTIMORE

CITY DEPARTMENT OF HEALTH, LOCAL SCHOOLS MEDICINE, AND NURSING,

REHABILITATION, SOCIAL WORK AND MWPB EMPLOYEES WHO ENGAGE IN COMMUNITY

AFFAIRS.

A PRIORITIZATION MEETING WAS HELD ON APRIL 30, 2015 WITH A CROSS SECTION

OF CLINICIANS, COMMUNITY STAKEHOLDERS/ACTIVISTS, AS WELL AS COMMUNITY

HEALTH EDUCATORS. PARTICIPANTS WERE PROVIDED ALL THE DATA COLLECTED FOR

THE FISCAL YEAR CHNA WHICH INCLUDED THE COMMUNITY PERSPECTIVE, HEALTH

EXPERTS/FOCUS GROUPS/INTERVIEWS, AS WELL AS NATIONAL AND LOCAL HEALTH

PREVENTION STRATEGIES. THE GROUP WAS CHARGED WITH PRIORITIZING THE

HEALTH NEEDS OF THE CBSA USING THE FOLLOWING CRITERIA:

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

-MAGNITUDE: THE NUMBER OF PEOPLE IMPACTED BY THE PROBLEM

-SEVERITY: THE RISK OF MORBIDITY AND MORTALITY WITH THE PROBLEM

-HISTORICAL TRENDS

-ALIGNMENT OF THE PROBLEM WITH THE MWPH'S STRENGTHS AND PRIORITIES

-IMPACT OF THE PROBLEM ON THE VULNERABLE POPULATIONS OF THE CBSA

-IMPORTANCE OF THE PROBLEM IN THE COMMUNITY

-RELATIONSHIP OF THE PROBLEM TO OTHER COMMUNITY ISSUES

-FEASIBILITY OF CHANGE, AVAILABILITY OF TESTED APPROACHES

-VALUE IF IMMEDIATE INTERVENTION VS. ANY DELAY, ESPECIALLY FOR LONG-TERM

OR COMPLEX THREATS.

PARTICIPANTS WERE ASKED TO SELECT SIX PRIORITIES BASED ON THIS CRITERIA

WHERE 1 IS THE MOST IMPORTANT/SIGNIFICANT AND 6 IS NOT AS URGENT AN NEED.

AS A RESULT THERE WERE 15 DIFFERENT PRIORITIES IDENTIFIED. A MATRIX WAS

THEN UTILIZED (SEE CHART BELOW) TO BETTER IDENTIFY IN WHAT ORDER WE WOULD

PRIORITIZE OUR SERVICES AND/OR PROGRAMMING AND THE FEASIBILITY OF HAVING

SO MANY.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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THE COMMUNITY ADVOCACY TEAM FACILITATED FOCUS GROUP MEETINGS TO INCLUDES SPECIALTY CLINICAL STAFF; OUTPATIENT(PSYCHOLOGY, WEIGH SMART, SOCIAL WORK) [OCTOBER 7, 2014], TRAUMATIC BRAIN INJURY & RECREATIONAL THERAPY [SEPTEMBER 29, 2014] AS WELL AS MWPH EMPLOYEES WHO ENGAGE IN COMMUNITY AFFAIRS AND MWPH FAMILY ADVISORY COUNCIL [OCTOBER 24, 2014].

THERE WAS ALSO A TELEPHONE INTERVIEW CONDUCTED BALTIMORE CITY HEALTH DEPT. DIRECTOR OF CHRONIC DISEASE PREVENTION, AND FINALLY A THOROUGH REVIEW AND INCLUDE NATIONAL PREVENTION STRATEGY PRIORITIES, STATE HEALTH IMPROVEMENT PLAN (SHIP) INDICATORS , AND HEALTHY BALTIMORE 2015 PLAN FROM BCHD

MWPH RESULTS INCLUDED UTILIZING THE FOLLOWING DATA TO CREATE DIRECTION AND A GUIDE FOR ALL FUTURE COMMUNITY BENEFIT INITIATIVES; THE NATIONAL PREVENTION STRATEGY (7 PRIORITY AREAS) AND THE SHIP'S (STATE HEALTH IMPROVEMENT PLAN) 39 OBJECTIVES IN 6 VISION AREAS FOR STATE, INCLUDES TARGETS FOR BALTIMORE CITY, AND HEALTHY BALTIMORE 2015 WHICH IDENTIFIED

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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10 PRIORITY AREAS.

COMPARISON OF FEDERAL, STATE, AND LOCAL HEALTH PRIORITIES

-NATIONAL PREVENTION STRATEGY: 2011 PRIORITY AREAS

-MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP)

-2011 HEALTHY BALTIMORE 2015

-TOBACCO FREE LIVING HEALTHY BABIES PROMOTE ACCESS TO QUALITY HEALTH CARE

FOR ALL

-PREVENTING DRUG ABUSE & EXCESSIVE ALCOHOL USE HEALTHY SOCIAL

ENVIRONMENTS BE TOBACCO FREE

-HEALTHY EATING SAFE PHYSICAL ENVIRONMENTS REDESIGN COMMUNITIES TO

PREVENT OBESITY

-ACTIVE LIVING INFECTIOUS DISEASES PROMOTE HEART HEALTH

-INJURY & VIOLENCE FREE LIVING CHRONIC DISEASES STOP THE SPREAD OF HIV &

OTHER ST INFECTIONS

-REPRODUCTIVE & SEXUAL HEALTH HEALTHCARE ACCESS RECOGNIZE & TREAT MENTAL

HEALTH NEEDS

-MENTAL & EMOTIONAL WELL-BEING REDUCE DRUG USE & ALCOHOL USE

Part VI Supplemental Information

Provide the following information.

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-ENCOURAGE EARLY DETECTION OF CANCER

-PROMOTE HEALTHY CHILDREN & ADOLESCENTS

-CREATE HEALTH PROMOTING NEIGHBORHOODS

DURING THE TELEPHONE INTERVIEW WITH LAURA FOX, MPH, DIRECTOR, OFFICE OF CHRONIC DISEASE PREVENTION, BALTIMORE CITY HEALTH DEPARTMENT (2/17/15), MWPB WAS ABLE TO IDENTIFY THE TOP 4 HEALTH PROBLEMS PER BALTIMORE CITY MAYOR'S HEALTH PRIORITIES:

1. CARDIOVASCULAR DISEASE (CVD) - DECREASE PREMATURE MORTALITY (AS DEFINED AS DEATH PRIOR TO 75 YEARS)
2. ASTHMA - WITH A CONCENTRATION ON PEDIATRICS SPECIFICALLY
3. HEROIN USE - WHILE A PRIORITY, NO MAJOR INITIATIVES TO DATE
4. DIABETES - AS RELATED TO CVD AS A CO-MORBIDITY

TOP BARRIERS TO HEALTH IDENTIFIED ARE:

1. KNOWLEDGE DEFICIT WITH RESPECT TO HEALTH INSURANCE
2. PEOPLE DON'T KNOW HOW TO USE (NAVIGATE) THE SYSTEM- NEED CARE CONNECTORS AND/OR HEALTH NAVIGATORS

Part VI Supplemental Information

Provide the following information.

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3. PEOPLE AREN'T SURE WHAT MCO'S WILL ACCEPT THEM
4. LIMITED MINUTES ON PHONE LIMITS CALLS FOR ASSISTANCE
5. GENERAL EDUCATION/LITERACY (SDOH)

COMMUNITY LEADERS

MWPH FACILITATED A FOCUS GROUP IN THE PARK HEIGHTS COMMUNITY, WHICH IS LOCATED IN THE COMMUNITY BENEFIT SERVICE AREA OF THE HOSPITAL WHICH INCLUDED OVER 30 COMMUNITY PARTNERS FOCUS GROUP (OCTOBER 2014). THE FOLLOWING NEEDS WERE DISCUSSED/IDENTIFIED DURING THIS MEETING:

#1 SERIOUS PROBLEM IDENTIFIED: 44.8% REPORTED THE NEED FOR HEALTH LITERACY (SEE CHART 3)

#2 SERIOUS PROBLEM IDENTIFIED: 35.7% REPORTED THE ISSUE OF VIOLENCE

MWPH IDENTIFIED THE TOP 3 MODERATE CONCERNS AND THEY ARE AS FOLLOWS, RESPECTIVELY; BEHAVIORAL/MENTAL ILLNESS, HEART DISEASE, AND DIABETES.

WE ALSO WERE MADE AWARE THAT 86.7% OF COMMUNITY RECEIVED THEIR HEALTH INFORMATION FROM FAMILY & FRIENDS, 63% FROM INTERNET, 60% FROM CHURCH.

Part VI Supplemental Information

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THE TOP 3 ACTION ITEMS FOR THIS MEETING THAT WERE DISCUSSED, MOBILE UNIT

NEIGHBORHOOD AS A MODEL, AND MENTAL HEALTH SERVICES.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

DEFINED BY THE WORLD HEALTH ORGANIZATION AS: 'THE CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, LIVE, WORK AND AGE.'

METHODS

REVIEWED DATA FROM IDENTIFIED 2011 BALTIMORE CITY HEALTH DEPARTMENT'S BALTIMORE CITY NEIGHBORHOOD PROFILES, BALTIMORE CITY FOOD DESERT MAP (SEE FIGURE 5)

RESULTS

UTILIZING THE BALTIMORE CITY NEIGHBORHOOD PROFILES, THE COMMUNITY ADVOCACY TEAM IDENTIFIED SDOHS FOR THE FOLLOWING ZIP CODES WITHIN THE CBSA (COMMUNITY BENEFIT SERVICE AREA) UPTON/ DRUID HEIGHTS (21217), SW BALTIMORE (21223), MONDAWMIN PIMLICO/ ARLINGTON/ HILLTOP (21216 & 21215)

Part VI Supplemental Information

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HOWARD PARK/ W. ARLINGTON (21207), SOUTHERN PARK HEIGHTS (21215),
CLIFTON-BEREA (21206). THE TOP SDOHS IDENTIFIED WERE 'LOW EDUCATION
ATTAINMENT' (52.6% W/ LESS THAN HS DEGREE), 'HIGH POVERTY RATE' (15.7%),
'HIGH UNEMPLOYMENT RATE' (11%), VIOLENCE, AND POOR FOOD ENVIRONMENT.

HEALTH STATISTICS/INDICATORS

THE TEAM ALSO REGULARLY REVIEWED THE FOLLOWING LOCAL DATA SOURCES;
BALTIMORE CITY HEALTH STATUS REPORT, BALTIMORE HEALTH DISPARITIES REPORT
CARD, AND THE BALTIMORE NEIGHBORHOOD PROFILES. NATIONAL TRENDS AND DATA
SUCH AS THE 'HEALTHY PEOPLE 2015', 'CENTERS FOR DISEASE CONTROL
REPORTS/UPDATES', AND 'F AS IN FAT: EXECUTIVE SUMMARY (RWJF)' WERE ALSO
TAKEN INTO CONSIDERATION.

I. SEVERAL ADDITIONAL TOPIC AREAS WERE IDENTIFIED BY THE MWPB DURING THE
CHNA INCLUDING: MENTAL HEALTH, SAFE HOUSING, TRANSPORTATION, AND
SUBSTANCE ABUSE. WHILE THE MWPB WILL FOCUS THE MAJORITY OF OUR EFFORTS
ON THE IDENTIFIED PRIORITIES OUTLINED IN THE TABLE ABOVE, WE WILL REVIEW
THE COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION

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AND WORK. THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH OUR ASSISTANCE AS AVAILABLE. THE UNMET NEEDS NOT ADDRESSED BY MWPB WILL ALSO CONTINUE TO BE ADDRESSED BY KEY BALTIMORE CITY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITY- BASED ORGANIZATIONS.

THE MWPB IDENTIFIED CORE PRIORITIES TARGET THE INTERSECTION OF THE IDENTIFIED COMMUNITY NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION.

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

MWPB IS A REGIONAL LEADER IN PEDIATRIC SPECIALTY CARE AND IS A JOINTLY OWNED CORPORATE AFFILIATE OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEMS (UMMS) AND JOHNS HOPKINS HEALTH SYSTEM (HOPKINS).

Part VI Supplemental Information

Provide the following information.

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STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART VI, LINE 7

MARYLAND

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Compensation Information

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

52-0591483

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a** **4b**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization? **5a** **5b**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** **6b**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHELDON STEIN PRESIDENT CEO	(i)	247,539.	93,204.	3,514.	154,245.	16,799.	515,301.	0
	(ii)	0	0	0	0	0	0	0
2 MARY MILLER CFO / VP - FINANCE	(i)	137,518.	24,572.	624.	26,693.	23,333.	212,740.	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS ELLIS VP - HUMAN RESOURCES	(i)	138,333.	23,389.	1,653.	46,074.	20,213.	229,662.	0
	(ii)	0	0	0	0	0	0	0
4 BARINADA GIADOM ATTENDING PHYSICIAN	(i)	193,908.	0	439.	8,953.	23,333.	226,633.	0
	(ii)	0	0	0	0	0	0	0
5 KATHERINE ALTER, M.D. DIRECTOR PHYSICAL MEDICINE	(i)	234,438.	0	950.	11,733.	16,799.	263,920.	0
	(ii)	0	0	0	0	0	0	0
6 SILVIA WILLIAMS, M.D. ATTENDING PHYSICIAN	(i)	189,212.	0	705.	7,870.	9,333.	207,120.	0
	(ii)	0	0	0	0	0	0	0
7 AJOKE AJAYI-AKINTADE, ATTENDING PHYSICIAN	(i)	190,258.	0	634.	10,858.	0	201,750.	0
	(ii)	0	0	0	0	0	0	0
8 STEPHEN NICHOLS, M.D. ATTENDING PHYSICIAN	(i)	216,752.	0	275.	11,308.	23,333.	251,668.	0
	(ii)	0	0	0	0	0	0	0
9 JENNIFER BOWIE VP - NURSING ADMIN	(i)	147,054.	25,579.	253.	14,450.	17,092.	204,428.	0
	(ii)	0	0	0	0	0	0	0
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

NON FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

2014

▶ **Attach to Form 990.**

**Open to Public
Inspection**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MARYLAND HEALTH & HIGHER EDUCATIONAL FACILITIES	50-0936091	574216LR6	11/01/2007	7,585,000.	CONSTRUCTION		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased	7,585,000.							
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	1985							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

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

Part III Private Business Use (Continued)	MARYLAND HEALTH & HIGHER EDUCATIONAL FACILITIES							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6 AND 7A

JOHNS HOPKINS HEALTH SYSTEM (JHHS) AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) ARE EQUAL MEMBERS OF MT. WASHINGTON PEDIATRIC HOSPITAL (MWPH). JHHS AND UMMS EACH ELECT AN EQUAL NUMBER OF MEMBERS TO THE BOARD OF MWPH.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT THORNTON. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON TAX ORGANIZER, WHICH IS AN EXCEL-BASED SYSTEM.

WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO GRANT THORNTON FOR IMPORTATION INTO THEIR TAX SOFTWARE. AT THIS POINT, GRANT THORNTON STAFF MEMBERS REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF NEEDED AND PREPARE THE TAX RETURN. EACH RETURN IS REVIEWED AT SEVERAL LEVELS AT GRANT THORNTON INCLUDING THE TAX PARTNER. AFTER THEIR REVIEW PROCESS, A DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT UMMS FOR AN IN-HOUSE REVIEW.

UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO THE ATTENTION OF THE BOARD.

NOTWITHSTANDING THE ABOVE, A BOARD RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM 990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT
FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC, AND JAMES LAWRENCE KERNAN HOSPITAL. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION:

ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.

PROCESS FOR DETERMINING COMPENSATION
FORM 990, PART VI, LINES 15A AND 15B

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:

EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.

THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER, SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZATION'S IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED. IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION.

THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9

UNRESTRICTED:

CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLAN	(115,530)
CHANGE IN ECONOMIC INTEREST- MWPF UNRESTRICTED	(221,856)
NET ASSETS RELEASED FOR PURCHASE OF EQUIPMENT	147,482

RESTRICTED:

CHANGE IN ECONOMIC INTEREST- MWPF RESTRICTED	214,333
NET ASSETS RELEASED FOR OPERATIONS	(421,018)
NET ASSETS RELEASED FOR PURCHASE OF EQUIPMENT	(147,482)
TOTAL CHANGE TO NET ASSETS	(544,071)

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PHARMASOURCE HEALTHCARE, INC. P.O. BOX 632849 CINCINNATI, OH 45263-2849	PHARMACY	4,168,571.
WHITING TURNER CONTRACTING P.O. BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	1,394,467.
SLEEP SERVICES OF AMERICA, INC. P.O. BOX 198320 ATLANTA, GA 30384	NEUROLOGY	1,216,942.
JOHNS HOPKINS UNIVERSITY 600 NORTH WOLF STREET BALTIMORE, MD 21287	PHYSICIAN	1,517,196.
HORD COPLAN MACHT, INC. 750 EAST PRATT STREET BALTIMORE, MD 21202	CONSTRUCTION	540,816.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MOUNT WASHINGTON PEDIATRIC FOUNDATION 1708 WEST ROGERS AVENUE BALTIMORE, MD 21209 52-1736672	FUNDRAISING	MD	501(C)(3)	11A	MWPH	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MT. WASHINGTON PEDIATRIC FOUNDATION	C	358,482.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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