Form **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year beginning 07/01, 2024, and ending 06/30, 20 25

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to *www.irs.gov/Form8453TE* for the latest information.

Name of filer	EIN or SSN
MT WASHINGTON PEDIATRIC HOSPITAL INC	52-0591483

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line of the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here . .	☑	**b** **Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . .	**1b**	84,410,054
2a	**Form 990-EZ** check here .	☐	**b** **Total revenue**, if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here	☐	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here .	☐	**b** **Tax based on investment income** (Form 990-PF, Part V, line 5) .	**4b**	
5a	**Form 8868** check here . .	☐	**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here .	☐	**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here . .	☐	**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here . .	☐	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here . .	☐	**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here	☐	**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration of Officer or Person Subject to Tax

11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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.

b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☑ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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.

Sign Here	Signature of officer or person subject to tax	Date	Title, if applicable
	Mary Miller	5/7/26	CFO

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-*file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN / Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	LAUREN E. BENNETT	L E Bennett	05/04/2026		P01787029
	Firm's name ERNST YOUNG U.S. LLP			Firm's EIN	34-6565596
	Firm's address 2005 MARKET STREET, STE 700, PHILADELPHIA, PA 19103			Phone no.	(215) 448-5000

PUBLIC DISCLOSURE COPY

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.

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01 , 2024, and ending 06/30 , 20 25

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: MT WASHINGTON PEDIATRIC HOSPITAL INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 1708 W. ROGERS AVENUE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: BALTIMORE, MD 21209

D Employer identification number: 52-0591483

E Telephone number: (410) 578-8600

G Gross receipts $ 107,689,702

F Name and address of principal officer: SCOTT KLEIN, MD
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.MWPH.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ 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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	730
6	Total number of volunteers (estimate if necessary)	6	275
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,866,178	4,337,568
9	Program service revenue (Part VIII, line 2g)	65,683,007	73,941,273
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,911,970	5,181,401
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	431,796	949,812
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,892,951	84,410,054

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	48,756,609	50,845,236
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	23,355,933	25,661,374
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	72,112,542	76,506,610
19	Revenue less expenses. Subtract line 18 from line 12	780,409	7,903,444

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	164,426,267	178,183,439
21	Total liabilities (Part X, line 26)	21,785,324	21,177,875
22	Net assets or fund balances. Subtract line 21 from line 20	142,640,943	157,005,564

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: 5/7/26

MARY MILLER, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LAUREN E. BENNETT		05/04/2026		P01787029

Firm's name: ERNST YOUNG U.S. LLP — Firm's EIN: 34-6565596

Firm's address: 2005 MARKET STREET, STE 700, PHILADELPHIA, PA 19103 — Phone no.: (215) 448-5000

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the 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 $ 64,184,909 including grants of $ 0) (Revenue $ 74,757,571)

MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 17,522 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 61,437 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. 77% OF INPATIENTS AND 58% OF OUTPATIENTS RECEIVED MEDICAL ASSISTANCE.

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

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

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

4e Total program service expenses 64,184,909

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✔	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✔	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✔
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	✔	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		✔
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✔
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✔
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✔
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✔	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✔
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✔
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	✔	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	✔	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✔
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	✔	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✔
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		✔
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		✔
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		✔
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		✔
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	✔	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	✔	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	✔	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		✔

Part IV Checklist of Required Schedules *(continued)*

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

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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	69		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	730		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✔
b	If "Yes," enter the name of the foreign country ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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 on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	14		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6		✔	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✔	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✔

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✔
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✔	
b	Other officers or key employees of the organization	15b	✔	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✔
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on 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.

JENINE WARNKE, 900 ELKRIDGE LANDING ROAD - 3 EAST, LINTHICUM, MD 21090, (443) 462-5811

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) SCOTT KLEIN	40.0									
PRESIDENT AND CEO	0.0			✔				785,071	0	131,339
(2) TIKEE SELBY, MD	40.0									
NEONATAL PROGRAM DIRECTOR	0.0					✔		355,225	0	37,817
(3) STEPHEN NICHOLS, MD	40.0									
ATTENDING PHYSICIAN	0.0					✔		242,845	0	39,703
(4) TAREK BELAL, MD	40.0									
ATTENDING PHYSICIAN	0.0					✔		261,645	0	15,991
(5) MARY MILLER	40.0									
CFO AND TREASURER	0.0			✔				225,250	0	50,143
(6) BERNADETT CROWDER, MD	40.0									
ATTENDING PHYSICIAN	0.0					✔		228,225	0	37,256
(7) MONIQUE SATPUTE, MD	40.0									
ATTENDING PHYSICIAN	0.0					✔		222,095	0	38,130
(8) AJAYI AKINTADE, MD	40.0									
INTERIM CMO	0.0			✔				239,862	0	7,944
(9) THOMAS ELLIS	40.0									
VP HUMAN RESOURCES	0.0			✔				213,441	0	24,589
(10) JUSTINA STAROBIN	40.0									
VP OUTPATIENT SVCS	0.0			✔				168,801	0	36,847
(11) DENISE PUDINSKI	40.0									
VP PATIENT CARE SERVICES/ CNE	0.0			✔				179,631	0	20,978
(12) JILL FEINBERG	40.0									
VP DEVELOPMENT/EXTERNAL AFFAIRS	0.0			✔				174,445	0	17,033
(13) KATHERINE PABICH	40.0									
ASSISTANT SECRETARY	0.0			✔				47,622	0	31,592
(14) LISA ARCE-WILLIAMS	40.0									
SECRETARY	0.0			✔				53,318	0	22,304

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) DAVID HACKAM, MD	1.0									
CHAIRMAN	0.0	✔		✔				0	0	0
(16) STEVEN J CZINN, MD	1.0									
VICE CHAIR	0.0	✔		✔				0	0	0
(17) AARON J RABINOWITZ	1.0									
TRUSTEE	0.0	✔						0	0	0
(18) ANDREA BROWN-GEE, M.A.	1.0									
TRUSTEE	1.0	✔						0	0	0
(19) BERYL ROSENSTEIN, MD	1.0									
TRUSTEE	0.0	✔						0	0	0
(20) DANA D FARRAKHAN, DRPH, MHS, FACHE	1.0									
TRUSTEE	0.0	✔						0	0	0
(21) FRED WOLF, III, ESQ	1.0									
TRUSTEE (ENDED 12/2024)	1.0	✔						0	0	0
(22) KAREN DOYLE	1.0									
TRUSTEE	0.0	✔						0	0	0
(23) KEVIN SOWERS, MSN,RN,FAAN	1.0									
TRUSTEE	0.0	✔						0	0	0
(24) KRISHNAJ GOURAB, MD	1.0									
TRUSTEE	0.0	✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								3,397,476	0	511,666
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,397,476	0	511,666

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 44

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

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
SLEEP SERVICES OF AMERICA, INC, PO BOX 198320, ATLANTA, GA 30384-8320	NEUROLOGY SERVICES	1,486,589
QUALIVIS LLC, PO BOX 674913, DALLAS, TX 75267-4913	MEDICAL STAFFING	1,194,890
PARK PLACE INTERNATIONAL LLC, 8401 CHAGRIN RD, STE 6B, CHAGRIN FALLS, OH 44023	HEALTHCARE DATA SECURITY	867,733
ELITE SECURITY SERVICES AND SOLUTIO, 16000 TRADE ZONE AVE STE 103, UPPER MARLBORO, MD 20774	SECURITY	644,975
AYA HEALTHCARE INC, PO BOX 674907, DALLAS, TX 75267-4907	MEDICAL STAFFING	464,347

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 23

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	562,511				
	d	Related organizations	1d	1,248,756				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,526,301				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			4,337,568			
Program Service Revenue			Business Code					
	2a	NET PATIENT REVENUE	622110		73,908,678	73,908,678	0	0
	b	OTHER PROGRAMS SERVICES	621110		32,595	32,595	0	0
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			73,941,273			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,698,642	0	0	1,698,642
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	26,504,740				
	b	Less: cost or other basis and sales expenses	7b	23,021,981				
	c	Gain or (loss)	7c	3,482,759	0			
	d	Net gain or (loss)				3,482,759	0	0	3,482,759
	8a	Gross income from fundraising events (not including $ 562,511 of contributions reported on line 1c). See Part IV, line 18	8a	119,750				
	b	Less: direct expenses	8b	257,667				
	c	Net income or (loss) from fundraising events			(137,917)		0	(137,917)
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
	11a	INSURANCE CREDIT	524114		809,551	809,551	0	0
	b	CAFETERIA	722514		264,322	0	0	264,322
	c	TRANSCRIPTS	900099		7,109	0	0	7,109
	d	All other revenue	900099		6,747	6,747	0	0
	e	**Total.** Add lines 11a–11d			1,087,729			
	12	**Total revenue.** See instructions			84,410,054	74,757,571	0	5,314,915

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,430,210	1,991,991	438,219	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,839,450	31,835,858	7,003,592	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,693,981	1,388,520	305,461	0
9 Other employee benefits	5,060,945	4,148,347	912,598	0
10 Payroll taxes	2,820,650	2,312,026	508,624	0
11 Fees for services (nonemployees):				
a Management				
b Legal	5,000	0	5,000	0
c Accounting	117,935	0	117,935	0
d Lobbying	334	0	334	0
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	111,111	0	111,111	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	8,315,941	7,530,381	785,560	0
12 Advertising and promotion	22,693	18,601	4,092	0
13 Office expenses	569,149	466,519	102,630	0
14 Information technology	733,142	600,941	132,201	0
15 Royalties				
16 Occupancy	1,221,520	1,001,254	220,266	0
17 Travel	35,549	29,139	6,410	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,339	11,753	2,586	0
20 Interest	40,769	33,417	7,352	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,225,415	4,283,160	942,255	0
23 Insurance	202,659	166,115	36,544	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	4,616,804	4,616,804	0	0
b REPAIRS/MAINTENANCE	1,719,382	1,409,340	310,042	0
c NON-MEDICAL SUPPLIES	1,178,411	965,918	212,493	0
d BAD DEBT	663,905	663,905	0	0
e All other expenses	867,316	710,920	156,396	0
25 **Total functional expenses.** Add lines 1 through 24e	76,506,610	64,184,909	12,321,701	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,024,100	1	1,073,227
	2	Savings and temporary cash investments		5,022,858	2	9,487,129
	3	Pledges and grants receivable, net		825,982	3	780,405
	4	Accounts receivable, net		7,196,306	4	8,548,135
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		172,988	8	210,466
	9	Prepaid expenses and deferred charges		11,572,829	9	13,152,351
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 92,527,169			
	b	Less: accumulated depreciation	10b 61,950,956	33,767,554	10c	30,576,213
	11	Investments—publicly traded securities		72,048,838	11	78,146,864
	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			14	
	15	Other assets. See Part IV, line 11		32,794,812	15	36,208,649
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		164,426,267	16	178,183,439
Liabilities	17	Accounts payable and accrued expenses		9,562,155	17	10,359,433
	18	Grants payable			18	
	19	Deferred revenue		3,727	19	37,359
	20	Tax-exempt bond liabilities		2,290,000	20	1,820,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		9,929,442	25	8,961,083
	26	**Total liabilities.** Add lines 17 through 25		21,785,324	26	21,177,875
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		119,217,292	27	131,254,877
	28	Net assets with donor restrictions		23,423,651	28	25,750,687
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		142,640,943	32	157,005,564
	33	Total liabilities and net assets/fund balances		164,426,267	33	178,183,439

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	84,410,054
2	Total expenses (must equal Part IX, column (A), line 25)	2	76,506,610
3	Revenue less expenses. Subtract line 2 from line 1	3	7,903,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	142,640,943
5	Net unrealized gains (losses) on investments	5	2,667,147
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,794,030
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	157,005,564

Part XII Financial Statements and Reporting

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

			Yes	No
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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	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?	2b	✔	
	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?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✔
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 on Schedule O and describe any steps taken to undergo such audits	3b		

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MARGARET MOON, MD TRUSTEE	1.0 0.0	✓						0	0	0
(26) MOHAN SUNTHA, MD TRUSTEE	1.0 0.0	✓						0	0	0
(27) PETER MANCINO TRUSTEE	1.0 0.0	✓						0	0	0
(28) SUSAN T COSTER TRUSTEE	1.0 0.0	✓						0	0	0
(29) W. CHRISTOPHER GOLDEN, MD TRUSTEE	1.0 0.0	✓						0	0	0
(30) JACQUELINE NEWTON VP PATIENT CARE SERVICES/ CNE	40.0 0.0			✓				0	0	0
(31) RICHARD KATZ, MD VP MEDICAL AFFAIRS (ENDED 10/2024)	1.0 0.0			✓				0	0	0

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2023.** 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
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? *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.*	2		

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)? *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).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b 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? *If "Yes" or "No," provide details in* ***Part VI****.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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 ☐ 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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 49,884	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 10,500	Person ☑ Payroll ☐ Noncash ☐ (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		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (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		$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		$ 150,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (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		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		$ 7,643	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		$ 127,204	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24		$ 14,524	Person ☑ Payroll ☐ Noncash ☐ (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
25		$ 26,320	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26		$ 31,275	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29		$ 8,704	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (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
31		$ 21,803	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32		$ 8,405	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
36		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (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
37		$ 1,248,756	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40		$ 5,250	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (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
43		$ 18,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
44		$ 10,248	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
45		$ 5,385	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
46		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
47		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
48		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (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
49		$ 6,720	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
50		$ 5,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51		$ 15,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52		$ 10,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
53		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
54		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (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
55		$ 1,072,348	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
56		$ 16,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
57		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
58		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
59		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
60		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (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
61		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
62		$ 250,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
63		$ 5,250	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
64		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
65		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
66		$ 5,130	Person ☑ Payroll ☐ Noncash ☐ (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
67		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
68		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
69		$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
70		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
71		$ 10,700	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
72		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (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
73		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
74		$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
75		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
76		$ 10,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
77		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
78		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (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
79		$ 5,200	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
80		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
81		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
82		$ 15,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
83		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
84		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (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
85		$ 25,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
86		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
87		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
88		$ 10,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
89		$ 13,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
90		$ 15,453	Person ☑ Payroll ☐ Noncash ☐ (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
91		$ 13,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
92		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
93		$ 5,882	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
94		$ 9,650	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MT WASHINGTON PEDIATRIC HOSPITAL INC	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	Employer identification number
MT WASHINGTON PEDIATRIC HOSPITAL INC	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

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
MT WASHINGTON PEDIATRIC HOSPITAL INC	52-0591483

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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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 EINs 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)					

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 (grassroots 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.		
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-		

IF the amount on line 1e, column (a) or (b) is:	THEN 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.

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? ☐ **Yes** ☐ **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) 2021	(b) 2022	(c) 2023	(d) 2024	(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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✔	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✔	
c Media advertisements?		✔	
d Mailings to members, legislators, or the public?		✔	
e Publications, or published or broadcast statements?		✔	
f Grants to other organizations for lobbying purposes?		✔	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✔	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✔	
i Other activities?	✔		334
j Total. Add lines 1c through 1i			334
2a Did the activities in line 1 cause the organization to not be 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).**

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

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

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

Part IV **Supplemental Information**

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

SEE NEXT PAGE

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.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA). MHA ENGAGES IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA REPORTED THAT 1.62% AND 39.00% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
MT WASHINGTON PEDIATRIC HOSPITAL INC

Employer identification number
52-0591483

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		69,635,939	44,108,985	25,526,954
c Leasehold improvements		319,430	254,171	65,259
d Equipment		20,325,932	16,615,686	3,710,246
e Other		2,245,868	972,114	1,273,754
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				30,576,213

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	941,714
(2) OTHER ACCOUNTS RECEIVABLE	526,493
(3) ECONOMIC INTEREST IN MWPH	34,238,999
(4) FINANCING LEASE - ASSETS	214,532
(5) OTHER ASSETS	286,911
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	36,208,649

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM 3RD PARTY PAY	3,753,477
(3) FINANCING LEASE - LIABILITY	214,786
(4) MALPRACTICE	4,047,238
(5) PATIENT CREDIT BALANCES	921,518
(6) OTHER LIABILITIES	24,064
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	8,961,083

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☑

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

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

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

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

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

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

Part 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 STATEMENT

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED UNDER SECTION 501(C)(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 501(C)(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.

SCHEDULE G (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
MT WASHINGTON PEDIATRIC HOSPITAL INC

Employer identification number
52-0591483

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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 FY25 GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	682,261			682,261
	2 Less: Contributions	562,511			562,511
	3 Gross income (line 1 minus line 2)	119,750	0	0	119,750
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	117,231			117,231
	7 Food and beverages	69,816			69,816
	8 Entertainment	27,750			27,750
	9 Other direct expenses	42,870			42,870
	10 Direct expense summary. Add lines 4 through 9 in column (d)				257,667
	11 Net income summary. Subtract line 10 from line 3, column (d)				(137,917)

Part III **Gaming.** Complete if the organization answered "Yes" on 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	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ 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:

10a 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

15a 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 explanations 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)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2024

Open to Public Inspection

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 (FAP) during the tax year? If "No," skip to question 6a	1a	✔	
b	If "Yes," was it a written policy?	1b	✔	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	✔	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %	3b	✔	
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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	✔	
5a	Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	✔	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	✔	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		✔
6a	Did the organization prepare a community benefit report during the tax year?	6a	✔	
b	If "Yes," did the organization make it available to the public?	6b	✔	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 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)			357,819	0	357,819	0.47
b	Medicaid (from Worksheet 3, column a)			0	0	0	0.00
c	Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d	**Total.** Financial assistance and means-tested government programs	0	0	357,819	0	357,819	0.47
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)			610,171	0	610,171	0.80
f	Health professions education (from Worksheet 5)			538,514	0	538,514	0.71
g	Subsidized health services (from Worksheet 6)			656,356	326,421	329,935	0.44
h	Research (from Worksheet 7)			0	0	0	0.00
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			5,408	0	5,408	0.01
j	**Total.** Other benefits	0	0	1,810,449	326,421	1,484,028	1.96
k	**Total.** Add lines 7d and 7j	0	0	2,168,268	326,421	1,841,847	2.43

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					0	0.00
2	Economic development					0	0.00
3	Community support			3,781	0	3,781	0.00
4	Environmental improvements					0	0.00
5	Leadership development and training for community members					0	0.00
6	Coalition building					0	0.00
7	Community health improvement advocacy			12,925	0	12,925	0.02
8	Workforce development			1,119	0	1,119	0.00
9	Other					0	0.00
10	**Total**	0	0	17,825	0	17,825	0.02

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?	1	✔	
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	2 630,643		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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	3 0		
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 0		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 0		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 0		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☑ Cost to charge ratio ☐ Other			

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✔	
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	✔	

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

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 MT. WASHINGTON PEDIATRIC HOSPITAL 1708 W. ROGERS AVENUE, BALTIMORE, MD 21209 WWW.MWPH.ORG STATE LICENSE NO. : 30-026	✔		✔							1
2										
3										
4										
5										
6										
7										
8										
9										
10										

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: 1

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

			Yes	No
Community Health Needs Assessment (CHNA)				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		✔
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		✔
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	**3**	✔	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 23			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	✔	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	✔	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	**6b**	✔	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	✔	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): (SEE STATEMENT)			
b	☑ Other website (list url): https://healthcare.ascension.org/chna			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	✔	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	✔	
a	If "Yes," list url: (SEE STATEMENT)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		✔
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: 1

			Yes	No
	Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	✔	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 200 % for eligibility for discounted care of 500 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance status			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	✔	
15	Explained the method for applying for financial assistance?	**15**	✔	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of their application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	✔	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: 1

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	✔	
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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☑ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		✔
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ 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) on line 19 (check all that apply):

- **a** ☑ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☑ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ 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 FAP?	21	✔	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: 1

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

Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	THE PROCESS OF IDENTIFYING THE PRIORITY HEALTH NEEDS FOR THE FY24 CHNA BEGAN WITH THE COLLECTION AND ANALYSIS OF HUNDREDS OF NEW AND EXISTING DATA MEASURES. IN ORDER TO CREATE MORE EASILY DISCUSSABLE CATEGORIES, ALL INDIVIDUAL DATA MEASURES WERE THEN GROUPED INTO SIX CATEGORIES AND 20 CORRESPONDING FOCUS AREAS BASED ON "COMMON THEMES," WHICH INCLUDED: *LENGTH OF LIFE *MATERNAL AND INFANT HEALTH *MENTAL HEALTH *PHYSICAL HEALTH *ACCESS TO CARE *QUALITY OF CARE *DIET AND EXERCISE *SEXUAL HEALTH *SUBSTANCE USE DISORDERS *TOBACCO USE *BUILT ENVIRONMENT *ENVIRONMENTAL QUALITY *HOUSING AND HOMELESSNESS *TRANSPORTATION OPTIONS AND TRANSIT *EDUCATION *EMPLOYMENT *FAMILY, COMMUNITY, AND SOCIAL SUPPORT *FOOD SECURITY *INCOME *SAFETY SINCE A LARGE NUMBER OF INDIVIDUAL DATA MEASURES WERE COLLECTED AND ANALYZED TO DEVELOP THESE 20 FOCUS AREAS, IT WAS NOT REASONABLE TO MAKE EACH OF THEM A PRIORITY. THE CHNA COLLABORATIVE CONSIDERED WHICH FOCUS AREAS HAD DATA MEASURES OF HIGH NEED OR WORSENING PERFORMANCE, PRIORITIES FROM THE PRIMARY DATA, AND HOW POSSIBLE IT IS FOR HEALTH DEPARTMENTS OR HOSPITALS TO IMPACT THE GIVEN NEED TO HELP DETERMINE WHICH HEALTH NEEDS SHOULD BE PRIORITIZED. ONCE THE PRIMARY AND SECONDARY DATA HAD BEEN GROUPED INTO THE FOCUS AREAS, THE CHNA COLLABORATIVE USED A POLLING SOFTWARE TO EVALUATE AND PRIORITIZE THE CITY'S HEALTH NEEDS WHILE CONSIDERING THE FOLLOWING FACTORS: *SIZE AND SCOPE OF THE HEALTH NEED; *SEVERITY AND INTENSITY OF THE HEALTH NEED; *WHETHER POSSIBLE INTERVENTIONS WOULD BE POSSIBLE AND EFFECTIVE; *HEALTH DISPARITIES ASSOCIATED WITH THE NEED; AND *IMPORTANCE THE COMMUNITY PLACES ON ADDRESSING THE NEED THE FINAL PRIORITY NEED AREAS WERE NOT RANKED IN ANY PARTICULAR ORDER OF IMPORTANCE, AND EACH WILL BE ADDRESSED BY MWPH. THE FOLLOWING THREE FOCUS AREAS (MENTAL HEALTH, CHRONIC HEALTH CONDITIONS AND ACCESS TO CARE) WERE IDENTIFIED AS THE CITY OF BALTIMORE'S TOP PRIORITY HEALTH NEEDS TO BE ADDRESSED OVER THE NEXT THREE YEARS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: MT. WASHINGTON PEDIATRIC HOSPITAL DESCRIPTION: PRIMARY DATA WAS GATHERED FROM THE COMMUNITY THROUGH FOCUS GROUPS, KEY LEADER SURVEYS AND COMMUNITY SURVEYS. THROUGH THE DATA COLLECTION PROCESS, MWPH GATHERED INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF THE COMMUNITY SERVED BY MWPH. FOCUS GROUPS: THE FOLLOWING 33 FOCUS GROUPS WERE CONDUCTED VIRTUALLY, HYBRID OR IN PERSON BETWEEN OCTOBER 3, 2023 AND NOVEMBER 8, 2023. THESE GROUPS INCLUDED REPRESENTATION FROM KEY LEADERS, NON-PROFIT PARTNERS, PATIENTS, AND COMMUNITY MEMBERS, AND TOTALED MORE THAN 300 PARTICIPANTS. *ANCHOR GROUP *BALTIMORE MEDICAL SYSTEM CASE MANAGERS *BCHD HIV SERVICES AND RYAN WHITE (TWO FOCUS GROUPS) *BCHD YOUTH ADVISORY COUNCIL AND YOUTH AMBASSADORS *B'MORE FOR HEALTHY BABIES *CASA DE MARYLAND (TWO FOCUS GROUPS) *CATHOLIC CHARITIES' ESPERANZA CENTER *CHARM CITY CARE CONNECTION *DRUID HILL YMCA *EAST BALTIMORE FAITH LEADERS *EASTSIDE YO! (HISTORIC EAST BALTIMORE COMMUNITY ACTION COALITION) *HEALTH CARE ACCESS MARYLAND *HEALTH CARE FOR THE HOMELESS *HEALTHY START FATHER'S GROUP *HELPING UP MISSION *J VAN STORY BRANCH APARTMENTS *MEDSTAR FETAL ASSESSMENT CENTER *MORGAN STATE UNIVERSITY'S NUTRITION IN THE COMMUNITY CLASS *NORTHEASTERN COMMUNITY ORGANIZATION *SENIOR NETWORK OF NORTH BALTIMORE *SINAI HOSPITAL DIABETES PATIENTS *SINAI HOSPITAL HIV CLINIC PATIENTS *SINAI HOSPITAL FAMILIES WITH CHILDREN *ST. AGNES COMMUNITY COUNCIL *ST. AGNES PATIENT FAMILY ADVISORY COUNCIL *THE MAYOR'S COMMISSION ON AGING AND RETIREMENT EDUCATION *UMMC CHRONIC DISEASE PATIENTS *UMMC CANCER PATIENTS *UMMC COMMUNITY ENGAGEMENT COMMITTEE *VICTORY VILLAGE SENIOR CENTER *ZETA SENIOR CENTER KEY LEADER SURVEY: A TOTAL OF 33 KEY LEADERS COMPLETED THE WEB-BASED KEY LEADER SURVEY, WHICH WAS LIVE FROM SEPTEMBER 5, 2023 TO NOVEMBER 17, 2023. KEY LEADERS REPRESENTED A VARIETY OF ORGANIZATIONS WITH GEOGRAPHIES THROUGHOUT BALTIMORE CITY. BROAD CATEGORIES INCLUDED: *NOT-FOR-PROFIT PARTNERS *GOVERNMENT OFFICIALS *HEALTHCARE PROVIDERS *ACADEMIC PARTNERS *FIRST RESPONDERS *BUSINESS LEADERS COMMUNITY SURVEY: A TOTAL OF 2,282 WEB-BASED SURVEYS WERE COMPLETED BY INDIVIDUALS LIVING, WORKING OR RECEIVING HEALTHCARE IN THE BALTIMORE CITY COMMUNITY. FOR THE SAKE OF ACCESSIBILITY, THE SURVEY WAS AVAILABLE IN BOTH ENGLISH AND SPANISH. APPROXIMATELY 13% OF THE SURVEYS WERE COMPLETED IN SPANISH. CONSISTENT WITH ONE OF THE SURVEY PROCESS GOALS, SURVEY COMMUNITY MEMBER RESPONDENTS WERE REPRESENTATIVE OF A BROAD GEOGRAPHIC AREA ENCOMPASSING AREAS THROUGHOUT THE CITY.
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: MT. WASHINGTON PEDIATRIC HOSPITAL, INC. DESCRIPTION: THE MWPH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED WITH *JOHNS HOPKINS HEALTH SYSTEM *LIFEBRIDGE HEALTH *MEDSTAR HEALTH *MERCY MEDICAL CENTER *UNIVERSITY OF MARYLAND MEDICAL CENTER
SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	FACILITY NAME: MT. WASHINGTON PEDIATRIC HOSPITAL, INC. DESCRIPTION: THE MWPH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED WITH BALTIMORE CITY HEALTH DEPARTMENT.
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTPS://WWW.MWPH.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-REPORTS

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)	HTTPS://WWW.MWPH.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-REPORTS

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: MT. WASHINGTON PEDIATRIC HOSPITAL, INC. DESCRIPTION: PRIORITY HEALTH ISSUE #1: ACCESS TO CARE DESIRED COMMUNITY RESULT: BALTIMORE CITY RANKS 24 OUT OF 24 COUNTIES IN MARYLAND FOR REPORTED HEALTH OUTCOMES AND DISEASE MORTALITY RATES. THE TOP 5 BARRIERS TO ACCESS CARE INCLUDE: COST, LACK OF INSURANCE, LACK OF TRANSPORTATION, LIMITED AVAILABLE APPOINTMENTS, AND NO MEDICAL PROVIDER. NEARLY 25 PERCENT OF ADULTS AND CHILDREN HAVE NOT SEEN A PHYSICIAN IN THE LAST 12 MONTHS. DESCRIPTION OF COMMUNITY NEED: THE ABILITY TO ACCESS CARE IS NOT EVENLY DISTRIBUTED ACROSS GROUPS IN THE POPULATION, SUCH AS THOSE WHO LIVE IN LOW-INCOME AREAS SUCH AS MWPH'S COMMUNITY BENEFIT SERVICE AREA (CBSA). MWPH IS DEDICATED TO IDENTIFYING AND REDUCING TRANSPORTATION BARRIERS, INCREASING THE PROPORTION OF CHILDREN WHO ARE VACCINATED AND WHO RECEIVE VISION AND HEARING SCREENINGS, AND SUPPORTING HEALTH LITERACY AND AWARENESS. PARTNER AGENCIES AND ROLES: MWPH WILL PARTNER WITH THE FOLLOWING ORGANIZATIONS: *BALTIMORE CITY HEALTH DEPARTMENT *HEAD START PROGRAMS *BALTIMORE CITY PUBLIC SCHOOLS *FAITH COMMUNITIES *RIDE SHARE PROGRAMS *GRASSROOTS ORGANIZATIONS HOSPITAL STRATEGIES: *PROVIDE TRANSPORTATION ASSISTANCE *SCREEN FOR SOCIAL DETERMINANTS OF HEALTH *DEVELOP A MANUAL OF LOCAL AND COMMUNITY-BASED RESOURCES *OFFER FREE VISION/HEARING SCREENINGS AND COMMUNITY VACCINATION CLINICS *EDUCATE AND PROMOTE THE IMPORTANCE OF VACCINATIONS *PROMOTE AND SUPPORT PARENT EDUCATION AND INVOLVEMENT *CURATE SOCIAL MARKETING CAMPAIGNS EVALUATION AND METRICS: WE WILL USE THE FOLLOWING METRICS TO IDENTIFY TRENDS AND CORRECTIVE ACTION FOR THE ABOVE STRATEGIES: *# OF CHILDREN SERVED *# OF RESOURCES PROVIDED *# OF EVENTS IN ZIP CODE *# OF PARTICIPANTS *# SCREENED AND CONNECTED TO RESOURCES *# OF IMMUNIZATIONS ADMINISTERED *# OF COMMUNITY SITES AND PARTNERS *# OF EDUCATIONAL EVENTS PRIORITY HEALTH ISSUE #2: CHRONIC HEALTH CONDITIONS DESCRIPTION OF COMMUNITY NEED: BALTIMORE CITY PERFORMED WORSE THAN THE STATE OF MARYLAND IN NEARLY ALL PHYSICAL HEALTH INDICATORS, WITH A HIGH PREVALENCE OF CHILDHOOD OBESITY. LEAD POISONING IS ALSO A LEADING HEALTH DISPARITY IN THE CITY. SOCIAL DETERMINANTS OF HEALTH, SUCH AS ACCESS TO HEALTHY FOODS (69.7%) AND ACCESS TO RECREATION FACILITIES, PARKS, OR PLAYGROUNDS (18.2%), WERE INCLUDED AMONG THE MOST PRESSING SOCIAL NEEDS. DESIRED COMMUNITY RESULT: RESIDENTS INDICATED THAT THERE WERE NOT ENOUGH OUTDOOR PLACES TO GET PHYSICAL ACTIVITY (57%) AND CITY LEADERS INDICATED THAT CHILDREN DID NOT HAVE ENOUGH OPPORTUNITIES TO PLAY AND SOCIALIZE OUTSIDE OF SCHOOL (66%). MWPH IS DEDICATED TO WORKING WITH COMMUNITY PARTNERS TO INCREASE THE PROPORTION OF CHILDREN WHO PARTICIPATE IN AEROBIC ACTIVITY, REDUCE HOUSEHOLD FOOD INSECURITY, AND INCREASE AWARENESS OF LEAD POISONING. PARTNER AGENCIES AND ROLES: MWPH WILL COLLABORATE WITH THE FOLLOWING PARTNERS: *BALTIMORE CITY HEALTH DEPARTMENT *BALTIMORE CITY PUBLIC SCHOOL SYSTEM (PARTNER SCHOOLS) *GREEN & HEALTHY HOMES *ELECTED OFFICIALS *HEAD START PROGRAMS *FAITH COMMUNITIES *SCHOOL-BASED AND COMMUNITY GARDENS HOSPITAL STRATEGIES: *HOST COMMUNITY-BASED OUTDOOR EVENTS SUCH AS NATURE WALKS AND COMMUNITY GARDENING *PARTNER WITH COMMUNITY ORGANIZATIONS TO PROMOTE HEALTHY EXERCISE HABITS *ENGAGE TARGETED COMMUNITIES ON HEALTHY LIFESTYLES THROUGH COMMUNITY SCREENINGS FOR BMI *ENGAGE TARGETED COMMUNITIES ON HEALTHY LIFESTYLES THROUGH SPONSORSHIP OF COOKING CLASSES AND DEMONSTRATIONS *PROVIDE ACCESS TO HEALTHY FOOD AND TO PROMOTE HEALTHY EATING *SPONSOR HEALTHY SHOPPING AND COOKING DEMOS *INCREASE ACCESS TO FRUITS AND VEGETABLES THROUGH LOCAL GARDENS AND SPONSORSHIP OF FARMERS MARKETS EVALUATION AND METRICS: WE WILL USE THE FOLLOWING METRICS TO IDENTIFY TRENDS AND CORRECTIVE ACTION FOR THE ABOVE STRATEGIES: *# OF SUPPORT GROUP PARTICIPANTS *# OF EVENT PARTICIPANTS ATTEND *# OF EDUCATIONAL EVENTS SUPPORTED *# OF LOCAL GARDENS SUPPORTED *# OF FAMILIES SERVED *# OF FAMILIES ENGAGED *INVESTMENT IN CAMPAIGN *# OF SOCIAL MARKETING CAMPAIGNS

Return Reference - Identifier	Explanation
	PRIORITY HEALTH ISSUE #3: MENTAL HEALTH DESCRIPTION OF COMMUNITY NEED: IN 2021, 20.7% OF BALTIMORE CITY RESIDENTS SELF-REPORTED THAT A HEALTH PROFESSIONAL HAS TOLD THEM THAT THEY HAD A DEPRESSIVE DISORDER, YET ONLY 5.2% OF RESIDENTS VISITED A MENTAL HEALTH PROVIDER. BALTIMORE CITY RESIDENTS IDENTIFIED MENTAL HEALTH AS A MAJOR HEALTH CONCERN AND INDICATED A LACK OF RESOURCES TO ADDRESS THESE CONCERNS AS A GROWING NEED. DESIRED COMMUNITY RESULT RESIDENTS RECOMMENDED THAT MENTAL HEALTH COULD BE IMPROVED BY REDUCING AND REMOVING STIGMA RELATED TO MENTAL HEALTH, PROMOTING EQUITY, AND INCREASING ACCESS TO MENTAL HEALTH SERVICES. MWPH IS DEDICATED TO WORKING WITH COMMUNITY AGENCIES TO REDUCE THE STIGMA AROUND MENTAL HEALTH AND INCREASING EDUCATIONAL PROGRAMS FOR PARENTS TO HELP DEAL WITH THE MENTAL HEALTH CONCERNS OF THEIR CHILDREN. PARTNER AGENCIES AND ROLES: MWPH WILL COLLABORATE WITH THE FOLLOWING PARTNERS: *BLACK MENTAL HEALTH ALLIANCE *BALTIMORE CITY PUBLIC SCHOOL SYSTEM *LOCAL HISTORICALLY BLACK COLLEGES & UNIVERSITIES HOSPITAL STRATEGIES: *PARTNER WITH ORGANIZATIONS THAT ADDRESS STRESS AND ANXIETY IN CHILDREN *PARTNER WITH ORGANIZATIONS THAT PROVIDE EDUCATION CONDUCT MENTAL HEALTH SCREENINGS, AND PROVIDE PREVENTION PROGRAMS SUCH AS HEALTHY PEER DIALOGUES AND SELF-CARE (YOGA, MEDITATION) *CREATE INTERNSHIP OPPORTUNITIES FOR STUDENTS IN BEHAVIORAL HEALTH PROGRAMS FOR STUDENTS AT HBCUS IN THE SERVICE AREA EVALUATION AND METRICS: WE WILL USE THE FOLLOWING METRICS TO IDENTIFY TRENDS AND CORRECTIVE ACTION FOR THE ABOVE STRATEGIES: *INVESTMENT SPENT *# OF EVENTS/PROGRAMS ATTENDED *# OF PARTICIPANTS *# OF SCHOLARSHIPS PROVIDED *# OF INTERNSHIPS PROVIDED PRIORITY HEALTH ISSUE #4: SAFETY & VIOLENCE DESCRIPTION OF COMMUNITY NEED: MOTOR VEHICLE CRASHES CONTINUE TO BE A LEADING CAUSE OF DEATH IN THE UNITED STATES, WITH 50% OF CAR SEATS INSTALLED INCORRECTLY. WHEN USED CORRECTLY, CAR SEATS CAN REDUCE THE RISK OF FATAL INJURY IN A CRASH BY 71% FOR INFANTS AND BY 54% FOR TODDLERS. DESIRED COMMUNITY RESULT: MARYLAND LAW REQUIRES A PERSON TRANSPORTING A CHILD UNDER THE AGE OF 8 IN A MOTOR VEHICLE TO SECURE THE CHILD IN A FEDERALLY APPROVED CHILD SAFETY SEAT IN ACCORDANCE WITH THE SEAT AND VEHICLE MANUFACTURERS' INSTRUCTIONS UNLESS THE CHILD IS 4 FEET, 9 INCHES TALL, OR TALLER. DOING SO WILL REDUCE THE NUMBER OF FATALITIES AMONG CHILDREN. MWPH IS DEDICATED TO INCREASING AWARENESS AND KNOWLEDGE OF PROPER USE OF CAR SEATS AND INCREASING THE NUMBER OF CAR PASSENGER SAFETY TECHNICIANS IN MWPH'S COMMUNITY BENEFIT SERVICE AREA. PARTNER AGENCIES AND ROLES: MWPH WILL COLLABORATE WITH THE FOLLOWING PARTNERS: *MILE ONE AUTOGROUP *BALTIMORE CITY PUBLIC SCHOOLS *COMMUNITY ORGANIZATIONS *FAITH COMMUNITIES HOSPITAL STRATEGIES: *HOST CAR SEAT EDUCATION, INSTALLATION, AND SAFETY CHECKS *PROVIDE INCENTIVES FOR TRAINING AND RECERTIFICATION EVALUATION AND METRICS: WE WILL USE THE FOLLOWING METRICS TO IDENTIFY TRENDS AND CORRECTIVE ACTION FOR THE ABOVE STRATEGIES: *# OF EVENTS *# OF INSTALLS *# OF CAR SEATS DISTRIBUTED *# OF NEW AND RECERTIFIED TECHNICIANS PRIORITY HEALTH ISSUE #5: WORKFORCE DEVELOPMENT DESCRIPTION OF COMMUNITY NEED MULTIPLE SOCIAL NEEDS IMPACT BALTIMORE CITY RESIDENTS. HOWEVER, LOW HOUSEHOLD INCOME DRIVES POVERTY, CRIME, AND A LACK OF HOUSING/FOOD/ TRANSPORTATION. IN THE MWPH SERVICE AREA, CLOSE TO 21% OF HOUSEHOLDS ARE BELOW THE POVERTY LEVEL. RESIDENTS INDICATE A LACK OF JOB OPPORTUNITIES AS A NEED. DESIRED COMMUNITY RESULT: MWPH WILL SUPPORT EMPLOYMENT AMONG BALTIMORE CITY YOUTH AND INCREASE EMPLOYMENT OPPORTUNITIES AND RETENTION RATES IN MWPH'S CBSA. PARTNER AGENCIES AND ROLES: *BALTIMORE CITY'S YOUTHWORKS PROGRAM *THE LEAGUE FOR PEOPLE WITH DISABILITIES *WORKFORCE DEVELOPMENT ORGANIZATIONS *LOCAL HBCUS SUCH AS MORGAN STATE UNIVERSITY AND COPPIN STATE UNIVERSITY KEY HOSPITAL STRATEGIES: *PROVIDE SUMMER INTERNSHIPS *PARTNER WITH EMPLOYMENT RECRUITERS *CREATE INTERNSHIP OPPORTUNITIES FOR STUDENTS IN BEHAVIORAL HEALTH PROGRAMS FOR STUDENTS EVALUATION AND METRICS: WE WILL USE THE FOLLOWING METRICS TO IDENTIFY TRENDS AND CORRECTIVE ACTION FOR THE ABOVE STRATEGIES. *# OF STUDENTS HOSTED *# OF PARTICIPANTS *# OF ENGAGEMENT WITH RECRUITERS MPWH IS ADDRESSING ALL OF THE PRIORITIZED NEEDS IDENTIFIED IN THE 2024 CHNA.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	FACILITY NAME: MT. WASHINGTON PEDIATRIC HOSPITAL, INC. DESCRIPTION: THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.MWPH.ORG/PATIENTS-AND-GUESTS/FINANCIAL/ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.MWPH.ORG/PATIENTS-AND-GUESTS/FINANCIAL/ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.MWPH.ORG/PATIENTS-AND-GUESTS/FINANCIAL/ASSISTANCE

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? 0

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

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; 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 needs assessments reported in Part V, Section B.

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

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

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

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

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - CRITERIA FOR FREE OR DISCOUNTED CARE	MWPH IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART I, LINE 6B - ANNUAL COMMUNITY BENEFIT REPORT	THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC. THE REPORT CAN BE FOUND AT HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX.
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	TWO DEPARTMENTS WERE CAPTURED UNDER SUBSIDIZED HEALTH SERVICES ON THE HSCRC SPREADSHEET FOR MPWH. PLEASE SEE HOW EACH MEETS AN IDENTIFIED COMMUNITY NEED BELOW. LEAD CLINIC: THE MWPH IS THE ONLY LEAD CLINIC IN MARYLAND AND THEREFORE, IF IT DID NOT EXIST, THE COMMUNITY WOULD NOT HAVE ACCESS TO THE SERVICES THAT THE LEAD CLINIC PROVIDES. IN ADDITION, THE MWPH LEAD CLINIC PROVIDES SERVICES TO CHILDREN FROM FAMILIES FINANCIALLY DISADVANTAGED, A VULNERABLE POPULATION IN OUR COMMUNITY. WEIGH SMART PROGRAM: MWPH'S 2024 COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED CHRONIC HEALTH CONDITIONS AS A PRIORITIZED HEALTH NEED TO BE ADDRESSED. TO COMBAT OBESITY WHICH CAN LEAD TO CHRONIC HEALTH ISSUES, MWPH PROVIDES THE WEIGH SMART PROGRAM FOR CHILDREN TO LEARN ABOUT HEALTHY FOODS AND ACTIVITIES. IN ADDITION, THE CLINIC TAILORS TREATMENT TO EACH FAMILY'S FINANCIAL SITUATION, FAMILY DYNAMICS, AND TO THE CHILD'S HEALTH NEEDS TO MEET THE NEEDS OF VULNERABLE COMMUNITY MEMBERS.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	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.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	663,905
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	COMMUNITY SUPPORT ACTIVITIES: MWPH PSYCHOLOGISTS WORK CLOSELY WITH ABA PROVIDERS IN THE COMMUNITY TO ENHANCE COMMUNITY HEALTH THROUGH PARTNERSHIPS AND PLANNING FOR CHILDREN WITH AUTISM. IN ADDITION, MWPH STAFF SUPPORT THE LOCAL NEIGHBORHOOD HOMEOWNERS ASSOCIATION, PROVIDING SECURITY UPDATES. COMMUNITY HEALTH IMPROVEMENT ADVOCACY: MWPH STAFF ARE INVOLVED WITH INFORMING ELECTED OFFICIALS AND ADVOCACY GROUPS ON THE IMPACTS OF POLICY ON PATIENT CARE AND COMMUNITY HEALTH. WORKFORCE DEVELOPMENT: MWPH PROVIDES SHADOWING OPPORTUNITIES TO EDUCATE COMMUNITY MEMBERS ABOUT HEALTH CARE CAREERS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	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. IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF: 1. REVENUE GROWTH PER CAPITA 2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY 3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY 4. MEDICARE READMISSION RATES 5. HOSPITAL ACQUIRED CONDITION RATE
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	BECAUSE OF THE UNIQUE PAYMENT SYSTEM DESCRIBED ON LINE 2 (ABOVE), THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE. REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE. AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE. 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 HEALTHCARE 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 GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE ORGANIZATION FILES ANNUALLY A COMMUNITY BENEFIT REPORT WITH THE STATE OF MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE HSCRC, WHICH OPERATES UNDER A MEDICARE WAIVER, DOES NOT CONSIDER MEDICARE SHORTFALL AS COMMUNITY BENEFIT. THE COSTING METHODOLOGY USED BY THE ORGANIZATION IS A COST-TO-CHARGE RATIO.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	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. 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 APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. 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. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	TO ENSURE COMPREHENSIVE AND PATIENT-CENTERED CARE, MWPH CONDUCTS SCREENINGS FOR SOCIAL NEEDS UPON ADMISSION AND DISCHARGE. THESE SCREENINGS HELP IDENTIFY FACTORS THAT MAY IMPACT A PATIENT'S HEALTH, SUCH AS FOOD INSECURITY, HOUSING INSTABILITY, TRANSPORTATION CHALLENGES, AND ACCESS TO ESSENTIAL SERVICES. IN ADDITION, AT MWPH WE RECOGNIZE THE PROFOUND IMPACT THAT PAST TRAUMA AND ADVERSE EXPERIENCES CAN HAVE ON HEALTH AND WELL-BEING. TO BETTER UNDERSTAND AND ADDRESS THE NEEDS OF OUR COMMUNITY, WE CONDUCT A TRAUMA-INFORMED CARE SURVEY DESIGNED TO GATHER INSIGHTS ON THE CHALLENGES INDIVIDUALS FACE AND THE RESOURCES THEY NEED TO HEAL AND THRIVE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	THE PATIENT FINANCIAL ASSISTANCE POLICY AT MWPH 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. MWPH MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO PATIENTS/FAMILIES. THESE EFFORTS INCLUDE SIGNAGE AT OUTPATIENT DESKS AND INPATIENT WELCOME AREAS, NOTICES ON PATIENT BILLS AND ADMISSIONS PACKETS AS WELL AS A THOROUGH DESCRIPTION ON THE MWPH WEBSITE. THIS INCLUDES BOTH THE ROGER'S AVENUE, BALTIMORE AND PRINCE GEORGE'S COUNTY LOCATIONS. INFORMATION SHEETS ARE PROVIDED TO PATIENTS BOTH UPON ADMISSION, DISCHARGE AND ON REQUEST. THE INFORMATION SHEET INCLUDES THE FOLLOWING ITEMS: A. DESCRIPTION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY B. A DESCRIPTION OF THE PATIENT'S RIGHTS AND OBLIGATIONS WITH REGARDS 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 CARE. D. CONTACT INFORMATION FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM. E. A STATEMENT THAT PHYSICIAN DISCHARGES ARE NOT INCLUDED IN THE HOSPITAL BILL AND IS BILLED SEPARATELY. LASTLY, FOR ADDITIONAL QUESTIONS, INFORMATION OR ASSISTANCE IN APPLYING FOR FINANCIAL ASSISTANCE, PHONE NUMBERS TO THE MWPH FINANCE LEADERSHIP TEAM ARE PROVIDED.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	THE BALTIMORE CITY CHNA COLLABORATIVE HAS COMPLETED THE 2024 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO UNDERSTAND AND DOCUMENT THE GREATEST HEALTH NEEDS CURRENTLY FACED BY RESIDENTS OF BALTIMORE CITY. BALTIMORE CITY OCCUPIES 81 SQUARE MILES OF LAND IN THE GEOGRAPHIC CENTER OF BALTIMORE COUNTY, AND CONSEQUENTLY, THE STATE OF MARYLAND. WITH A POPULATION OF ROUGHLY 575,000 PEOPLE, BALTIMORE CITY IS THE LARGEST CITY IN MARYLAND. ALMOST 60% OF BALTIMORE CITY RESIDENTS IDENTIFY AS BLACK OR AFRICAN AMERICAN, ROUGHLY DOUBLE THE PROPORTION FOUND IN BALTIMORE COUNTY AND THE STATE OF MARYLAND, AND NEARLY FIVE TIMES THAT OF THE U.S. AS A WHOLE. BY ETHNICITY, LESS THAN 10% OF BALTIMORE CITY'S POPULATION IS HISPANIC. THE PROPORTION OF HISPANIC INDIVIDUALS RESIDING IN BALTIMORE CITY IS SLIGHTLY HIGHER THAN IN BALTIMORE COUNTY BUT LOWER THAN IN THE STATE OF MARYLAND AND THE U.S. OVERALL. IN ADDITION TO DEMOGRAPHIC DATA, SOCIOECONOMIC FACTORS IN THE COMMUNITY SUCH AS INCOME, POVERTY, AND FOOD SCARCITY PLAY A SIGNIFICANT ROLE IN IDENTIFYING HEALTHCARE NEEDS. THE MEDIAN HOUSEHOLD INCOME IN BALTIMORE CITY IS APPROXIMATELY 60-70% THAT OF BALTIMORE COUNTY, MARYLAND, AND THE U.S. OVERALL, CONTRIBUTING TO, AMONG OTHER THINGS, HIGHER RATES OF UNINSURED AND UNDERINSURED RESIDENTS WHO FACE BARRIERS TO ACCESSING QUALITY HEALTHCARE SERVICES. THESE DISPARITIES CONTRIBUTE TO POORER HEALTH OUTCOMES AND LOWER LIFE EXPECTANCY FOR BALTIMORE CITY RESIDENTS, ESPECIALLY FOR THOSE WHO ARE BLACK, HISPANIC, OR LIVING IN POVERTY. SOME OF THE CAUSES OF THESE INEQUITIES INCLUDE HISTORICAL AND STRUCTURAL RACISM, LACK OF AFFORDABLE HOUSING, LOW EDUCATIONAL ATTAINMENT, AND LIMITED ECONOMIC OPPORTUNITIES. IN 2021, APPROXIMATELY 20% OF BALTIMORE CITY HOUSEHOLDS WERE BELOW THE FEDERAL POVERTY LEVEL (FPL) – MORE THAN DOUBLE THE SHARE OF HOUSEHOLDS BELOW THE FPL IN BALTIMORE COUNTY, MARYLAND, AND THE U.S. OVERALL. SIMILAR TO THE PERCENTAGE OF HOUSEHOLDS BELOW THE FPL, 23% OF BALTIMORE CITY HOUSEHOLDS RECEIVED FOOD STAMPS/SNAP IN 2021. THIS IS MORE THAN DOUBLE THE PERCENTAGE REPORTED IN BALTIMORE COUNTY, MARYLAND, AND THE U.S. OVERALL. IN 2023, 12.3% OF BALTIMORE CITY RESIDENTS HAD EARNED LESS THAN A HIGH SCHOOL DIPLOMA AND 29.1% HAD A HIGH SCHOOL DIPLOMA OR GED – PROPORTIONS THAT ARE HIGHER THAN BALTIMORE COUNTY, MARYLAND OR THE U.S. OVERALL. CONVERSELY, A SMALLER PROPORTION OF BALTIMORE CITY RESIDENTS HAD COMPLETED SOME COLLEGE (22.6%) OR EARNED A BACHELOR'S DEGREE (18.3%) COMPARED TO THE COUNTY, THE STATE OR THE NATION. HOWEVER, BOTH BALTIMORE CITY AND BALTIMORE COUNTY HAD A HIGHER PERCENTAGE OF RESIDENTS WITH GRADUATE OR PROFESSIONAL DEGREES THAN THE U.S OVERALL, INDICATING A HIGH LEVEL OF EDUCATIONAL ACHIEVEMENT AMONG SOME SEGMENTS OF THE POPULATION. THE OVERALL UNEMPLOYMENT RATE IN BALTIMORE CITY WAS HIGHER THAN BALTIMORE COUNTY, MARYLAND, AND THE U.S. OVERALL IN 2023. THIS WAS A CONSISTENT FINDING ACROSS ALL AGE GROUPS, WITH THE HIGHEST UNEMPLOYMENT AMONG CITY RESIDENTS AGES 25 TO 54 (2.8%). UNEMPLOYMENT AMONG OLDER ADULTS (AGES 65+) WAS 2.5 TIMES HIGHER THAN THE RATE IN THE STATE OF MARYLAND. IN 2023, THE GROUP IN BOTH BALTIMORE CITY AND BALTIMORE COUNTY LEAST LIKELY TO HAVE HEALTH INSURANCE WAS ADULTS AGES 35 TO 64 (BALTIMORE CITY 2.9% AND BALTIMORE COUNTY 2.3%). BALTIMORE CITY HAS PROPORTIONS OF UNINSURED INDIVIDUALS ACROSS ALMOST EVERY AGE GROUP THAT ARE LOWER THAN THE U.S. AS A WHOLE, BUT SIMILAR TO BOTH BALTIMORE COUNTY AND MARYLAND. THERE ARE APPROXIMATELY 1.3 MILLION CHILDREN IN MARYLAND AND THE HEALTHCARE PROVIDER MARKET HAS LARGELY CONSOLIDATED INTO THREE MAJOR SYSTEMS, UMMS, JOHNS HOPKINS MEDICINE AND MEDSTAR HEALTH.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	MWPH INVOLVES COMMUNITY MEMBERS AS AN ESSENTIAL COMPONENT OF THE BOARD OF TRUSTEES. IN ADDITION, MWPH INVOLVES COMMUNITY LEADERS AS PART OF THE COMMUNITY HEALTH ADVISORY BOARD (CHAB). THE MWPH CHAB WAS ESTABLISHED WITH THE UNDERSTANDING THAT SOCIOECONOMIC FACTORS, HEALTH BEHAVIORS, AND THE PHYSICAL ENVIRONMENT NEGATIVELY IMPACT THE QUALITY OF LIFE OF RESIDENTS IN THE AREAS WITHIN THE VICINITY OF MWPH. THIS BODY INCLUDES REPRESENTATION FROM MWPH (EXECUTIVE LEADERSHIP, MEDICAL, AND OTHER VITAL STAFF), LOCAL GOVERNMENT, PUBLIC SCHOOLS, HEAD START PROGRAMS, AND COMMUNITY ENGAGEMENT GROUPS, WHO WORK COLLABORATIVELY TO ENSURE THAT INITIATIVES THAT ARE IMPLEMENTED EFFECTIVELY ADDRESS TRUE DRIVERS OF HEALTH TO IMPROVE HEALTH OUTCOMES. IMPLEMENTED PROGRAMS REFLECT THE PRIORITIES OF THE CITY OF BALTIMORE'S COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH HELPS TO INFORM MWPH'S IMPLEMENTATION STRATEGY PLAN. CHAB MEETS QUARTERLY THROUGHOUT THE CALENDAR YEAR WITH THE EXPRESS PURPOSE OF DETERMINING HOW BEST TO UTILIZE COLLECTIVE RESOURCES TO ALLEVIATE THE BARRIERS AND ADDRESS THE DISPARITIES FACING RESIDENTS IN THE MWPH SERVICE AREA. CHILD PASSENGER SAFETY PROGRAM: MWPH EXPANDED THE CHILD PASSENGER SAFETY PROGRAM TO PARTNER WITH A NATIONAL AUTOMOBILE DISTRIBUTOR HERITAGE AUTOMOTIVE GROUP/MILEONE. THROUGH THE PARTNERSHIP WITH HERITAGE, KIDS IN SAFETY SEATS AND SAFE KIDS, MWPH WAS ABLE TO EXPAND OUR COMMUNITY CAR SEAT CHECKS EACH YEAR. EACH EVENT OFFERED REGISTRANTS HANDS-ON INSTALLATION INSTRUCTION, EDUCATION AND PRE AND POST TESTS TO GAUGE BEHAVIOR CHANGE AND IMPROVED KNOWLEDGE OF CAR SEAT SAFETY. LEAD CLINIC: SINCE 1990, MT. WASHINGTON PEDIATRIC HOSPITAL HAS PROVIDED A CHILDHOOD LEAD POISONING PREVENTION AND TREATMENT PROGRAM, WHICH INCLUDES INPATIENT, OUTPATIENT AND COMMUNITY OUTREACH SERVICES. LEAD POISONING CAN AFFECT A CHILD'S BRAIN FUNCTION AND DEVELOPMENT. THE LEAD POISONING TREATMENT PROGRAM IS THE ONLY LEAD POISONING SPECIALTY PROGRAM IN MARYLAND. THE HOSPITAL'S LEAD TREATMENT TEAM IS STRIVING TO INCREASE AWARENESS OF THE RISKS OF LEAD POISONING TO ENCOURAGE ALL PARENTS TO HAVE THEIR CHILDREN TESTED AND TO TREAT THOSE CHILDREN WITH LEAD POISONING BY EDUCATING THEM ABOUT THE VARIOUS DIETARY AND ENVIRONMENTAL MODIFICATIONS THEY CAN MAKE TO IMPROVE THEIR CONDITION, BEHAVIOR MANAGEMENT AND PARENTING TECHNIQUES, AND DEVELOPMENTAL INTERVENTIONS. SINCE ITS INCEPTION, THE PROGRAM HAS TREATED HUNDREDS OF CHILDREN. ABILITIES ADVENTURES: THIS IS A PROGRAM THAT USES OUTDOOR ADVENTURES, SPORTS, AND LEISURE TO EMPOWER, MOTIVATE AND IMPROVE THE QUALITY OF LIFE FOR CHILDREN AND TEENAGERS POST HOSPITALIZATION. MANY PARTICIPANTS OF ABILITIES ADVENTURES ARE THOSE FROM FAMILIES WITH LIMITED FINANCIAL NEEDS AND WOULD NOT HAVE ACCESS TO THE ACTIVITIES PROVIDED BY THE PROGRAM OTHERWISE. GOALS OF ABILITIES ADVENTURES INCLUDE: •PROMOTE COMMUNITY RE-INTEGRATION AND INCREASE COMMUNITY INVOLVEMENT •PROMOTE POSITIVE AND ADAPTIVE COPING STRATEGIES FOR CHILDREN AND THEIR FAMILIES AS THEY ADJUST TO LIVING WITH AN INJURY, ILLNESS OR CHRONIC MEDICAL CONDITION •INCREASE INDEPENDENCE •IMPROVE QUALITY OF LIFE •IMPROVE SPORTS-RELATED COMPETENCE •PROMOTE HEALTHY LIVING SIBSHOPS: THE SIBSHOPS PROGRAM IS DESIGNED SPECIFICALLY FOR SIBLINGS OF CHILDREN WITH SPECIAL NEEDS AND IS OPEN TO THE COMMUNITY. SIBSHOPS PROVIDES A COMFORTABLE AND FUN ENVIRONMENT TO MEET OTHER BROTHERS AND SISTERS OF CHILDREN WITH SPECIAL NEEDS. THE PROGRAM ALLOWS CHILDREN TO SHARE THE POSITIVES AND NEGATIVES OF HAVING A SIBLING WITH SPECIAL NEEDS, AS WELL AS PROVIDING COPING STRATEGIES AND EDUCATIONAL TOOLS TO THE CHILDREN SO THEY CAN LEARN TO ADAPT TO COMMON EXPERIENCES MORE EASILY. BOARD INVOLVEMENT: MWPH STAFF DEDICATE THEIR TIME TO SERVING ON VARIOUS COMMUNITY NOT-FOR-PROFIT BOARDS, CONTRIBUTING VALUABLE GUIDANCE AND EXPERTISE TO IMPROVE HEALTH IN THE COMMUNITY. WEIGH SMART PROGRAM: MT. WASHINGTON PEDIATRIC HOSPITAL WEIGH SMART® PROGRAMS USE BEST PRACTICES AND AN INTER-DISCIPLINARY TEAM FOR THEIR PEDIATRIC WEIGHT MANAGEMENT PROGRAMS. WEIGH SMART® PROGRAM STAFF WERE SELECTED TO PARTICIPATE IN A NATIONAL TASKFORCE CONVENED BY THE CHILDREN'S HOSPITALS ASSOCIATION TO DETERMINE BEST PRACTICES FOR PEDIATRIC WEIGHT MANAGEMENT, AND STAFF KEEP CURRENT WITH RESEARCH TO DETERMINE THE BEST TREATMENT COURSE FOR YOUR CHILD. OUR PROGRAM OFFERS SEVERAL COMPREHENSIVE WEIGHT MANAGEMENT OPTIONS FOR CHILDREN AND ADOLESCENTS AGES TWO AND UP. INFECTION PREVENTION: MWPH DEDICATES STAFF TIME TO COMMUNITY INFECTION PREVENTION ISSUES BY BEING ACTIVE MEMBERS OF THE ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY (APIC) OF GREATER BALTIMORE. APIC GREATER BALTIMORE CHAPTER IS A COMMUNITY LEADER IN INFECTION CONTROL, PREVENTION AND EPIDEMIOLOGY THROUGH PUBLIC POLICY EFFORTS, EDUCATION AND SUPPORT OF THE EVIDENCE-BASED PRACTICES AND COLLABORATION WITH STATE AND LOCAL ENTITIES TO REDUCE HOSPITAL ACQUIRED INFECTIONS. THE CHAPTER REPRESENTS OVER 190 MEMBERS FROM VARIOUS INSTITUTIONS OF HEALTHCARE IN THE MARYLAND – BALTIMORE AREA, PROVIDING A DIVERSE AND COMPREHENSIVE REPRESENTATION FROM ACUTE CARE, LONG TERM CARE, SUB-ACUTE REHAB, COUNTY AND STATE HEALTH DEPARTMENTS AND OTHER EMERGENCY AGENCIES. TRANSPORTATION: MT. WASHINGTON PEDIATRIC HOSPITAL PROVIDES TRANSPORTATION SUPPORT TO PATIENTS HAVING DIFFICULTY GETTING TO AND FROM APPOINTMENTS. THIS INCLUDES A SHUTTLE SERVICE OFFERING TRANSPORTATION SUPPORT TO PATIENTS FROM DISADVANTAGED NEIGHBORHOODS. IN ADDITION, HUNDREDS OF LYFT RIDES ARE PROVIDED ANNUALLY TO PATIENTS IN NEED. HEALTH CARE SUPPORT SERVICES: MT. WASHINGTON PEDIATRIC HOSPITAL PROVIDES CARE TO SOME OF THE MOST VULNERABLE MEMBERS OF THE COMMUNITY, CHILDREN, MANY COMING FROM FAMILIES THAT ARE ON MEDICAL ASSISTANCE. EACH YEAR, THOUSANDS OF STAFF HOURS ARE DEDICATED TO ADDRESSING PATIENTS' NEEDS AND OVERCOMING ACCESS TO HEALTH BARRIERS AS WELL AS ADDRESSING SOCIAL DETERMINANTS OF HEALTH NEEDS FOR FAMILIES. THIS INCLUDES PROVIDING SERVICES SUCH AS ENROLLMENT ASSISTANCE, TRANSPORTATION COORDINATION, COMMUNITY REFERRAL SERVICES, AND MEDICATION ASSISTANCE.

Return Reference - Identifier	Explanation
	FAMILY ASSISTANCE PROGRAM: FAMILIES COME TO OUR HOSPITAL DURING A VERY CHALLENGING TIME IN THEIR LIVES. MWPH USES AN INTERDISCIPLINARY APPROACH TO ASSIST OUR FAMILIES WITH THEIR COMPLEX NEEDS AND LIMITED RESOURCES. THE FAMILY ASSISTANCE PROGRAM FOCUSES ON FILLING IN GAPS OF SERVICES AND RESOURCES THAT HAVE BEEN IDENTIFIED AS IMMINENT NEEDS. THE THREE PROGRAM COMPONENTS CONSIST OF THE WELCOME BAG PROGRAM, FINANCIAL NEED PROGRAM, AND FAMILY HOSPITAL EVENTS. HEALTH PROFESSIONS EDUCATION: STUDENT CLINICAL EXPERIENCES ALLOW HEALTH CARE STUDENTS OPPORTUNITIES TO LEARN SKILLS AND KNOWLEDGE TO BE SUCCESSFUL WORKING IN A HEALTH CARE SETTING. EACH YEAR, MT. WASHINGTON PEDIATRIC HOSPITAL'S STAFF DEDICATE THOUSANDS OF STAFF HOURS TO SUPPORTING STUDENTS WORKING TO BECOME HEALTH CARE PROFESSIONALS. HOLIDAY TOY SHOP: MWPH HOSTS AN ANNUAL HOLIDAY TOY SHOP AT THE END OF EVERY YEAR. THE SHOP ALLOWS PATIENT FAMILIES IN NEED TO SHOP FOR NEW DONATED TOYS FOR FREE, BOTH IN PERSON AND VIA DRIVE-THRU SHOPPING. THE EVENT PROVIDES TOYS TO OVER A THOUSAND CHILDREN ANNUALLY.
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	HEADQUARTERED IN BALTIMORE, MARYLAND, JOHNS HOPKINS MEDICINE UNITES PHYSICIANS AND SCIENTISTS OF THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE WITH THE ORGANIZATIONS, HEALTH PROFESSIONALS AND FACILITIES OF THE JOHNS HOPKINS HOSPITAL AND HEALTH SYSTEM. JOHNS HOPKINS MEDICINE HAS SIX ACADEMIC AND COMMUNITY HOSPITALS, FOUR SUBURBAN HEALTH CARE AND SURGERY CENTERS, OVER 40 PATIENT CARE LOCATIONS, AND HOME CARE GROUP AND INTERNATIONAL DIVISION, AND IT OFFERS AN ARRAY OF HEALTH CARE SERVICES. AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) AND AFFILIATED WITH JOHNS HOPKINS MEDICINE, MWPH UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IT SERVES. MWPH IS COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITY. IN DOING SO, MWPH ASSES THE COMMUNITY'S HEALTH NEEDS, IDENTIFIES KEY PRIORITIES, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES THAT MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH IMPROVEMENT COUNCIL COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. MWPH IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND ENGAGING PROGRAMS WHICH FOCUS ON HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING DISPARITIES IN THE BALTIMORE COMMUNITY.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	MD
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	AS REQUIRED BY MARYLAND STATUTE FOR ALL HOSPITALS, UNIVERSITY OF MARYLAND MEDICAL CENTER SUBMITS A DETAILED, ANNUAL COMMUNITY BENEFIT REPORT, WHICH PROVIDES INFORMATION RELATED TO PROGRAMS, SERVICES, CONTRIBUTIONS, ETC. THAT THE HOSPITAL MAKES WITH NO OR LITTLE EXPECTATION OF FINANCIAL RETURN, TO THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY JANUARY 31 EACH YEAR.

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
MT WASHINGTON PEDIATRIC HOSPITAL INC

Employer identification number
52-0591483

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SCOTT KLEIN PRESIDENT AND CEO	(i)	578,309	180,000	26,762	101,800	29,539	916,410	0
		(ii)	0	0	0	0	0	0	0
2	TIKEE SELBY, MD NEONATAL PROGRAM DIRECTOR	(i)	354,319	0	906	10,350	27,467	393,042	0
		(ii)	0	0	0	0	0	0	0
3	STEPHEN NICHOLS, MD ATTENDING PHYSICIAN	(i)	241,857	0	988	9,903	29,800	282,548	0
		(ii)	0	0	0	0	0	0	0
4	TAREK BELAL, MD ATTENDING PHYSICIAN	(i)	261,645	0	0	5,250	10,741	277,636	0
		(ii)	0	0	0	0	0	0	0
5	MARY MILLER CFO AND TREASURER	(i)	196,214	25,357	3,679	29,325	20,818	275,393	0
		(ii)	0	0	0	0	0	0	0
6	BERNADETT CROWDER, MD ATTENDING PHYSICIAN	(i)	227,921	0	304	7,470	29,786	265,481	0
		(ii)	0	0	0	0	0	0	0
7	MONIQUE SATPUTE, MD ATTENDING PHYSICIAN	(i)	221,780	0	315	9,229	28,901	260,225	0
		(ii)	0	0	0	0	0	0	0
8	AJAYI AKINTADE, MD INTERIM CMO	(i)	237,944	0	1,918	7,470	474	247,806	0
		(ii)	0	0	0	0	0	0	0
9	THOMAS ELLIS VP HUMAN RESOURCES	(i)	185,210	22,247	5,984	3,779	20,810	238,030	0
		(ii)	0	0	0	0	0	0	0
10	JUSTINA STAROBIN VP OUTPATIENT SVCS	(i)	145,388	21,465	1,948	15,696	21,151	205,648	0
		(ii)	0	0	0	0	0	0	0
11	DENISE PUDINSKI VP PATIENT CARE SERVICES/ CNE	(i)	164,059	12,327	3,245	7,187	13,791	200,609	0
		(ii)	0	0	0	0	0	0	0
12	JILL FEINBERG VP DEVELOPMENT/EXTERNAL AFFAIRS	(i)	153,616	20,359	470	16,602	431	191,478	0
		(ii)	0	0	0	0	0	0	0
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DURING THE FISCAL YEAR ENDED JUNE 30, 2025, CERTAIN OFFICERS PARTICIPATED IN THE MT. WASHINGTON PEDIATRIC HOSPITAL SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION: SCOTT KLEIN JUSTINA STAROBIN MARY MILLER THOMAS ELLIS JILL FEINBERG DENISE PUDINSKI
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	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 L (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MT WASHINGTON PEDIATRIC HOSPITAL INC

Employer identification number

52-0591483

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	DR. TERI KAHN	SEE PART V	94,367	SEE PART V		✔
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information.**
Provide additional information for responses to questions on Schedule L (see instructions).

(SEE STATEMENT)

Part V

Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS LINE 2	DR. TERI KAHN IS A FAMILY MEMBER OF STEVEN J CZINN, A DIRECTOR OF THE FILING ORGANIZATION. DR. TERI KAHN WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF THE FILING ORGANIZATION.

SCHEDULE O (Form 990)

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Mt Washington Pediatric Hospital Inc

Employer identification number

52-0591483

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	JOHNS HOPKINS HEALTH SYSTEM (JHHS) AND UMMS ARE EQUAL MEMBERS OF MWPH.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	JHHS AND UMMS EACH ELECT AN EQUAL NUMBER OF MEMBERS TO THE BOARD OF MWPH.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") PREPARES THE IRS FORM 990 FOR UMMS AND ITS AFFILIATES. INFORMATION NEEDED TO COMPLETE THE RETURN IS GATHERED BY ACCOUNTING PERSONNEL IN THE FINANCE SHARED SERVICES DEPARTMENT UNDER THE SUPERVISION OF THE UMMS TAX DIRECTOR. DRAFT RETURNS ARE PREPARED USING IRS-APPROVED TAX SOFTWARE. ONCE A DRAFT RETURN IS PREPARED, IT UNDERGOES MULTIPLE LEVELS OF REVIEW BOTH INTERNALLY BY UMMS TAX AND FINANCE PERSONNEL, AND EXTERNALLY BY ERNST & YOUNG LLP. FOLLOWING ANY NECESSARY CHANGES TO THE RETURN, A FINAL DRAFT IS REVIEWED BY EACH AFFILIATE'S VICE PRESIDENT OF FINANCE AND/OR CFO. PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, GOVERNANCE COMMITTEE, FINANCE COMMITTEE OR OTHER MEMBER(S) OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION'S OFFICERS, DIRECTORS 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 OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF UMMS REVIEWS THE RESPONSES FOR UMMS AND CERTAIN OTHER AFFILIATES. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UMMS 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. 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 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.

SCHEDULE O (Form 990)

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Mt Washington Pediatric Hospital Inc

Employer identification number

52-0591483

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MARYLAND VIA THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM.
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	

(a) Description	**(b)** Total Expenses	**(c)** Program Service Expenses	**(d)** Management and General Expenses	**(e)** Fundraising Expenses
OTHER FEES FOR SERVICES	4,356,437	3,570,877	785,560	0
FEES FOR MEDICAL SERVICE	3,959,504	3,959,504	0	0
Total	**8,315,941**	**7,530,381**	**785,560**	**0**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

(a) Description	**(b)** Amount
UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION	1,278,806
NET ASSETS RELEASED FROM RESTRICTIONS	- 27,784
CHANGE IN ECONOMIC INTEREST IN FOUNDATION	2,542,755
OTHER CHANGES IN NET ASSETS	253
TOTAL	**3,794,030**

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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) MWP COMMUNITY HEALTH SERVICES (38-3987088) 1708 W. ROGERS AVENUE, BALTIMORE, MD 21209	HEALTHCARE	MD	2,025,398	2,149,338	MWPH
(2) MT. WASHINGTON PEDIATRIC COMMUNITY BEHAVIORAL HEALTH SERVICES, LLC (84-2276906) 1708 W. ROGERS AVE, BALTIMORE, MD 21209	HEALTHCARE	MD	322,809	1,891	MWPH
(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 (52-1736672) 1708 WEST ROGERS AVENUE, BALTIMORE, MD 21209	FUNDRAISING	MD	501(C)(3)	12 TYPE I	MWPH	✔	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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	1a		✔
b	Gift, grant, or capital contribution to related organization(s)	1b		✔
c	Gift, grant, or capital contribution from related organization(s)	1c	✔	
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✔
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✔
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✔	
o	Sharing of paid employees with related organization(s)	1o	✔	
p	Reimbursement paid to related organization(s) for expenses	1p		✔
q	Reimbursement paid by related organization(s) for expenses	1q		✔
r	Other transfer of cash or property to related organization(s)	1r	✔	
s	Other transfer of cash or property from related organization(s)	1s	✔	

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, INC	C	1,248,758	FMV
(2)	MT. WASHINGTON PEDIATRIC FOUNDATION, INC	R	851,723	CASH
(3)	MT. WASHINGTON PEDIATRIC FOUNDATION, INC	S	998,869	CASH
(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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(13)													
(14)													
(15)													
(16)													

Consolidated Financial Statements and Supplementary Information

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries
Years Ended June 30, 2025 and 2024
With Report of Independent Auditors

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended June 30, 2025 and 2024

Contents

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Report of Independent Auditors

Management and the Board of Trustees
Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Opinion

We have audited the consolidated financial statements of Mt. Washington Pediatric Hospital, Inc. and Subsidiaries (the Corporation), which comprise the consolidated balance sheets as of June 30, 2025 and 2024, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Corporation at June 30, 2025 and 2024, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for a reasonable period of time.

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We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary consolidating balance sheets and statements of operations and changes in net assets are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst & Young LLP

October 22, 2025

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidated Balance Sheets

	June 30 2025	June 30 2024
Assets		
Current assets:		
Cash and cash equivalents	**$ 12,185,649**	$ 7,095,944
Current portion of assets limited as to use	**587,983**	177,894
Patient accounts receivable, net	**8,577,347**	7,196,306
Other accounts receivable	**899,875**	1,355,664
Inventories of supplies	**210,466**	172,988
Prepaid expenses and other current assets	**710,661**	467,632
Total current assets	**23,171,981**	16,466,428
Investments	**87,388,816**	80,314,832
Assets limited as to use, less current portion:		
Eliasberg construction fund	**1,249,449**	1,249,449
Funds restricted by donor	**23,443,018**	21,189,675
Self-insurance trust funds	**9,481,635**	8,544,763
Total assets limited as to use, less current portion	**34,174,102**	30,983,887
Property and equipment, net	**30,576,213**	33,767,552
Other assets	**2,855,210**	2,760,095
Total assets	**$ 178,166,322**	$ 164,292,794
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	**$ 495,000**	$ 470,000
Trade accounts payable	**3,499,495**	3,061,563
Accrued payroll benefits	**5,697,604**	5,178,194
Advances from third-party payors	**3,753,477**	3,327,705
Current portion of malpractice liabilities	**587,983**	177,894
Due to affiliates	**1,130,208**	1,376,248
Other current liabilities	**1,056,152**	1,296,637
Total current liabilities	**16,219,919**	14,888,241
Malpractice liabilities	**3,459,255**	3,983,586
Long-term debt, less current portion	**1,306,695**	1,795,758
Other long-term liabilities	**174,889**	984,266
Total liabilities	**21,160,758**	21,651,851
Net assets:		
Without donor restrictions	**131,254,877**	119,217,292
With donor restrictions	**25,750,687**	23,423,651
Total net assets	**157,005,564**	142,640,943
Total liabilities and net assets	**$ 178,166,322**	$ 164,292,794

See accompanying notes to consolidated financial statements.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30	
	2025	**2024**
Operating revenue, gains, and other support:		
Net patient service revenue	**$ 73,244,774**	$ 65,069,640
Other revenue	**343,615**	1,342,821
Total operating revenue, gains, and other support	**73,588,389**	66,412,461
Operating expenses:		
Salaries, wages, and benefits	**50,413,700**	48,463,307
Purchased services and supplies	**18,810,620**	16,558,388
Interest expense, net	**40,769**	49,226
Depreciation and amortization	**5,225,415**	5,726,678
Total operating expenses	**74,490,504**	70,797,599
Operating loss	**(902,115)**	(4,385,138)
Nonoperating income and expenses, net:		
Contributions	**2,584,793**	1,196,156
Investment income, net	**5,677,153**	3,827,052
Other income and expenses, net	**307,837**	(1,210,604)
Change in unrealized gains of trading securities	**3,067,014**	4,834,265
Total nonoperating income	**11,636,797**	8,646,869
Excess of revenues over expenses	**10,734,682**	4,261,731
Net assets released from restrictions used for purchase of property and equipment	**31,614**	–
Change in funded status of defined benefit plan	**1,278,806**	(1,389,077)
Other changes in assets without donor restrictions	**(7,516)**	304,901
Increase in net assets without donor restrictions	**12,037,586**	3,177,555
Changes in net assets with donor restriction:		
Contributions	**822,816**	1,737,390
Investment income, net	**1,388,807**	2,393,728
Net unrealized gains (losses) on donor-restricted investments	**940,636**	(30,525)
Other changes in assets with donor restrictions	**(26,451)**	(271,664)
Net assets released from restrictions used for operations	**(767,159)**	(1,067,281)
Net assets released from restrictions used for purchase of property and equipment	**(31,614)**	–
Increase in net assets with donor restrictions	**2,327,035**	2,761,648
Total increase in net assets	**14,364,621**	5,939,203
Net assets, beginning of year	**142,640,943**	136,701,740
Net assets, end of year	**$ 157,005,564**	$ 142,640,943

See accompanying notes to consolidated financial statements.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2025	**2024**
Operating activities		
Increase in net assets	**$ 14,364,621**	$ 5,939,203
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	**5,225,415**	5,726,678
Amortization of debt issue costs	**5,937**	5,937
Net realized gains and change in value of trading securities	**(8,050,354)**	(7,448,261)
Restricted contributions and investment income	**(1,447,223)**	(2,393,728)
Net unrealized gains on investments with donor restrictions	**(940,636)**	(30,525)
Change in funded status of defined benefit plan	**(1,278,806)**	1,389,077
Changes in operating assets and liabilities:		
Net patient accounts receivable	**(1,381,041)**	1,687,434
Other receivables, prepaid expenses, other current assets, and other assets	**117,645**	743,463
Inventories of supplies	**(37,478)**	(20,435)
Amounts due to affiliates	**(356,458)**	586,814
Trade accounts payable, accrued payroll benefits, other current liabilities, and other long-term liabilities	**841,039**	(873,629)
Advances from third-party payors	**425,772**	(415,138)
Net cash provided by operating activities	**7,488,433**	4,896,890
Investing activities		
Purchases of property and equipment	**(1,692,653)**	(1,871,372)
Purchases of investments and assets limited to use, net	**(1,110,956)**	(1,584,852)
Net cash used in investing activities	**(2,803,609)**	(3,456,224)
Financing activities		
Repayment of long-term debt	**(470,000)**	(455,000)
Restricted contributions and investment income	**1,447,223**	2,393,728
Net cash provided by financing activities	**977,223**	1,938,728
Increase in cash and cash equivalents	**5,662,047**	3,379,394
Cash and cash equivalents at beginning of year, including restricted cash	**7,465,316**	4,085,922
Cash and cash equivalents at end of year, including restricted cash	**$ 13,127,363**	$ 7,465,316
Cash and cash equivalents	**$ 12,185,649**	$ 7,095,944
Restricted cash, including assets limited as to use	**941,714**	369,372
Cash and cash equivalents at end of year, including restricted cash	**$ 13,127,363**	$ 7,465,316
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	**$ 35,526**	$ 43,960

See accompanying notes to consolidated financial statements.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules

June 30, 2025

1. Organization

The accompanying consolidated financial statements of Mt. Washington Pediatric Hospital, Inc. and Subsidiaries (the Corporation) include the accounts of Mt. Washington Pediatric Hospital, Inc. (the Hospital) and its wholly owned subsidiaries: Mt. Washington Pediatric Foundation, Inc. (the Foundation); Mt. Washington Pediatric Community Health Services, LLC (Community Health); and Mt. Washington Community Behavioral Health Services, LLC (Behavioral Health). The Corporation is structured as a joint venture with a 50% ownership interest by the University of Maryland Medical System Corporation (UMMS) and a 50% ownership interest by Johns Hopkins Health System Corporation.

The Hospital is a not-for-profit, nonstock corporation formed under the laws of the state of Maryland. Its purpose is to operate a pediatric rehabilitation and specialty hospital while providing the highest-quality services and programs to meet the individualized needs of infants, children, and adolescents in a nurturing environment. The Hospital has 102 licensed beds. The Foundation uses its funds and investment income to solely support the Hospital and its programs. Community Health provides off-site rehabilitation and specialty healthcare services. Behavioral Health provides off-site behavioral healthcare services.

The Corporation incurred expenses of $787,367 and $751,071 for the years ended June 30, 2025 and 2024, respectively, for administrative services provided by UMMS. This amount is reflected in purchased services within the statements of operations and changes in net assets. The Corporation is managed by UMMS, and, accordingly, the results of the Corporation's operations and its financial condition could be different if it were autonomous.

The accompanying consolidated financial statements include the accounts of the Corporation, its wholly owned subsidiaries, and entities controlled by the Corporation. All material intercompany balances and transactions have been eliminated in consolidation.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

2. Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with maturities of three months or less from date of purchase, excluding amounts presented within investments and assets limited as to use. Cash and cash equivalent balances may exceed amounts insured by federal agencies and, therefore, bear a risk of loss. The Corporation has not experienced such losses on these funds.

Inventories of Supplies

Inventories, consisting primarily of drugs and medical/surgical supplies, are carried at the lower of cost or market, on a first-in, first-out basis.

Investments and Assets Limited as to Use

The Hospital participates in an investment pool (UMMS investment pool) of one of its owners, UMMS. Each participating member of the investment pool has an undivided interest in the investment pool. The Hospital's percentage interest in the assets of the investment pool was approximately 3.65% and 4.14% at June 30, 2025 and 2024, respectively. Investment income and administrative expenses relating to the investment pool are allocated to the individual members based on this percentage.

The Corporation's self-insurance trust funds are held by the Maryland Medicine Comprehensive Insurance Program (MMCIP) for payment of malpractice claims. MMCIP serves as a funding mechanism for the Corporation's malpractice insurance. As MMCIP is not an insurance provider, transactions with MMCIP are recorded under the deposit method of accounting. Accordingly, the Corporation accounts for its participation in MMCIP by carrying limited use assets representing the amount of funds contributed to MMCIP and recording a liability for claims, which is included in malpractice liabilities on the accompanying consolidated balance sheets.

MMCIP's self-insurance trust funds consist primarily of cash, common stocks, fixed income securities, corporate obligations, and alternative investments. Each participating member of MMCIP has an undivided interest in self-insurance trust funds. The Corporation's percentage interest in the assets of the self-insurance trust funds was approximately 2.40% and 2.95% at June 30, 2025 and 2024, respectively.

2. Summary of Significant Accounting Policies (continued)

The Hospital's investment portfolio, except the self-insurance trust funds and the UMMS investment pool, are classified as trading and are reported on the consolidated balance sheets as long-term assets at June 30, 2025 and 2024. Unrealized holding gains and losses on trading securities with readily determinable market values and investment income, including realized gains and losses, are included in nonoperating income. Investment income is reported net of investment fees.

The Foundation's investment portfolio is classified as trading and is reported on the consolidated balance sheets as long-term assets at June 30, 2025 and 2024. Unrealized holding gains and losses on trading securities, without donor restrictions, with readily determinable market values and investment income, including realized gains and losses, are included in nonoperating income and expenses on the accompanying consolidated statements of operations and changes in net assets. Investment income is reported net of investment fees.

The Hospital measures its investments in the self-insurance trust funds and the UMMS investment pool using the net asset value (NAV) as a practical expedient. Underlying securities of these investments may include certain debt and equity securities that are not readily marketable. Because certain investments are not readily marketable, their fair value is subject to additional uncertainty, and, therefore, values realized upon disposition may vary significantly from current reported values.

Assets limited as to use include investments set aside at the discretion of the board of trustees for the replacement or acquisition of property and equipment over which the board of trustees retains control and may at its discretion use for other purposes, self-insurance trust arrangements, and assets whose use is restricted by donors. Such investments are stated at fair value. Amounts required to meet current liabilities have been included in current assets on the consolidated balance sheets. Changes in fair values of donor-restricted investments are recorded in net assets without donor restriction unless otherwise required by the donor or state law to be included in net assets with donor restriction.

Investments are exposed to certain risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, changes in the value of investment securities could occur in the near term, and these changes could materially differ from amounts reported in the accompanying consolidated financial statements.

2. Summary of Significant Accounting Policies (continued)

Fair Value Measurements

The following methods and assumptions were used by the Corporation in estimating the fair value of its financial instruments:

Cash and cash equivalents, patient and other accounts receivable, assets limited as to use, investments, prepaid expenses and other current assets, trade accounts payable, accrued payroll benefits, current and long-term debt, and advances from third-party payors – The carrying amounts reported in the consolidated balance sheets approximate the related fair values.

The Corporation has implemented the provisions of Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, in relation to fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. This guidance established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted market prices (unadjusted) in active markets for identical assets or liabilities that the Corporation has the ability to access at the measurement date.

- Level 2 inputs are inputs other than quoted market prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified contractual term, a Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 inputs are unobservable inputs for the asset or liability when little or no market data is available.

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Corporation uses techniques consistent with the market approach and the income approach for measuring fair value of its Level 2 and Level 3 assets and liabilities. The market approach is a valuation technique that uses prices and other

2. Summary of Significant Accounting Policies (continued)

relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

As of June 30, 2025 and 2024, the Level 2 assets utilize the following valuation techniques and inputs:

Corporate obligations

The fair value of investments in U.S. and international corporate bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security specific characteristics, such as early redemption options.

The fair value of collateralized corporate obligations is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes.

Self-insurance trust funds and the UMMS investment pool are measured at fair value and represent funds included on the consolidated balance sheet that are reported using NAV as a practical expedient. These amounts are not required to be categorized in the fair value hierarchy. The fair value of these investments is based on the proportionate share of the NAV based on the most recent investment statements.

Self-Insurance

Under the Corporation's self-insurance programs (general and professional liability and employee health benefits), incurred claims are estimated primarily based upon actuarial estimates that include both reported and incurred but not reported claims, taking into consideration the severity of incidents and the expected timing of claim payments. These estimates are continually reviewed and adjusted as necessary based on experience within the current period operating income.

2. Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost or estimated fair value at date of contribution, less accumulated depreciation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. The estimated useful lives of the assets are as follows:

Building and leasehold improvements	20 to 40 years
Land improvements	5 to 20 years
Equipment	3 to 15 years

Impairment of Long-Lived Assets

Management regularly evaluates whether events or changes in circumstances have occurred that could indicate impairment in the value of long-lived assets. In accordance with the provisions of ASC 360, *Property, Plant, and Equipment*, if there is an indication that the carrying amount of an asset is not recoverable, management estimates the projected undiscounted cash flows, excluding interest, to determine whether an impairment loss should be recognized. The amount of impairment loss is determined by comparing the historical carrying value of the asset with its estimated fair value. Estimated fair value is determined through an evaluation of recent and projected financial performance using standard industry valuation techniques.

In estimating the future cash flows for determining whether an asset is impaired, the Corporation groups its assets at the lowest level for which there are identifiable cash flows independent of other groups of assets. If such costs are impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. There were no impairments in the years ended June 30, 2025 or 2024.

Deferred Financing Costs

Costs incurred related to the issuance of long-term debt are deferred and are amortized over the life of the related debt using the effective-interest method. Accumulated amortization of such costs amounted to $23,252 and $17,316 for the years ended June 30, 2025 and 2024, respectively. Deferred financing costs are presented as a component of long-term debt on the accompanying consolidated balance sheets.

2. Summary of Significant Accounting Policies (continued)

Advances From Third-Party Payors

The Hospital receives advances from some of its third-party payors so that those payors can receive the stated prompt pay discount allowed in the state of Maryland. Advances are recorded as a current liability on the consolidated balance sheets.

Net Assets

The net assets of the Corporation and changes therein are classified as follows:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Corporation. The Corporation's board may designate assets without restrictions for specific operational purposes from time to time.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Corporation or by the passage of time. Other donor restrictions are perpetual in nature whereby the donor has stipulated the funds be maintained in perpetuity.

Net Patient Service Revenue and Provision for Uncollectible Accounts

In accordance with ASC 606, *Revenue from Contracts with Customers*, net patient service revenue, which includes hospital inpatient services, hospital outpatient services, and other patient services revenue, is recorded at the transaction price estimated by the Corporation to reflect the total consideration due from patients and third-party payors (including commercial payors and government programs) and others. Revenue is recognized over time as performance obligations are satisfied in exchange for providing goods and services in patient care. Revenue is recorded as these goods and services are provided. The services provided to a patient during an inpatient stay or outpatient visit represent a bundle of goods and services that are distinct and accounted for as a single performance obligation.

The Corporation's estimate of the transaction price includes the Corporation's standard charges for the goods and services provided, with a reduction recorded related to explicit price concessions for such items as contractual allowances, charity care, potential adjustments that may arise from payment and other reviews, and uncollectible amounts. The price concessions are determined

2. Summary of Significant Accounting Policies (continued)

using the portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. Based on historical experience, a significant portion of the self-pay population will be unable or unwilling to pay for services, which is estimated in the transaction price. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenue in the period of change. Subsequent changes that are determined to be the result of an adverse change in the payor's or patient's ability to pay are recorded as bad debt expense and recorded within operating expenses on the accompanying consolidated statement of operations and changes in net assets and were not material for the years ended June 30, 2025 or 2024.

Estimates for uncollectible amounts are based on the historical collections experience for similar payors and patients, current market conditions, and other relevant factors. The Corporation recognizes a significant amount of patient service revenue even though it does not assess the patient's ability to pay.

The standard charges for goods and services for the Corporation reflect actual charges to patients based on rates regulated by the state of Maryland Health Services Cost Review Commission (HSCRC) in effect during the period in which the services are rendered. See Note 8 for further discussion on the HSCRC and regulated rates.

Patient accounts receivable consist primarily of amounts owed by various governmental agencies, insurance companies, and patients and are recorded at the net realizable value based on certain assumptions determined by each payor. The Corporation reports patient accounts receivable at an amount equal to the consideration it expects to receive in exchange for providing healthcare services to its patients, which is estimated using contractual provisions associated with specific payors, historical reimbursement rates, and analysis of past experience to estimate potential adjustments.

The Corporation has elected to apply the optional exemption in ASC 606-10-50-14a as all performance obligations relate to contracts with a duration of less than one year. Under this exemption, the Corporation was not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. Any unsatisfied or partially unsatisfied performance obligations, at the end of the year, are completed within days or weeks of the end of the year.

2. Summary of Significant Accounting Policies (continued)

Operating revenue by line of business is as follows:

	Year Ended June 30 2025	2024
Hospital	**$ 70,541,117**	$ 62,522,738
Physicians	**2,703,657**	2,546,902
Total net patient service revenue	**73,244,774**	65,069,640
Other nonpatient care	**343,615**	1,342,821
Total operating revenue	**$ 73,588,389**	$ 66,412,461

Charity Care

The Hospital is committed to providing quality healthcare to all, regardless of one's ability to pay. Patients who meet the criteria of the Hospital's charity care policy receive services without charge or at amounts less than its established rates. The criteria for charity care consider household income in relation to the federal poverty guidelines. The Hospital provides services at no charge for patients with adjusted gross income equal to or less than 200% of the federal poverty guidelines. For uninsured patients with adjusted gross income greater than 200% of the federal poverty guidelines, a sliding scale discount is applied. Income and asset information is obtained from the patient and subsequent analysis. The Hospital maintains records to identify and monitor the level of charity care it furnished under its charity care policy. The Hospital estimates the total direct and indirect costs to provide charity care were $376,691 and $107,673 in the years ended June 30, 2025 and 2024, respectively.

Nonoperating Income and Expenses, Net

Other activities that are largely unrelated to the Corporation's primary mission are recorded as nonoperating income and expenses, and include investment income, change in fair value of investments contributions, and other fundraising activities.

2. Summary of Significant Accounting Policies (continued)

Excess of Revenues Over Expenses

The consolidated statement of operations and changes in net assets includes a performance indicator, the excess of revenues over expenses. Changes in net assets without donor restriction that are excluded from the excess of revenues over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions that by donor restriction were to be used for the purposes of acquiring such assets), pension-related changes other than net periodic pension costs, and other items, which are required by U.S. GAAP to be reported separately.

Income Tax Status

The Hospital is a not-for-profit corporation as described under Section 501(c)(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 501(c)(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.

Donor-Restricted Gifts and Pledges Receivable

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the promise becomes unconditional. Contributions are reported as either net assets with donor restriction if they are received with donor stipulations that limit the use of the donated assets or net assets without donor restrictions if they are received without donor stipulations. When a donor restriction is satisfied, net assets with donor restriction are reclassified as net assets without donor restriction and either reported on the consolidated statements of operations and changes in net assets as net assets released from restrictions for operations or net assets released from restrictions for property and equipment. Donor-restricted contributions for operations whose restrictions are met within the same year as received are reported as contributions without donor restriction on the accompanying consolidated statement operations and changes in net assets. Revenue earned from contributed assets is considered

2. Summary of Significant Accounting Policies (continued)

unrestricted unless specifically restricted by the donor. Contributions restricted for the acquisition of land, buildings, and equipment are reported as net assets without donor restrictions when assets are placed in service.

Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. An allowance for uncollectible contributions receivable is recorded based upon management's judgment, including such factors as prior collection history, type of contributions, and nature of fundraising activity.

Scheduled payments for pledges receivable for the Corporation are as follows:

	Year Ended June 30	
	2025	**2024**
Amounts due within 1 year	**$ 486,237**	$ 927,428
Amounts due in 1–5 years	**346,440**	215,230
Less impact of discounting pledges receivable to present value	**(21,968)**	(11,246)
Total pledges receivable	**$ 810,709**	$ 1,131,412

Management has evaluated these gifts and has determined they are fully collectible.

Going Concern

Management evaluates whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern within one year after the date the consolidated financial statements are issued. As of the date of this report, there are no conditions or events that raise substantial doubt about the Corporation's ability to continue as a going concern.

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Investments and Assets Limited as to Use

The carrying value of assets limited or restricted as to use is summarized as follows:

	June 30	
	2025	**2024**
Cash and cash equivalents	**$ 941,714**	$ 369,372
U.S. government and agency securities	**3,892,830**	3,128,554
Corporate obligations	**4,577,425**	4,962,566
Common stocks	**15,280,498**	13,978,632
Self-insurance trust funds	**10,069,618**	8,722,657
Total assets limited or restricted as to use	**34,762,085**	31,161,781
Less amounts available for current liabilities	**(587,983)**	(177,894)
Total assets limited as to use, less current portion	**$ 34,174,102**	$ 30,983,887

The composition and carrying value of investments were as follows:

	June 30	
	2025	**2024**
Cash and cash equivalents	**$ 7,172,821**	$ 8,323,480
U.S. government and agency securities	**1,514,787**	1,171,082
Corporate obligations	**1,781,179**	1,857,590
Common stocks	**5,945,963**	5,232,486
UMMS investment pool	**70,974,066**	63,730,194
	$ 87,388,816	$ 80,314,832

3. Investments and Assets Limited as to Use (continued)

The Hospital participates in the UMMS investment pool, which invests in a mix of cash and cash equivalents, corporate bonds, U.S. government and agency securities, common stocks, and alternative investments. The alternative investments held within the UMMS investment pool include hedge funds, private equity, and commingled investment funds. As of June 30, 2025 and 2024, the majority of these alternative investments were subject to 30-day-or-less notice requirements and were available to be redeemed on at least a monthly basis. Each participating member of the UMMS investment pool has an undivided interest in the investment pool. The Hospital values its investments in the UMMS investment pool using NAV as a practical expedient.

Investment income and realized and unrealized gains (losses) for investments limited or restricted as to use and other long-term investments are summarized as follows:

	Year Ended June 30	
	2025	**2024**
Interest and dividend income, net of fees	**$ 2,082,620**	$ 3,606,768
Net realized gains on investments and assets limited to use	**4,983,340**	2,614,012
Change in unrealized gains on trading securities	**3,067,014**	4,834,265
Net unrealized gains (losses) on net assets with donor restrictions	**940,636**	(30,525)
	$ 11,073,610	$ 11,024,520

3. Investments and Assets Limited as to Use (continued)

Total investment return is classified on the consolidated statements of operations and changes in net assets as follows:

	Year Ended June 30	
	2025	**2024**
Nonoperating investment income	**$ 5,677,153**	$ 3,827,052
Investment income on net assets with donor restriction	**1,388,807**	2,393,728
Net unrealized gains (losses) on net assets with donor restriction	**940,636**	(30,525)
Change in unrealized gains on trading securities	**3,067,014**	4,834,265
	$ 11,073,610	$ 11,024,520

The following table presents assets that are measured at fair value on a recurring basis, as of June 30, 2025, including the UMMS investment pool and self-insurance trust funds measured using NAV, which are not required to be categorized in the fair value hierarchy:

	Level 1	Level 2	Level 3	Investments Reported at NAV	Total
Investments:					
Cash and cash equivalents	**$ 7,172,821**	**$ –**	**$ –**	**$ –**	**$ 7,172,821**
U.S. government and agency securities	**1,514,787**	**–**	**–**	**–**	**1,514,787**
Corporate obligations	**–**	**1,781,179**	**–**	**–**	**1,781,179**
Common stocks	**5,945,963**	**–**	**–**	**–**	**5,945,963**
UMMS investment pool	**–**	**–**	**–**	**70,974,066**	**70,974,066**
Total investments	**14,633,571**	**1,781,179**	**–**	**70,974,066**	**87,388,816**
Assets limited:					
Cash and cash equivalents	**941,714**	**–**	**–**	**–**	**941,714**
U.S. government and agency securities	**3,892,830**	**–**	**–**	**–**	**3,892,830**
Corporate obligations	**–**	**4,577,425**	**–**	**–**	**4,577,425**
Common stocks	**15,280,498**	**–**	**–**	**–**	**15,280,498**
Self-insurance trust funds	**–**	**–**	**–**	**10,069,618**	**10,069,618**
Total assets limited as to use	**20,115,042**	**4,577,425**	**–**	**10,069,618**	**34,762,085**
	$ 34,748,613	**$ 6,358,604**	**$ –**	**$ 81,043,684**	**$ 122,150,901**

3. Investments and Assets Limited as to Use (continued)

The following table presents assets that are measured at fair value on a recurring basis, as of June 30, 2024, including the UMMS investment pool and self-insurance trust funds measured using NAV, which are not required to be categorized in the fair value hierarchy:

	Level 1	Level 2	Level 3	Investments Reported at NAV	Total
Investments:					
Cash and cash equivalents	$ 8,323,480	$ –	$ –	$ –	$ 8,323,480
U.S. government and agency securities	1,171,082	–	–	–	1,171,082
Corporate obligations	–	1,857,590	–	–	1,857,590
Common stocks	5,232,486	–	–	–	5,232,486
UMMS investment pool	–	–	–	63,730,194	63,730,194
Total investments	14,727,048	1,857,590	–	63,730,194	80,314,832
Assets limited:					
Cash and cash equivalents	369,372	–	–	–	369,372
U.S. government and agency securities	3,128,554	–	–	–	3,128,554
Corporate obligations	–	4,962,566	–	–	4,962,566
Common stocks	13,978,632	–	–	–	13,978,632
Self-insurance trust funds	–	–	–	8,722,657	8,722,657
Total assets limited as to use	17,476,558	4,962,566	–	8,722,657	31,161,781
	$ 32,203,606	$ 6,820,156	$ –	$ 72,452,851	$ 111,476,613

4. Property and Equipment

A summary of property and equipment and related accumulated depreciation is as follows:

	June 30 2025	2024
Land and land improvements	**$ 1,519,755**	$ 1,519,755
Buildings and fixed equipment	**69,635,940**	69,247,735
Leasehold improvements	**319,430**	498,384
Major movable equipment	**6,095,295**	5,415,508
Minor equipment	**14,230,637**	13,517,213
Construction-in-progress	**726,113**	294,499
	92,527,170	90,493,094
Less accumulated depreciation	**(61,950,957)**	(56,725,542)
Property and equipment, net	**$ 30,576,213**	$ 33,767,552

4. Property and Equipment (continued)

Construction-in-progress includes building and renovation costs for assets that have not yet been placed into service. These costs relate to major construction projects as well as routine renovations underway at the Hospital's facilities.

5. Retirement Plans

The Corporation's defined benefit plan resides within the UMMS Corporate Pension Plan (the Corporate Plan). The plan was a noncontributory defined benefit pension plan covering full-time employees employed for at least one year and having reached 21 years of age. It was closed to new participants in 2019 and frozen in 2023. In fiscal year 2025, the Corporation initiated the plan termination process for the Corporate Plan. It is anticipated the termination will be completed by the end of calendar year 2026.

The following table sets forth the change in the benefit obligation and plan assets as of and for the years ended June 30, the measurement date:

	2025	2024
Change in projected benefit obligations		
Benefit obligations at beginning of year:	**$ 14,270,232**	$ 12,905,976
Interest cost	**775,835**	694,905
Actuarial (gain) loss	**(850,190)**	1,592,453
Benefits paid	**(567,645)**	(923,102)
Projected benefit obligations at end of year	**$ 13,628,232**	$ 14,270,232

	2025	2024
Change in plan assets		
Fair value of plan assets at beginning of year:	**$ 13,518,047**	$ 13,536,498
Actual return on plan assets	**772,913**	604,651
Employer contributions	**–**	300,000
Benefits paid	**(567,645)**	(923,102)
Fair value of plan assets at end of year	**$ 13,723,315**	$ 13,518,047

5. Retirement Plans (continued)

The funded/unfunded status of the Corporate Plan and amounts recognized as current assets/current liabilities on the consolidated balance sheets are as follows:

	June 30 2025	June 30 2024
Funded status, end of period:		
Fair value of plan assets	**$ 13,723,315**	$ 13,518,047
Projected benefit obligations	**13,628,232**	14,270,232
Net funded (unfunded) status	**$ 95,083**	$ (752,185)
Accumulated benefit obligation at end of year	**$ 13,628,232**	$ 14,270,232
Amounts recognized in consolidated balance sheets at June 30:		
Accrued pension asset (liability)	**$ 95,083**	$ (752,185)
	$ 95,083	$ (752,185)
Amounts recognized in net assets without donor restriction as of June 30:		
Net actuarial loss	**$ (2,338,607)**	$ (3,614,413)
	$ (2,338,607)	$ (3,614,413)

The components of net periodic pension cost are as follows:

	Year Ended June 30 2025	Year Ended June 30 2024
Interest cost	**$ 775,835**	$ 694,905
Expected return on plan assets	**(658,870)**	(591,385)
Recognized losses	**314,573**	190,109
Total net periodic pension cost	**$ 431,538**	$ 293,629

5. Retirement Plans (continued)

Components of net benefit cost are recorded in other nonoperating income and expenses, net on the consolidated statements of operations and changes in net assets for the years ended June 30, 2025 and 2024.

The assumption information below relates to the entire Corporate Plan. Certain information related to the Corporation is not separately identifiable.

The following table presents the weighted average assumptions used to determine benefit obligations for the Corporate Plan:

	June 30	
	2025	**2024**
Discount rate	**5.68%**	5.78%
Rate of compensation increase	**N/A**	N/A
Interest crediting rate	**4.00%**	3.00%–5.05%

The following table presents the weighted average assumptions used to determine net periodic benefit cost for the Corporate Plan:

	Year Ended June 30	
	2025	**2024**
Discount rate	**5.78%**	5.67%
Expected long-term return on plan assets	**5.20**	4.50
Rate of compensation increase	**N/A**	N/A

All of the Corporate Plan's assets are held in the UMMS Master Pension Trust (Master Trust). For the year ended June 30, 2025, the Master Trust invests in a mix of cash and cash equivalents, fixed income securities, and alternative investments. Each participating plan has an undivided interest in the Master Trust. The Corporate Plan's percentage interest in the net assets of the Master Trust was approximately 8.76% and 8.61% at June 30, 2025 and 2024, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on this percentage.

5. Retirement Plans (continued)

The investment policies of the Corporation's pension plan incorporate asset allocation and investment strategies designed to earn superior returns on plan assets consistent with reasonable and prudent levels of risk. Investments are diversified across classes, sectors, and manager style to minimize the risk of loss. The Corporation uses investment managers specializing in each asset category, and regularly monitors performance and compliance with investment guidelines. In developing the expected long-term rate of return on assets assumption, the Corporation considers the current level of expected returns on risk-free investments, the historical level of the risk premium associated with the other asset classes in which the portfolio is invested, and the expectations for future returns of each asset class. The expected return for each asset class is then weighted based on the target allocation to develop the expected long-term rate of return on assets assumption for the portfolio. The Corporation values its investment in the Master Trust using NAV as a practical expedient.

The Corporate Plan's target allocation and weighted average asset allocations at the measurement date of June 30, by asset category, are as follows:

Asset Category	Target Allocations as of June 30		Percentage of Plan Assets as of June 30	
	2025	**2024**	**2025**	**2024**
Cash and cash equivalents	**0%–85%**	0%–20%	**44.09%**	14.59%
Fixed income securities	**0%–85%**	75%–85%	**55.90**	80.13
Equity securities	**0%–15%**	5%–25%	**–**	5.27
Hedge funds/private equity	**0%–3%**	0%–20%	**0.01**	0.01
			100%	100.00%

Alternative investments include hedge funds, private equity and commingled investment funds. The majority of these alternative investments held as of June 30, 2025 are subject to daily notice requirements. The Corporation had no unfunded commitments as of June 30, 2025 and 2024.

5. Retirement Plans (continued)

The estimated net actuarial loss that will be amortized from net assets without donor restrictions into net periodic pension cost in fiscal years 2026 is $170,630. The Corporation does not expect to make contributions to its defined benefit pension plan for the fiscal year ending June 30, 2026, due to the expected termination.

The following benefit payments, which reflect expected future employee service, as appropriate, are expected to be paid from plan assets in the following years ending June 30:

2026	$ 1,388,992
2027	1,240,404
2028	1,238,167
2029	1,020,498
2030	1,029,598
2031–2035	5,053,362

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at June 30, 2025.

The Corporation also has a 403(b) retirement plan (Retirement Plan) covering substantially all employees. Employees are immediately eligible for elective deferrals of compensation as contributions to the Retirement Plan. The total annual retirement costs incurred by the Corporation for this deferred compensation plan were $1,092,405 and $985,659 for the years ended June 30, 2025 and 2024, respectively. Such amounts are included in salaries, wages, and benefits on the accompanying consolidated statements of operations and changes in net assets.

6. Leases

The Corporation determines whether an arrangement is a lease at inception. Operating leases are included in other assets, other current liabilities, and other long-term liabilities on the consolidated balance sheets. The Corporation rents office and clinical space from a related party and other unrelated third parties. The Corporation has determined these arrangements are leases.

Lease liabilities are recognized based on the present value, net of the future minimum lease payments over the lease term using the Corporation's incremental borrowing rate based on the information available at commencement. The right-of-use (ROU) asset is derived from the lease liability and also includes any lease payments made and excludes lease incentives and initial direct

6. Leases (continued)

costs incurred. Certain lease agreements for real estate include payments based on actual common area maintenance expenses, and others include rental payments adjusted periodically for inflation. These variable lease payments are recognized in other operating expenses, net but are not included in the ROU asset or liability balances. Lease agreements may include one or more renewal options that are at the Corporation's sole discretion. The Corporation does not consider the renewal options to be reasonably likely to be exercised; therefore, they are not included in ROU assets or lease liabilities. Lease expense for minimum lease payments is recognized on a straight-line basis over the lease term for operating leases.

In accordance with ASC 842, the Corporation has elected not to recognize ROU assets or lease liabilities for short-term leases with a lease term of 12 months or less. The Corporation recognizes the lease payments associated with its short-term leases as an expense on a straight-line basis over the lease term. Variable lease payments associated with these leases are recognized and presented in the same manner as all other leases.

The following table summarizes the components of operating assets and liabilities classified as current and noncurrent on the accompanying consolidated balance sheets:

Operating Leases	Balance Sheet Classification	June 30 2025	2024
Operating lease ROU asset	Other assets	**$ 214,532**	$ 223,340
Operating lease obligation – current	Other current liabilities	**(39,898)**	(55,094)
Operating lease obligation – long term	Other long-term liabilities	**(174,888)**	(172,080)

The Corporation discounted its leases using a rate of 3.29% to 5.34%. This rate is based on the estimated borrowing rate the Corporation would incur if a loan were obtained to purchase the asset.

For the years ended June 30, 2025 and 2024, the Corporation amortized $52,230 and $55,549 in costs related to the ROU asset and incurred interest expense of $6,078 and $5,099, respectively. Total rent expense for the lease was $330,273 and $334,866 for the years ended June 30, 2025 and 2024, respectively.

6. Leases (continued)

Future noncancelable minimum lease payments under operating leases are as follows for the years ending June 30:

2026	$ 50,400
2027	50,905
2028	51,414
2029	51,928
2030	39,237
Present value discount	(29,098)
Total future minimum payments	$ 214,786

7. Functional Expenses

The Corporation considers healthcare services and management and general to be its primary functional categories for purposes of expense classification. Accordingly, certain costs have been allocated among healthcare services and management and general. Depreciation is allocated based on square footage. The Corporation's operating expenses by functional classification are as follows:

	Healthcare Services	Management and General	Total
Year ended June 30, 2025			
Salaries, wages, and benefits	**$ 43,817,292**	**$ 6,596,408**	**$ 50,413,700**
Purchased services and supplies	**12,300,323**	**6,510,297**	**18,810,620**
Depreciation and amortization	**4,899,872**	**325,543**	**5,225,415**
Interest expense, net	**40,769**	**–**	**40,769**
Total	**$ 61,058,256**	**$ 13,432,248**	**$ 74,490,504**
Year ended June 30, 2024			
Salaries, wages, and benefits	$ 42,208,240	$ 6,255,067	$ 48,463,307
Purchased services and supplies	11,581,946	4,976,442	16,558,388
Depreciation and amortization	5,369,906	356,772	5,726,678
Interest expense, net	49,226	–	49,226
Total	$ 59,209,318	$ 11,588,281	$ 70,797,599

8. Maryland Health Services Cost Review Commission (HSCRC)

Most of the Hospital's revenues are subject to review and approval by the HSCRC. Hospital management has filed the required forms with the HSCRC and believes the Hospital to be in compliance with the HSCRC's requirements.

The current rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on an agreement between the Centers for Medicare & Medicaid Services and the HSCRC. This agreement is based upon a waiver from Medicare reimbursement principles under Section 1814(b) of the Social Security Act and will continue as long as certain conditions are met. Management believes that this program will remain in effect at least through June 30, 2026.

The Hospital's patient service revenue is recorded at regulated rates regulated by the HSCRC. Such rates are adjusted prospectively, giving effect to, among other things, the projected impact of inflation and variances between actual unit rates and previously approved unit rates (price variances) during the previous year.

The timing of the HSCRC's adjustment for the Hospital could result in an increase or a reduction in rates (revenue) due to the variances described above in a year subsequent to the year in which the variances occur. The Hospital's policy is to accrue revenue based on actual charges for services to patients in the year in which the services are performed.

9. Long-Term Debt

Long-term debt is composed of a loan with Bank of America totaling $3,380,000 issued on August 2, 2021 (the Loan Agreement). Interest is payable monthly at a fixed rate of 1.77% through fiscal year 2028.

9. Long-Term Debt (continued)

The annual future maturities of long-term debt according to the original terms of the Loan Agreement are as follows:

Year ending June 30:	
2026	$ 495,000
2027	510,000
2028	540,000
2029	275,000
Total debt	1,820,000
Unamortized deferred financing costs	(18,305)
	$ 1,801,695

The Loan Agreement contains certain restrictive covenants, including requirements that rates and charges be set at certain levels, that incurrence of additional debt be limited, and that compliance with certain operating ratios be maintained. As further security under the Loan Agreement, the Foundation has guaranteed the Corporation's repayment of principal and interest due on the bonds.

10. Insurance

Professional Liability Insurance

In connection with the affiliation agreement with UMMS and effective July 1, 2006, the Corporation became self-insured with respect to professional and general liability through its participation in the Maryland Medicine Comprehensive Insurance Program Self Insurance Trust. The Corporation is self-insured for professional and general liability claims up to the limits of $1,000,000 on professional liability claims and $3,000,000 on general liability claims with no aggregate limit. For general liability claims, the risk of loss in excess of the self-insured limit has been transferred to commercial reinsurance up to $150,000,000 per claim and in the aggregate. For professional liability claims, the risk of loss in excess of the self-insured limit has been transferred to Terrapin Insurance Company (Terrapin), an unconsolidated joint venture. Terrapin provides additional insurance per claim in a range from $9,000,000 up to $14,000,000 depending on the claim, with no aggregate limit. For professional liability claims in excess of the Terrapin insurance limit, the risk of loss is transferred to commercial reinsurance up to $150,000,000 per claim and in the aggregate. For claims in excess of Terrapin's coverage limits, if any, the Corporation retains the risk of loss.

10. Insurance (continued)

The Corporation provides for and funds the present value of the costs for professional and general liability claims and insurance coverage related to the projected liability from asserted and unasserted incidents, which the Corporation believes may ultimately result in a loss. These accrued malpractice losses are discounted using a discount rate of 2.5%. In management's opinion, these accruals provide an adequate and appropriate loss reserve. Malpractice liabilities are presented gross of the reinsurance receivable on the accompanying consolidated balance sheets and were $4,047,238 and $4,161,480 as of June 30, 2025 and 2024, respectively. Included within the malpractice liabilities are the reinsurance receivables of $2,372,072 and $2,382,540 as of June 30, 2025 and 2024, respectively, which have been recorded within other assets.

Total malpractice expense, net of applicable investment returns, for the Corporation in 2025 and 2024 was $629,040 and $147,625, respectively.

Workers' Compensation

The Corporation is insured against workers' compensation claims through membership in the Maryland Hospital Association Workers' Compensation Self Insurance Group. Premiums are paid quarterly and adjusted yearly based on the group's actual experience.

Health Insurance

The Corporation maintains a self-insurance plan for employee health insurance. The Corporation has accrued $450,000 and $388,972 as of June 30, 2025 and 2024, respectively, for estimated claims incurred but not reported, which are included in accrued payroll benefits.

11. Business and Credit Concentrations

The Corporation provides services to patients in the Baltimore metropolitan area, the majority of whom are under the age of 18 and are covered by third-party health insurance or state Medicaid programs. Insurance coverage and credit information is obtained from patients upon admission when available. The Corporation bills the insurer directly for services provided. No collateral is obtained for accounts receivable.

The Corporation maintains cash accounts with highly rated financial institutions, which generally exceed federally insured limits. The Corporation has not experienced any losses from maintaining cash accounts in excess of federally insured limits, and, as such, management does not believe the Corporation is subject to any significant credit risks related to this practice.

11. Business and Credit Concentrations (continued)

Net receivables from patients and third-party payers consisted of the following:

	June 30	
	2025	**2024**
Medicaid	**61%**	61%
Blue Cross	**17**	18
Commercial insurance and health maintenance organization (HMO)	**17**	16
Self-pay and others	**5**	5
	100%	100%

Net patient service revenue, by payer class, consisted of the following:

	June 30	
	2025	**2024**
Medicaid	**71%**	75%
Blue Cross	**15**	14
Commercial insurance and HMO	**13**	10
Self-pay and others	**1**	1
	100%	100%

12. Endowment

The Corporation's endowment consists of individual funds established based on donor-imposed restrictions. Net assets associated with endowment funds are classified and reported based on the existence of donor-imposed restrictions.

Interpretation of Relevant Law

The board of trustees has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring that donor-restricted endowment funds be managed with the long-term objective of at least maintaining the real value (after inflation) of the funds. The Corporation classifies as permanently restricted net assets (a) the original value of gifts donated to the

12. Endowment (continued)

permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the directions of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment funds are classified in restricted net assets until those amounts are appropriated for expenditure by the board of trustees in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund
2. The purposes of the Corporation and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. The other resources of the Corporation
7. The investment policies of the Corporation

Endowment net assets consist of the following:

	June 30	
	2025	**2024**
Endowment net assets:		
With donor restrictions	**$ 23,775,751**	$ 22,119,751

12. Endowment (continued)

Changes in endowment net assets consist of the following:

	With Donor Restriction
Endowment net assets, June 30, 2023:	$ 20,061,447
Investment return, net	2,363,219
Contributions	–
Amount appropriated for expenditures and other transfers	(304,915)
Endowment net assets, June 30, 2024:	22,119,751
Investment return, net	**2,329,444**
Contributions	**58,416**
Amount appropriated for expenditures and other transfers	**(731,860)**
Endowment net assets, June 30, 2025	**$ 23,775,751**

Funds With Deficiencies

From time to time, the fair value of assets associated with an individual donor-restricted endowment fund may fall below the original value of the fund. As of June 30, 2025 and 2024, there are no endowment funds in this position. Subsequent gains that restore the fair value of the assets of the endowment fund to the required level will be classified as an increase in net assets without donor restriction, as appropriate.

Return Objectives and Risk Parameters

The Foundation has adopted investment and funding policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under the investment policy, as approved by the board of trustees, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of a benchmark that includes the S&P 500, Barclays Government/Credit, and T-Bill Index while assuming a moderate level of investment risk. The Foundation expects its endowment funds, over three to five years, to provide an average annual real rate of return of at least 5%. Actual returns in any given year may vary from this amount.

13. Net Assets – With Donor Restrictions

The Corporation classifies net assets based on the existence or absence of donor-imposed restrictions.

Donor-restricted net assets consist of the following:

	June 30 2025	2024
Subject to expenditure for specific purpose:		
Funds to be used for programs and capital projects	**$ 1,974,934**	$ 1,303,900
Callaway Fund	**–**	32,670
Endowment funds to be used for renovations	**4,812,330**	4,325,701
Endowment funds, other	**18,138,252**	16,936,209
Total	**24,925,516**	22,598,480
Investment in perpetuity:		
Endowment funds to be used for renovations	**5,000**	5,000
Endowment funds, other	**820,171**	820,171
Total	**825,171**	825,171
Total net assets – with donor restrictions	**$ 25,750,687**	$ 23,423,651

14. Liquidity and Availability of Resources

The Corporation has financial assets available to management for general expenditures within one year of the financial reporting date, as follows:

	June 30 2025	2024
Financial assets:		
Cash and cash equivalents	**$ 12,185,649**	$ 7,095,944
Patient accounts receivable, net	**8,577,347**	7,196,306
Investments	**87,388,816**	80,314,832
Total assets	**$ 108,151,812**	$ 94,607,082

The Corporation has long-term investments with no liquidity restrictions that are available for general expenditures within one year in the normal course of operations. Accordingly, these assets have been included in the table above for financial assets available to meet general expenditures within one year.

15. Certain Significant Risks and Uncertainties

The Corporation provides pediatric rehabilitation and specialty services in the state of Maryland. The Corporation and other healthcare providers in Maryland are subject to certain inherent risks, including the following:

- Dependence on revenues derived from reimbursement by the state Medicaid programs
- Regulation of hospital rates by the State of Maryland Health Services Cost Review Commission
- Government regulation, government budgetary constraints, and proposed legislative and regulatory changes
- Lawsuits alleging malpractice and related claims

Such inherent risks require the use of certain management estimates in the preparation of the Corporation's consolidated financial statements, and it is reasonably possible that a change in such estimates may occur.

The state Medicaid reimbursement programs represent a substantial portion of the Corporation's revenues and the Corporation's operations are subject to a variety of other federal, state, and local regulatory requirements. Failure to maintain required regulatory approvals and licenses and/or changes in such regulatory requirements could have a significant adverse effect on the Corporation.

Changes in federal and state reimbursement funding mechanisms and related government budgetary constraints could have a significant adverse effect on the Corporation.

The healthcare industry is subject to numerous laws and regulations from federal, state, and local governments. The Corporation's compliance with these laws and regulations can be subject to periodic governmental review and interpretation, which can result in regulatory action unknown or unasserted at this time. Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the ordinary course of business, none of which, in the opinion of management, are expected to result in losses in excess of insurance limits or have a materially adverse effect on the Corporation's financial position.

15. Certain Significant Risks and Uncertainties (continued)

The federal government and many states have aggressively increased enforcement under Medicaid anti-fraud and abuse laws and physician self-referral laws (STARK law and regulation). Recent federal initiatives have prompted a national review of federally funded healthcare programs. In addition, the federal government and many states have implemented programs to audit and recover potential overpayments to providers from the Medicaid program. The Corporation has implemented a compliance program to monitor conformance with applicable laws and regulations, but the possibility of future government review and enforcement action exists.

16. Subsequent Events

The Corporation evaluated all events and transaction that occurred after June 30, 2025 and through October 22, 2025, the date the accompanying consolidated financial statements were issued. The Corporation did not have any material subsequent events during the period.

Supplementary Information

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet

June 30, 2025

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Assets						
Current assets:						
Cash and cash equivalents	$ 8,490,330	$ 1,678,076	$ 2,017,243	$ –	$ –	$ 12,185,649
Current portion of assets limited as to use	587,983	–	–	–	–	587,983
Patient accounts receivable, net	8,445,181	–	132,095	71	–	8,577,347
Other accounts receivable	1,329,838	52,179	–	1,820	(483,962)	899,875
Inventories of supplies	210,466	–	–	–	–	210,466
Prepaid expenses and other current assets	710,661	–	–	–	–	710,661
Total current assets	19,774,459	1,730,255	2,149,338	1,891	(483,962)	23,171,981
Investments	78,146,864	9,241,952	–	–	–	87,388,816
Assets limited as to use, less current portion:						
Eliasberg construction fund	–	1,249,449	–	–	–	1,249,449
Funds restricted by donor	941,714	22,501,304	–	–	–	23,443,018
Self-insurance trust funds	9,481,635	–	–	–	–	9,481,635
Total assets limited as to use, less current portion	10,423,349	23,750,753	–	–	–	34,174,102
Property and equipment, net	30,576,213	–	–	–	–	30,576,213
Economic interest in net assets of the foundation	34,238,998	–	–	–	(34,238,998)	–
Other assets	2,855,210	–	–	–	–	2,855,210
Total assets	$ 176,015,093	$ 34,722,960	$ 2,149,338	$ 1,891	$ (34,722,960)	$ 178,166,322

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Liabilities and net assets						
Current liabilities:						
Current portion of long-term debt	$ 495,000	$ –	$ –	$ –	$ –	$ 495,000
Trade accounts payable	3,499,495	483,962	–	–	(483,962)	3,499,495
Accrued payroll benefits	5,697,604	–	–	–	–	5,697,604
Advances from third-party payors	3,753,477	–	–	–	–	3,753,477
Current portion of malpractice liabilities	587,983	–	–	–	–	587,983
Due to affiliates	1,130,356	–	(250)	102	–	1,130,208
Other current liabilities	1,050,986	–	5,166	–	–	1,056,152
Total current liabilities	16,214,901	483,962	4,916	102	(483,962)	16,219,919
Malpractice liabilities	3,459,255	–	–	–	–	3,459,255
Long-term debt, less current portion	1,306,695	–	–	–	–	1,306,695
Other long-term liabilities	174,889	–	–	–	–	174,889
Total liabilities	21,155,740	483,962	4,916	102	(483,962)	21,160,758
Net assets:						
Without donor restrictions	129,108,666	10,463,247	2,144,422	1,789	(10,463,247)	131,254,877
With donor restrictions	25,750,687	23,775,751	–	–	(23,775,751)	25,750,687
Total net assets	154,859,353	34,238,998	2,144,422	1,789	(34,238,998)	157,005,564
Total liabilities and net assets	$ 176,015,093	$ 34,722,960	$ 2,149,338	$ 1,891	$ (34,722,960)	$ 178,166,322

See accompanying independent auditors' report.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet

June 30, 2024

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Assets						
Current assets:						
Cash and cash equivalents	$ 4,703,557	$ 1,146,007	$ 1,246,380	$ –	$ –	$ 7,095,944
Current portion of assets limited as to use	177,894	–	–	–	–	177,894
Patient accounts receivable, net	7,052,425	–	133,996	9,885	–	7,196,306
Other accounts receivable	1,249,429	448,565	343	1,820	(344,493)	1,355,664
Inventories of supplies	172,988	–	–	–	–	172,988
Prepaid expenses and other current assets	466,806	–	826	–	–	467,632
Total current assets	13,823,099	1,594,572	1,381,545	11,705	(344,493)	16,466,428
Investments	72,048,838	8,265,994	–	–	–	80,314,832
Assets limited as to use, less current portion:						
Eliasberg construction fund	–	1,249,449	–	–	–	1,249,449
Funds restricted by donor	369,372	20,820,303	–	–	–	21,189,675
Self-insurance trust funds	8,544,763	–	–	–	–	8,544,763
Total assets limited as to use, less current portion	8,914,135	22,069,752	–	–	–	30,983,887
Property and equipment, net	33,767,552	–	–	–	–	33,767,552
Economic interest in net assets of the foundation	31,696,243	–	–	–	(31,696,243)	–
Other assets	2,760,095	–	–	–	–	2,760,095
Total assets	$ 163,009,962	$ 31,930,318	$ 1,381,545	$ 11,705	$ (32,040,736)	$ 164,292,794

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Liabilities and net assets						
Current liabilities:						
Current portion of long-term debt	$ 470,000	$ –	$ –	$ –	$ –	$ 470,000
Trade accounts payable	3,056,261	234,075	5,302	–	(234,075)	3,061,563
Accrued payroll benefits	5,178,194	–	–	–	–	5,178,194
Advances from third-party payors	3,327,705	–	–	–	–	3,327,705
Current portion of malpractice liabilities	177,894	–	–	–	–	177,894
Due to affiliates	1,486,826	–	(250)	90	(110,418)	1,376,248
Other current liabilities	1,295,481	–	1,156	–	–	1,296,637
Total current liabilities	14,992,361	234,075	6,208	90	(344,493)	14,888,241
Malpractice liabilities	3,983,586	–	–	–	–	3,983,586
Long-term debt, less current portion	1,795,758	–	–	–	–	1,795,758
Other long-term liabilities	984,266	–	–	–	–	984,266
Total liabilities	21,755,971	234,075	6,208	90	(344,493)	21,651,851
Net assets:						
Without donor restrictions	117,830,340	9,576,492	1,375,337	11,615	(9,576,492)	119,217,292
With donor restrictions	23,423,651	22,119,751	–	–	(22,119,751)	23,423,651
Total net assets	141,253,991	31,696,243	1,375,337	11,615	(31,696,243)	142,640,943
Total liabilities and net assets	$ 163,009,962	$ 31,930,318	$ 1,381,545	$ 11,705	$ (32,040,736)	$ 164,292,794

See accompanying independent auditors' report.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2025

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Operating revenue, gains, and other support:						
Net patient service revenue	$ 72,451,455	$ –	$ 512,510	$ 280,809	$ –	$ 73,244,774
Other revenue	1,550,371	–	–	42,000	(1,248,756)	343,615
Total operating revenue, gains, and other support	74,001,826	–	512,510	322,809	(1,248,756)	73,588,389
Operating expenses:						
Salaries, wages, and benefits	49,748,841	–	548,403	116,456	–	50,413,700
Purchased services and supplies	18,714,305	–	89,826	6,489	–	18,810,620
Interest expense, net	40,769	–	–	–	–	40,769
Depreciation and amortization	5,225,415	–	–	–	–	5,225,415
Total operating expenses	73,729,330	–	638,229	122,945	–	74,490,504
Operating income (loss)	272,496	–	(125,719)	199,864	(1,248,756)	(902,115)
Nonoperating income and expenses, net:						
Contributions	2,186,495	398,298	–	–	–	2,584,793
Investment income, net	5,070,291	606,862	–	–	–	5,677,153
Other income and expenses, net	(431,538)	(509,381)	–	–	1,248,756	307,837
Change in unrealized gains of trading securities	2,667,147	399,867	–	–	–	3,067,014
Total nonoperating income	9,492,395	895,646	–	–	1,248,756	11,636,797
Excess (deficit) of revenues over expenses	9,764,891	895,646	(125,719)	199,864	–	10,734,682

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued)

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Excess (deficit) of revenues over expenses (from previous page)	$ 9,764,891	$ 895,646	$ (125,719)	$ 199,864	$ –	$ 10,734,682
Change in economic interest in the foundation	886,755	–	–	–	(886,755)	–
Net assets released from restrictions used for purchase of property and equipment	31,614	–	–	–	–	31,614
Transfers in and out	(683,739)	(1,375)	894,804	(209,690)	–	–
Change in funded status of defined benefit plan	1,278,806	–	–	–	–	1,278,806
Other changes in assets without donor restrictions	–	(7,516)	–	–	–	(7,516)
Increase (decrease) in net assets without donor restrictions	11,278,327	886,755	769,085	(9,826)	(886,755)	12,037,586
Changes in net assets with donor restriction:						
Contributions	764,400	58,416	–	–	–	822,816
Investment income, net	–	1,388,807	–	–	–	1,388,807
Net unrealized gains on donor-restricted investments	–	940,636	–	–	–	940,636
Change in economic interest in the foundation	1,656,000	–	–	–	(1,656,000)	–
Other changes in assets with donor restrictions	(33,967)	7,516	–	–	–	(26,451)
Net assets released from restrictions used for operations	(27,784)	(739,375)	–	–	–	(767,159)
Net assets released from restrictions used for purchase of property and equipment	(31,614)	–	–	–	–	(31,614)
Increase (decrease) in net assets with donor restrictions	2,327,035	1,656,000	–	–	(1,656,000)	2,327,035
Total increase (decrease) in net assets	13,605,362	2,542,755	769,085	(9,826)	(2,542,755)	14,364,621
Net assets, beginning of year	141,253,991	31,696,243	1,375,337	11,615	(31,696,243)	142,640,943
Net assets, end of year	$ 154,859,353	$ 34,238,998	$ 2,144,422	$ 1,789	$ (34,238,998)	$ 157,005,564

See accompanying independent auditors' report.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2024

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Operating revenue, gains, and other support:						
Net patient service revenue	$ 64,305,659	$ –	$ 432,781	$ 331,200	$ –	$ 65,069,640
Other revenue	1,291,020	–	9,801	42,000	–	1,342,821
Total operating revenue, gains, and other support	65,596,679	–	442,582	373,200	–	66,412,461
Operating expenses:						
Salaries, wages, and benefits	47,817,622	–	531,207	114,478	–	48,463,307
Purchased services and supplies	16,457,701	–	94,567	6,120	–	16,558,388
Interest expense, net	49,226	–	–	–	–	49,226
Depreciation and amortization	5,726,678	–	–	–	–	5,726,678
Total operating expenses	70,051,227	–	625,774	120,598	–	70,797,599
Operating (loss) income	(4,454,548)	–	(183,192)	252,602	–	(4,385,138)
Nonoperating income and expenses, net:						
Contributions	927,610	268,546	–	–	–	1,196,156
Investment income, net	2,793,851	1,033,201	–	–	–	3,827,052
Other income and expenses, net	(293,267)	(917,301)	(36)	–	–	(1,210,604)
Change in unrealized gains of trading securities	4,835,494	(1,229)	–	–	–	4,834,265
Total nonoperating income	8,263,688	383,217	(36)	–	–	8,646,869
Excess (deficit) of revenues over expenses	3,809,140	383,217	(183,228)	252,602	–	4,261,731

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued)

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Excess (deficit) of revenues over expenses (from previous page)	$ 3,809,140	$ 383,217	$ (183,228)	$ 252,602	$ –	$ 4,261,731
Change in economic interest in the foundation	686,742	–	–	–	(686,742)	–
Net assets released from restrictions used for purchase of property and equipment	–	–	–	–	–	–
Transfers in and out	(597,958)	(1,375)	851,760	(252,427)	–	–
Change in funded status of defined benefit plan	(1,389,077)	–	–	–	–	(1,389,077)
Other changes in assets without donor restrictions	–	304,900	–	1	–	304,901
Increase (decrease) in net assets without donor restrictions	2,508,847	686,742	668,532	176	(686,742)	3,177,555
Changes in net assets with donor restriction:						
Contributions	1,737,390	–	–	–	–	1,737,390
Investment income, net	–	2,393,728	–	–	–	2,393,728
Net unrealized gains on donor-restricted investments	–	(30,525)	–	–	–	(30,525)
Change in economic interest in the foundation	2,058,305	–	–	–	(2,058,305)	–
Other changes in assets with donor restrictions	33,234	(304,898)	–	–	–	(271,664)
Net assets released from restrictions used for operations	(1,067,281)	–	–	–	–	(1,067,281)
Net assets released from restrictions used for purchase of property and equipment	–	–	–	–	–	–
Increase (decrease) in net assets with donor restrictions	2,761,648	2,058,305	–	–	(2,058,305)	2,761,648
Total increase (decrease) in net assets	5,270,495	2,745,047	668,532	176	(2,745,047)	5,939,203
Net assets, beginning of year	135,983,496	28,951,196	706,805	11,439	(28,951,196)	136,701,740
Net assets, end of year	$ 141,253,991	$ 31,696,243	$ 1,375,337	$ 11,615	$ (31,696,243)	$ 142,640,943

See accompanying independent auditors' report.

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