

**Tax Exempt Entity Declaration and Signature for E-file**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2023, or tax year beginning 07/01, 2023, and ending 06/30, 20 24For 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](http://www.irs.gov/Form8453TE) for the latest information.**2023**

Name of filer

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

EIN or SSN

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      | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12)     | 1b  | 72,892,951 |
| 2a Form 990-EZ check here   | <input type="checkbox"/>            | b Total revenue, if any (Form 990-EZ, line 9)                          | 2b  |            |
| 3a Form 1120-POL check here | <input type="checkbox"/>            | b Total tax (Form 1120-POL, line 22)                                   | 3b  |            |
| 4a Form 990-PF check here   | <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part V, line 5)         | 4b  |            |
| 5a Form 8868 check here     | <input type="checkbox"/>            | b Balance due (Form 8868, line 3c)                                     | 5b  |            |
| 6a Form 990-T check here    | <input type="checkbox"/>            | b Total tax (Form 990-T, Part III, line 4)                             | 6b  |            |
| 7a Form 4720 check here     | <input type="checkbox"/>            | b Total tax (Form 4720, Part III, line 1)                              | 7b  |            |
| 8a Form 5227 check here     | <input type="checkbox"/>            | b FMV of assets at end of tax year (Form 5227, Item D)                 | 8b  |            |
| 9a Form 5330 check here     | <input type="checkbox"/>            | b Tax due (Form 5330, Part II, line 19)                                | 9b  |            |
| 10a Form 8038-CP check here | <input type="checkbox"/>            | 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 2023 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

CFO

Title, if applicable

**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 <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | 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 <input type="checkbox"/> | PTIN      |
|                        | AMBER DOANE                |  | 05/09/2025 |   | P01391011 |
|                        | Firm's name                | ERNST YOUNG U.S. LLP                       | Firm's EIN | 34-6565596                                      |           |
|                        | Firm's address             | 1101 NEW YORK AVE NW, WASHINGTON, DC 20005 | Phone no.  | (202) 327-6000                                  |           |



# PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2023**

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

|  |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
|--|--|---|--|-------------------|--|--|------------|-----------------------|--|--|--|---------------------|--|---|--|-----------------|--|--|--|--|--|---------------------------------------|--|--|--|---|--|---|--|------------------------------------|--|--|--|--------------------------------|--|---|--|----------------------------------|--|--------------------------------------|--|
| <b>A</b> For the 2023 calendar year, or tax year beginning 07/01, 2023, and ending 06/30, 2024   |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>1708 W. ROGERS AVENUE</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> </tr> <tr> <td colspan="2">BALTIMORE, MD 21209</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: SCOTT KLEIN, MD</td> </tr> <tr> <td colspan="2">SAME AS C ABOVE</td> </tr> <tr> <td colspan="2"><b>D</b> Employer identification number 52-0591483</td> </tr> <tr> <td colspan="2"><b>E</b> Telephone number (410) 578-8600</td> </tr> <tr> <td colspan="2"><b>G</b> Gross receipts \$ 92,877,974</td> </tr> <tr> <td colspan="2"><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">If "No," attach a list. See instructions.</td> </tr> <tr> <td colspan="2"><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="2"><b>J</b> Website: WWW.MWPH.ORG</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: 1926</td> </tr> <tr> <td colspan="2"><b>M</b> State of legal domicile: MD</td> </tr> </table> | <b>C</b> 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) | Room/suite | 1708 W. ROGERS AVENUE |  | City or town, state or province, country, and ZIP or foreign postal code |  | BALTIMORE, MD 21209 |  | <b>F</b> Name and address of principal officer: SCOTT KLEIN, MD |  | SAME AS C ABOVE |  | <b>D</b> Employer identification number 52-0591483 |  | <b>E</b> Telephone number (410) 578-8600 |  | <b>G</b> Gross receipts \$ 92,877,974 |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | If "No," attach a list. See instructions. |  | <b>H(c)</b> Group exemption number |  | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  | <b>J</b> Website: WWW.MWPH.ORG |  | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other |  | <b>L</b> Year of formation: 1926 |  | <b>M</b> State of legal domicile: MD |  |
| <b>C</b> 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)   | Room/suite   |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| 1708 W. ROGERS AVENUE  |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| City or town, state or province, country, and ZIP or foreign postal code   |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| BALTIMORE, MD 21209  |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>F</b> Name and address of principal officer: SCOTT KLEIN, MD  |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| SAME AS C ABOVE  |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>D</b> Employer identification number 52-0591483   |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>E</b> Telephone number (410) 578-8600   |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>G</b> Gross receipts \$ 92,877,974  |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| If "No," attach a list. See instructions.  |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>H(c)</b> Group exemption number   |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>J</b> Website: WWW.MWPH.ORG   |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>L</b> Year of formation: 1926   |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |
| <b>M</b> State of legal domicile: MD   |  |   |  |                   |  |  |            |                       |  |  |  |                     |  |   |  |                 |  |  |  |  |  |                                       |  |  |  |   |  |   |  |                                    |  |  |  |                                |  |   |  |                                  |  |                                      |  |

### Part I Summary

|                                    |  |  |                                  |                     |
|------------------------------------|--|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | <b>1</b>   | 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. |                                  |                     |
|                                    | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|                                    | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 14  |                                  |                     |
|                                    | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 13  |                                  |                     |
|                                    | <b>5</b>   | Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . . . <b>5</b> 712  |                                  |                     |
|                                    | <b>6</b>   | Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 200  |                                  |                     |
|                                    | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 0   |                                  |                     |
| <b>7b</b>                          | Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . <b>7b</b> 0 |  |                                  |                     |
| <b>Revenue</b>                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h) . . . . .  | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | <b>9</b>   | Program service revenue (Part VIII, line 2g) . . . . .   | 3,817,944                        | 3,866,178           |
|                                    | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .  | 63,840,276                       | 65,683,007          |
|                                    | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .   | 699,576                          | 2,911,970           |
|                                    | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .   | 219,603                          | 431,796             |
| <b>Expenses</b>                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .   | 68,577,399                       | 72,892,951          |
|                                    | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4) . . . . .  | 0                                | 0                   |
|                                    | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .  | 0                                | 0                   |
|                                    | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  | 47,554,858                       | 48,756,609          |
|                                    | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) . . . . .  | 0                                | 0                   |
|                                    | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .   | 0                                | 0                   |
|                                    | <b>18</b>  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .  | 22,230,537                       | 23,355,933          |
|                                    | <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12 . . . . .   | 69,785,395                       | 72,112,542          |
|                                    | <b>20</b>  | Total assets (Part X, line 16) . . . . .   | (1,207,996)                      | 780,409             |
| <b>Net Assets or Fund Balances</b> | <b>21</b>  | Total liabilities (Part X, line 26) . . . . .  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20 . . . . .   | 157,763,986                      | 164,426,267         |
|                                    |  |  | 21,062,246                       | 21,785,324          |
|                                    |  |  | 136,701,740                      | 142,640,943         |

### 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**

*Mary Miller*

Signature of officer

MARY MILLER, CFO

Type or print name and title

Date

5/9/25

**Paid Preparer Use Only**

Print/Type preparer's name

AMBER DOANE

Preparer's signature

*Amber Doane*

Date

05/09/2025

Check ☐ if self-employed

PTIN

P01391011

Firm's name ERNST YOUNG U.S. LLP

Firm's address 1101 NEW YORK AVE NW, WASHINGTON, DC 20005

Firm's EIN

34-6565596

Phone no.

(202) 327-6000

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

**Part III** Statement of Program Service AccomplishmentsCheck 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 \$ 60,904,077 including grants of \$ 0) (Revenue \$ 66,025,256)  
MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 15,993 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 61,312 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. 83% OF INPATIENTS AND 59% 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 60,904,077

**Part IV Checklist of Required Schedules**

|  | Yes          | No |
|--|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .   | <b>1</b> ✓   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .   | <b>2</b> ✓   |    |
| <b>3</b> 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 . . . . .  | <b>3</b>     | ✓  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .   | <b>4</b> ✓   |    |
| <b>5</b> 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 . . . . .  | <b>5</b>     | ✓  |
| <b>6</b> 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 . . . . .  | <b>6</b>     | ✓  |
| <b>7</b> 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 . . . . .  | <b>7</b>     | ✓  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   | <b>8</b>     | ✓  |
| <b>9</b> 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 . . . . .            | <b>9</b>     | ✓  |
| <b>10</b> 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 . . . . .   | <b>10</b>    | ✓  |
| <b>11</b> 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.   |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | <b>11a</b> ✓ |    |
| <b>b</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 . . . . .  | <b>11b</b>   | ✓  |
| <b>c</b> 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 . . . . .  | <b>11c</b>   | ✓  |
| <b>d</b> 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 . . . . .   | <b>11d</b> ✓ |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | <b>11e</b> ✓ |    |
| <b>f</b> 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 . . . . .  | <b>11f</b> ✓ |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  | <b>12a</b>   | ✓  |
| <b>b</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 . . . . .   | <b>12b</b> ✓ |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  | <b>13</b>    | ✓  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <b>14a</b>   | ✓  |
| <b>b</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 . . . . . | <b>14b</b>   | ✓  |
| <b>15</b> 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 . . . . .   | <b>15</b>    | ✓  |
| <b>16</b> 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 . . . . .   | <b>16</b>    | ✓  |
| <b>17</b> 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 . . . . .   | <b>17</b>    | ✓  |
| <b>18</b> 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 . . . . .   | <b>18</b> ✓  |    |
| <b>19</b> 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 . . . . .   | <b>19</b>    | ✓  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   | <b>20a</b> ✓ |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | <b>20b</b> ✓ |    |
| <b>21</b> 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 . . . . .  | <b>21</b>    | ✓  |



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

|  | Yes        | No |
|--|------------|----|
| <b>22</b> 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 . . . . .  | <b>22</b>  | ✓  |
| <b>23</b> 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 . . . . .  | <b>23</b>  | ✓  |
| <b>24a</b> 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 . . . . .  | <b>24a</b> | ✓  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   | <b>24d</b> |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .   | <b>25a</b> | ✓  |
| <b>b</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 . . . . .   | <b>25b</b> | ✓  |
| <b>26</b> 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 . . . . .   | <b>26</b>  | ✓  |
| <b>27</b> 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 . . . . . | <b>27</b>  | ✓  |
| <b>28</b> 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).  |            |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .  | <b>28a</b> | ✓  |
| <b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .   | <b>28b</b> | ✓  |
| <b>c</b> 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 . . . . .  | <b>28c</b> | ✓  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . .  | <b>29</b>  | ✓  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .   | <b>30</b>  | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .   | <b>31</b>  | ✓  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .   | <b>32</b>  | ✓  |
| <b>33</b> 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 . . . . .   | <b>33</b>  | ✓  |
| <b>34</b> 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 . . . . .   | <b>34</b>  | ✓  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | <b>35a</b> | ✓  |
| <b>b</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 . . . . .   | <b>35b</b> | ✓  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .  | <b>36</b>  | ✓  |
| <b>37</b> 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 . . . . .  | <b>37</b>  | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | ✓  |

**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 |
|---|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .  | <b>1a</b> | 89 |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> | ✓  |

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |  | Yes        | No  |
|---|--|------------|-----|
| <b>2a</b>   | 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  | <b>2a</b>  | 712 |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>  | ✓   |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | ✓   |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |     |
| <b>4a</b>   | 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)?     | <b>4a</b>  | ✓   |
| <b>b</b>  | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |     |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | ✓   |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | ✓   |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |     |
| <b>6a</b>   | 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?  | <b>6a</b>  | ✓   |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |     |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |     |
| <b>a</b>  | 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?  | <b>7a</b>  | ✓   |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  | ✓   |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  | ✓   |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |     |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  | ✓   |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  | ✓   |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |     |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |     |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |     |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |     |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |     |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |     |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |     |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |     |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |     |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |     |
| <b>a</b>  | Gross income from members or shareholders  | <b>11a</b> |     |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |     |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |     |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |     |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |     |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |     |
| <b>b</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  | <b>13b</b> |     |
| <b>c</b>  | Enter the amount of reserves on hand   | <b>13c</b> |     |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | ✓   |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |     |
| <b>15</b>   | 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?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | <b>15</b>  | ✓   |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | ✓   |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> 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?<br>If "Yes," complete Form 6069. | <b>17</b>  |     |

**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                                  |
|--|--------------|-------------------------------------|-------------------------------------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .  | <b>1a</b> 14 |                                     |                                     |
| 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.                |              |                                     |                                     |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . .  | <b>1b</b> 13 |                                     |                                     |
| <b>2</b> 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? . . .   | <b>2</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>3</b> 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? . . . | <b>3</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .  | <b>4</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . .  | <b>5</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization have members or stockholders? . . .  | <b>6</b>     | <input checked="" type="checkbox"/> |                                     |
| <b>7a</b> 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? . . .   | <b>7a</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .   | <b>7b</b>    |                                     | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              |                                     |                                     |
| <b>a</b> The governing body? . . .   | <b>8a</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . .   | <b>8b</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>9</b> 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 . . .      | <b>9</b>     |                                     | <input checked="" type="checkbox"/> |

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

|   | Yes        | No                                  |
|---|------------|-------------------------------------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . .   | <b>10a</b> | <input checked="" type="checkbox"/> |
| <b>b</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? . . .   | <b>10b</b> |                                     |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .  | <b>11a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |            |                                     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .  | <b>12a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .  | <b>12b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . .   | <b>12c</b> | <input checked="" type="checkbox"/> |
| <b>13</b> Did the organization have a written whistleblower policy? . . .   | <b>13</b>  | <input checked="" type="checkbox"/> |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . .  | <b>14</b>  | <input checked="" type="checkbox"/> |
| <b>15</b> 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?  |            |                                     |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . .   | <b>15a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Other officers or key employees of the organization . . .  | <b>15b</b> | <input checked="" type="checkbox"/> |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |            |                                     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .  | <b>16a</b> | <input checked="" type="checkbox"/> |
| <b>b</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? . . . | <b>16b</b> |                                     |

**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)<br>Name and title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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<br>PRESIDENT AND CEO                  | 40.0<br>0.0  |  |                       | ✓       |              |                              |        | 391,138   | 0  | 27,870  |
| (2) DENISE PUDINSKI<br>VP NURSING ADMIN               | 40.0<br>0.0  |  |                       | ✓       |              |                              |        | 314,779   | 0  | 29,830  |
| (3) MARY MILLER<br>VP FINANCE AND CFO                 | 40.0<br>0.0  |  |                       | ✓       |              |                              |        | 269,365   | 0  | 49,022  |
| (4) TIKEE SELBY, MD<br>NEONATAL PROGRAM DIRECTOR      | 40.0<br>0.0  |  |                       |         |              | ✓                            |        | 257,165   | 0  | 35,511  |
| (5) TAREK BELAL, MD<br>ATTENDING PHYSICIAN            | 40.0<br>0.0  |  |                       |         |              | ✓                            |        | 257,569   | 0  | 10,144  |
| (6) STEPHEN NICHOLS, MD<br>ATTENDING PHYSICIAN        | 40.0<br>0.0  |  |                       |         |              | ✓                            |        | 217,909   | 0  | 37,537  |
| (7) KAREN WILLING, MD<br>ATTENDING PHYSICIAN          | 40.0<br>0.0  |  |                       |         |              | ✓                            |        | 206,467   | 0  | 26,874  |
| (8) AJAYI AKINTADE, MD<br>ATTENDING PHYSICIAN         | 40.0<br>0.0  |  |                       |         |              | ✓                            |        | 204,898   | 0  | 9,569   |
| (9) THOMAS ELLIS<br>VP HUMAN RESOURCES                | 40.0<br>0.0  |  |                       | ✓       |              |                              |        | 178,132   | 0  | 26,867  |
| (10) JUSTINA STAROBIN<br>VP OUTPATIENT SVCS           | 40.0<br>0.0  |  |                       | ✓       |              |                              |        | 147,276   | 0  | 35,432  |
| (11) JILL FEINBERG<br>VP DEVELOPMENT/EXTERNAL AFFAIRS | 40.0<br>0.0  |  |                       | ✓       |              |                              |        | 149,197   | 0  | 16,875  |
| (12) LISA ARCE-WILLIAMS<br>SECRETARY                  | 40.0<br>0.0  |  |                       | ✓       |              |                              |        | 51,083  | 0  | 20,417  |
| (13) KATHERINE PABICH<br>ASSISTANT SECRETARY          | 40.0<br>0.0  |  |                       | ✓       |              |                              |        | 41,070  | 0  | 28,760  |
| (14) DAVID HACKAM, MD<br>CHAIRMAN                     | 1.0<br>0.0   | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |

Form **990** (2023)



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |                                     |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) STEVEN J CZINN, MD<br>VICE CHAIR                          | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0   | 0  | 0   |
| (16) BERYL ROSENSTEIN, MD<br>TRUSTEE                           | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0   | 0  | 0   |
| (17) BETH ARMACOST<br>TRUSTEE                                  | 1.0<br>1.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0   | 0  | 0   |
| (18) FRED WOLF, III, ESQ<br>TRUSTEE                            | 1.0<br>1.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0   | 0  | 0   |
| (19) KAREN E DOYLE, MBA<br>TRUSTEE                             | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0   | 0  | 0   |
| (20) KEVIN SOWERS, MSN,RN,FAAN<br>TRUSTEE                      | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0   | 0  | 0   |
| (21) MARGARET MOON, MD<br>TRUSTEE                              | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0   | 0  | 0   |
| (22) MARK R MARCANTANO, JR<br>TRUSTEE                          | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0   | 0  | 0   |
| (23) MOHAN SUNTHA, MD<br>TRUSTEE                               | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0   | 0  | 0   |
| (24) PETER MANCINO<br>TRUSTEE                                  | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0   | 0  | 0   |
| (25) (SEE STATEMENT)   |  |  |                       |                                     |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |  |  |                       |                                     |              |                              |        | 2,686,048   | 0  | 354,708   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |                                     |              |                              |        | 0   | 0  | 0   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |                                     |              |                              |        | 2,686,048   | 0  | 354,708   |

**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 **49**

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

**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)<br>Name and business address                                      | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| JOHNS HOPKINS HOSPITAL, 1800 ORLEANS ST, BALTIMORE, MD 21287          | MEDICAL SERVICES               | 1,848,399           |
| SLEEP SERVICES OF AMERICA, INC, PO BOX 198320, ATLANTA, GA 30384-8320 | NEUROLOGY SERVICES             | 1,266,536           |
| HOST HEALTHCARE INC, PO BOX 120528, DALLAS, TX 75312                  | STAFFING                       | 783,068             |
| PLANO-COUDON LLC, 2101 WASHINGTON BLVD, BALTIMORE, MD 21230           | CONSTRUCTION                   | 668,037             |
| CLOUDWAVE LLC, 8401 CHAGRIN RD, STE 6B, CHAGRIN FALLS, OH 44023       | HEALTHCARE DATA SECURITY       | 599,828             |

**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 **22**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|  |   |   |                           | (A)<br>Total revenue    | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|--|---|---|---------------------------|-------------------------|--|--------------------------------------|---|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b> | <b>1a</b>                               | Federated campaigns . . . . .   | <b>1a</b>                 |                         |  |                                      |   |
|  | <b>b</b>                                | Membership dues . . . . .   | <b>1b</b>                 |                         |  |                                      |   |
|  | <b>c</b>                                | Fundraising events . . . . .  | <b>1c</b>                 | 675,548                 |  |                                      |   |
|  | <b>d</b>                                | Related organizations . . . . .   | <b>1d</b>                 | 932,600                 |  |                                      |   |
|  | <b>e</b>                                | Government grants (contributions)   | <b>1e</b>                 | 105,000                 |  |                                      |   |
|  | <b>f</b>                                | All other contributions, gifts, grants,<br>and similar amounts not included above   | <b>1f</b>                 | 2,153,030               |  |                                      |   |
|  | <b>g</b>                                | Noncash contributions included in<br>lines 1a-1f . . . . .  | <b>1g</b>                 | \$                      |  |                                      |   |
|  | <b>h</b>                                | <b>Total.</b> Add lines 1a-1f . . . . .   |                           | 3,866,178               |  |                                      |   |
|  | <b>Program Service<br/>Revenue</b>      | <b>2a</b>   | NET PATIENT REVENUE       | Business Code<br>622110 | 65,683,007                                   | 65,683,007                           | 0   |
| <b>b</b>   |   |   |                           |                         |  |                                      |   |
| <b>c</b>   |   |   |                           |                         |  |                                      |   |
| <b>d</b>   |   |   |                           |                         |  |                                      |   |
| <b>e</b>   |   |   |                           |                         |  |                                      |   |
| <b>f</b>   | All other program service revenue . .   |   | 0                         | 0                       | 0  | 0                                    |   |
| <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . . |   | 65,683,007                |                         |  |                                      |   |
| <b>Other Revenue</b>   | <b>3</b>                                | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .   |                           | 1,663,801               | 0  | 0                                    | 1,663,801   |
|  | <b>4</b>                                | Income from investment of tax-exempt bond proceeds  |                           |                         |  |                                      |   |
|  | <b>5</b>                                | Royalties . . . . .   |                           |                         |  |                                      |   |
|  | <b>6a</b>                               | Gross rents . . . . .   | (i) Real (ii) Personal    |                         |  |                                      |   |
|  | <b>b</b>                                | Less: rental expenses   |                           |                         |  |                                      |   |
|  | <b>c</b>                                | Rental income or (loss)   |                           | 0                       | 0  |                                      |   |
|  | <b>d</b>                                | Net rental income or (loss) . . . . .   |                           |                         |  |                                      |   |
|  | <b>7a</b>                               | Gross amount from<br>sales of assets<br>other than inventory  | (i) Securities (ii) Other |                         |  |                                      |   |
|  | <b>b</b>                                | Less: cost or other basis<br>and sales expenses . .   |                           | 19,680,738              |  |                                      |   |
|  | <b>c</b>                                | Gain or (loss) . . . . .  |                           | 1,248,169               | 0  |                                      |   |
|  | <b>d</b>                                | Net gain or (loss) . . . . .  |                           | 1,248,169               | 0  | 0                                    | 1,248,169   |
|  | <b>8a</b>                               | Gross income from fundraising<br>events (not including \$ 675,548<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . |                           | 176,373                 |  |                                      |   |
|  | <b>b</b>                                | Less: direct expenses . . . . .   |                           | 304,285                 |  |                                      |   |
|  | <b>c</b>                                | Net income or (loss) from fundraising events . . . .  |                           | (127,912)               |  | 0                                    | (127,912)   |
|  | <b>9a</b>                               | Gross income from gaming<br>activities. See Part IV, line 19 . .  |                           |                         |  |                                      |   |
|  | <b>b</b>                                | Less: direct expenses . . . . .   |                           |                         |  |                                      |   |
|  | <b>c</b>                                | Net income or (loss) from gaming activities . . . .   |                           |                         |  |                                      |   |
|  | <b>10a</b>                              | Gross sales of inventory, less<br>returns and allowances . . . .  |                           |                         |  |                                      |   |
|  | <b>b</b>                                | Less: cost of goods sold . . . .  |                           |                         |  |                                      |   |
|  | <b>c</b>                                | Net income or (loss) from sales of inventory . . . .  |                           |                         |  |                                      |   |
| <b>Miscellaneous<br/>Revenue</b>                                   | <b>11a</b>                              | INSURANCE CREDIT  | Business Code<br>524114   | 290,154                 | 290,154                                      | 0                                    | 0   |
|  | <b>b</b>                                | CAFETERIA   | 722514                    | 217,459                 | 0  | 0                                    | 217,459   |
|  | <b>c</b>                                | OTHER REVENUE   | 900099                    | 52,095                  | 52,095                                       | 0                                    | 0   |
|  | <b>d</b>                                | All other revenue . . . . .   |                           | 0                       | 0  | 0                                    | 0   |
|  | <b>e</b>                                | <b>Total.</b> Add lines 11a-11d . . . . .   |                           | 559,708                 |  |                                      |   |
|  | <b>12</b>                               | <b>Total revenue.</b> See instructions . . . . .  |                           | 72,892,951              | 66,025,256                                   | 0                                    | 3,001,517   |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  | 0                     | 0                               |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 1,777,113             | 1,486,232                       | 290,881                                | 0                           |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 37,542,917            | 31,397,823                      | 6,145,094                              | 0                           |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 1,333,855             | 1,115,527                       | 218,328                                | 0                           |
| <b>9</b> Other employee benefits . . . . .  | 5,390,040             | 4,507,788                       | 882,252                                | 0                           |
| <b>10</b> Payroll taxes . . . . .   | 2,712,684             | 2,268,667                       | 444,017                                | 0                           |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .  |                       |                                 |  |                             |
| <b>c</b> Accounting . . . . .   | 118,803               | 0                               | 118,803                                | 0                           |
| <b>d</b> Lobbying . . . . .   | 338                   | 0                               | 338                                    | 0                           |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   | 118,119               | 0                               | 118,119                                | 0                           |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .  | 6,611,245             | 5,529,104                       | 1,082,141                              | 0                           |
| <b>12</b> Advertising and promotion . . . . .   | 64,797                | 54,191                          | 10,606                                 | 0                           |
| <b>13</b> Office expenses . . . . .   | 527,948               | 441,533                         | 86,415                                 | 0                           |
| <b>14</b> Information technology . . . . .  | 458,487               | 383,441                         | 75,046                                 | 0                           |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 1,215,061             | 1,016,178                       | 198,883                                | 0                           |
| <b>17</b> Travel . . . . .  | 19,076                | 15,954                          | 3,122                                  | 0                           |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 5,463                 | 4,569                           | 894                                    | 0                           |
| <b>20</b> Interest . . . . .  | 49,226                | 41,169                          | 8,057                                  | 0                           |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 5,726,678             | 4,789,325                       | 937,353                                | 0                           |
| <b>23</b> Insurance . . . . .   | 229,315               | 191,780                         | 37,535                                 | 0                           |
| <b>24</b> 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.) . . . . .   |                       |                                 |  |                             |
| <b>a</b> <u>MEDICAL SUPPLIES</u> . . . . .  | 4,234,286             | 4,234,286                       | 0                                      | 0                           |
| <b>b</b> <u>OTHER EXPENSES</u> . . . . .  | 1,649,076             | 1,379,152                       | 269,924                                | 0                           |
| <b>c</b> <u>REPAIRS/MAINTENANCE</u> . . . . .   | 1,253,638             | 1,048,440                       | 205,198                                | 0                           |
| <b>d</b> <u>BAD DEBT</u> . . . . .  | 613,367               | 613,367                         | 0                                      | 0                           |
| <b>e</b> All other expenses . . . . .   | 461,010               | 385,551                         | 75,459                                 | 0                           |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 72,112,542            | 60,904,077                      | 11,208,465                             | 0                           |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |



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

|                                    |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|------------------------------------|--|--------------------------|------------|--------------------|
| <b>Assets</b>                      | <b>1</b> Cash—non-interest-bearing . . . . .   | 478,934                  | <b>1</b>   | 1,024,100          |
|                                    | <b>2</b> Savings and temporary cash investments . . . . .  | 2,675,119                | <b>2</b>   | 5,022,858          |
|                                    | <b>3</b> Pledges and grants receivable, net . . . . .  | 777,504                  | <b>3</b>   | 825,982            |
|                                    | <b>4</b> Accounts receivable, net . . . . .  | 6,947,515                | <b>4</b>   | 7,196,306          |
|                                    | <b>5</b> 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 . . . . . |                          | <b>5</b>   | 0                  |
|                                    | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>   | 0                  |
|                                    | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                    |
|                                    | <b>8</b> Inventories for sale or use . . . . .   | 152,553                  | <b>8</b>   | 172,988            |
|                                    | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 10,731,050               | <b>9</b>   | 11,572,829         |
|                                    | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 90,493,095    |            |                    |
|                                    | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 56,725,541    | <b>10c</b> | 33,767,554         |
|                                    | <b>11</b> Investments—publicly traded securities . . . . .   | 66,552,585               | <b>11</b>  | 72,048,838         |
|                                    | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 0                        | <b>12</b>  | 0                  |
|                                    | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>  | 0                  |
|                                    | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                    |
|                                    | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 31,825,869               | <b>15</b>  | 32,794,812         |
|                                    | <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .   | 157,763,986              | <b>16</b>  | 164,426,267        |
| <b>Liabilities</b>                 | <b>17</b> Accounts payable and accrued expenses . . . . .  | 14,017,000               | <b>17</b>  | 9,562,155          |
|                                    | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                    |
|                                    | <b>19</b> Deferred revenue . . . . .   | 262,348                  | <b>19</b>  | 3,727              |
|                                    | <b>20</b> Tax-exempt bond liabilities . . . . .  | 2,714,821                | <b>20</b>  | 2,290,000          |
|                                    | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>  |                    |
|                                    | <b>22</b> 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                        | <b>22</b>  | 0                  |
|                                    | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>  |                    |
|                                    | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                    |
|                                    | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .  | 4,068,077                | <b>25</b>  | 9,929,442          |
|                                    | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 21,062,246               | <b>26</b>  | 21,785,324         |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |
|                                    | <b>27</b> Net assets without donor restrictions . . . . .  | 116,039,737              | <b>27</b>  | 119,217,292        |
|                                    | <b>28</b> Net assets with donor restrictions . . . . .   | 20,662,003               | <b>28</b>  | 23,423,651         |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                    |
|                                    | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                    |
|                                    | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>  |                    |
|                                    | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>  |                    |
|                                    | <b>32</b> Total net assets or fund balances . . . . .  | 136,701,740              | <b>32</b>  | 142,640,943        |
|                                    | <b>33</b> Total liabilities and net assets/fund balances . . . . .   | 157,763,986              | <b>33</b>  | 164,426,267        |

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 72,892,951  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 72,112,542  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 780,409     |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 136,701,740 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 4,835,494   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 323,300     |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 142,640,943 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . .<br>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.<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <b>c</b> 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? . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | ✓   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .   |     | ✓  |
| <b>b</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 .   |     |    |

Form **990** (2023)

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

| (A) Name and Title                                   | (B) Average hours per week<br>(list any hours for related organizations below dotted line) | (C) Position<br>(Check all that apply) |                       |         |              |                              |        | (D) Reportable compensation from the organization<br>(W-2/1099-MISC) | (E) Reportable compensation from related organizations<br>(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) ROSLYN STOLER<br>-----<br>TRUSTEE               | 1.0<br>-----<br>1.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (26) SUSAN T COSTER<br>-----<br>TRUSTEE              | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (27) W. CHRISTOPHER GOLDEN, MD<br>-----<br>TRUSTEE   | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (28) ALFRED A PIETSCH<br>-----<br>TREASURER          | 1.0<br>-----<br>0.0  |  |                       | ✓       |              |                              |        | 0  | 0   | 0  |
| (29) RICHARD KATZ, MD<br>-----<br>VP MEDICAL AFFAIRS | 1.0<br>-----<br>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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

MT WASHINGTON PEDIATRIC HOSPITAL INC

Employer identification number

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)(vii)**. (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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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<br>(described on lines 1–10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| Total                              |          |   |   |    |   |   |

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

Cat. No. 11285F

Schedule A (Form 990) 2023

**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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023  | (f) Total                |
|---|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | <b>12</b> |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                          |
|---|-----------|--------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .   | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | %                        |
| <b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .   |           | <input type="checkbox"/> |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |           | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| <b>b</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                   |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .   |          |          |          |          |          |           |
| <b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .   | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .   | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>   |           |   |



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

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>   |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> 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 <b>Part VI</b> .                             |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>2</b>  |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> 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 <b>Part VI</b> 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. |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> 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 <b>Part VI</b> .   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   |  |  |  |
| <b>3b</b>   |  |  |  |

**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.

| <b>Section A—Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| <b>1</b>                              | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                              | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                              | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                              | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                              | 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) | <b>6</b>       |                             |
| <b>7</b>                              | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                              | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |
| <b>Section B—Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| <b>a</b>                              | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.  | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.  | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C—Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)  | <b>1</b>       |                             |
| <b>2</b>                              | Enter 0.85 of line 1.  | <b>2</b>       |                             |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)   | <b>3</b>       |                             |
| <b>4</b>                              | Enter greater of line 2 or line 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b>       |                             |
| <b>7</b>                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

Schedule A (Form 990) 2023



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

| Section D—Distributions |  | Current Year |  |
|-------------------------|--|--------------|--|
| <b>1</b>                | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>     |  |
| <b>2</b>                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>     |  |
| <b>3</b>                | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>     |  |
| <b>4</b>                | Amounts paid to acquire exempt-use assets  | <b>4</b>     |  |
| <b>5</b>                | Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )   | <b>5</b>     |  |
| <b>6</b>                | Other distributions (describe in <b>Part VI</b> ). See instructions.   | <b>6</b>     |  |
| <b>7</b>                | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>     |  |
| <b>8</b>                | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>     |  |
| <b>9</b>                | Distributable amount for 2023 from Section C, line 6   | <b>9</b>     |  |
| <b>10</b>               | Line 8 amount divided by line 9 amount   | <b>10</b>    |  |

  

| Section E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                             |  |   |
| <b>a</b> From 2018 . . . . .   |                             |  |   |
| <b>b</b> From 2019 . . . . .   |                             |  |   |
| <b>c</b> From 2020 . . . . .   |                             |  |   |
| <b>d</b> From 2021 . . . . .   |                             |  |   |
| <b>e</b> From 2022 . . . . .   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2023 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2019 . . .  |                             |  |   |
| <b>b</b> Excess from 2020 . . .  |                             |  |   |
| <b>c</b> Excess from 2021 . . .  |                             |  |   |
| <b>d</b> Excess from 2022 . . .  |                             |  |   |
| <b>e</b> Excess from 2023 . . .  |                             |  |   |

Schedule A (Form 990) 2023

## 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)

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

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 $\frac{1}{3}$ % 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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|   |   |
|---|---|
| Name of organization<br><b>MT WASHINGTON PEDIATRIC HOSPITAL INC</b> | Employer identification number<br><b>52-0591483</b> |
|---|---|

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

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

Name of organization

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 13         |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         |                                   | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 19         |                                   | \$ 5,095                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         |                                   | \$ 5,100                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         |                                   | \$ 5,200                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         |                                   | \$ 5,320                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         |                                   | \$ 5,500                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         |                                   | \$ 5,500                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 25         |                                   | \$ 5,715                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         |                                   | \$ 6,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         |                                   | \$ 6,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         |                                   | \$ 6,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         |                                   | \$ 6,165                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         |                                   | \$ 6,190                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



Name of organization

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 31         |                                   | \$ 6,250                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         |                                   | \$ 6,370                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         |                                   | \$ 6,500                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         |                                   | \$ 7,005                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         |                                   | \$ 7,500                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         |                                   | \$ 7,500                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 37         |                                   | \$ 7,878                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         |                                   | \$ 8,225                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         |                                   | \$ 8,500                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         |                                   | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         |                                   | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         |                                   | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 43         |                                   | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         |                                   | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 45         |                                   | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 46         |                                   | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 47         |                                   | \$ 11,499                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 48         |                                   | \$ 12,330                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 49         |                                   | \$ 12,500                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 50         |                                   | \$ 12,510                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 51         |                                   | \$ 13,500                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 52         |                                   | \$ 14,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 53         |                                   | \$ 14,290                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 54         |                                   | \$ 14,900                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 55         |                                   | \$ 15,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 56         |                                   | \$ 15,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 57         |                                   | \$ 15,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 58         |                                   | \$ 15,085                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 59         |                                   | \$ 15,275                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 60         |                                   | \$ 19,500                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|   |   |
|---|---|
| Name of organization<br><b>MT WASHINGTON PEDIATRIC HOSPITAL INC</b> | Employer identification number<br><b>52-0591483</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 61         |                                   | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 62         |                                   | \$ 22,500                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 63         |                                   | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 64         |                                   | \$ 25,384                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 65         |                                   | \$ 27,500                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 66         |                                   | \$ 35,953                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>MT WASHINGTON PEDIATRIC HOSPITAL INC</b> | Employer identification number<br><b>52-0591483</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 67         |                                   | \$ 50,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 68         |                                   | \$ 50,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 69         |                                   | \$ 100,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 70         |                                   | \$ 122,348                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 71         |                                   | \$ 125,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 72         |                                   | \$ 250,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

MT WASHINGTON PEDIATRIC HOSPITAL INC

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 73         |                                   | \$ 917,300                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |  |
|--|--|
| Name of organization<br>MT WASHINGTON PEDIATRIC HOSPITAL INC | Employer identification number<br>52-0591483 |
|--|--|

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

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

Name of organization

MT WASHINGTON PEDIATRIC HOSPITAL INC

Employer identification number

52-0591483

**Part III**

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

Use duplicate copies of Part III if additional space is needed.

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



**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

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

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><b>MT WASHINGTON PEDIATRIC HOSPITAL INC</b> | Employer identification number<br><b>52-0591483</b> |
|---|---|

**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 employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Cat. No. 50084S

**Schedule C (Form 990) 2023**

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals        |                     |                               |  |  |  |  |   |   |                    |              |  |  |
|--|---|---|------------------------------------|---------------------|-------------------------------|--|--|--|--|---|---|--------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .   |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) . . . . .   |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures . . . . .   |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>f</b>   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | not over \$500,000, | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000, | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:  |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| not over \$500,000,  | 20% of the amount on line 1e.   |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$500,000 but not over \$1,000,000,   | \$100,000 plus 15% of the excess over \$500,000.  |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$1,000,000 but not over \$1,500,000,   | \$175,000 plus 10% of the excess over \$1,000,000.  |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$1,500,000 but not over \$17,000,000,  | \$225,000 plus 5% of the excess over \$1,500,000.   |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$17,000,000,   | \$1,000,000.  |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   |   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>j</b>   | 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

Schedule C (Form 990) 2023

**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) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers?  |     | ✓  |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | ✓  |        |
| <b>c</b> Media advertisements?  |     | ✓  |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     | ✓  |        |
| <b>e</b> Publications, or published or broadcast statements?  |     | ✓  |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | ✓  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | ✓  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | ✓  |        |
| <b>i</b> Other activities?  | ✓   |    | 338    |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 338    |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?   |     | ✓  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | <b>3</b> |    |

**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."

|  |           |  |
|--|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members  | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |           |  |
| <b>a</b> Current year  | <b>2a</b> |  |
| <b>b</b> Carryover from last year  | <b>2b</b> |  |
| <b>c</b> Total   | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | <b>3</b>  |  |
| <b>4</b> 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? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions   | <b>5</b>  |  |

**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 1.64% 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)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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).<br><input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> 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.   |    |
| 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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.<br>(i) Revenue included on Form 990, Part VIII, line 1 . . . . . \$<br>(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.<br>a Revenue included on Form 990, Part VIII, line 1 . . . . . \$<br>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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |

**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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> 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:

**(i)** Unrelated organizations? ☐ Yes ☐ No

**(ii)** Related organizations? ☐ Yes ☐ No

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

**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 |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land  |                                      |                                 |                              |                |
| <b>b</b> Buildings  |                                      | 69,247,736                      | 40,972,188                   | 28,275,548     |
| <b>c</b> Leasehold improvements   |                                      | 261,209                         | 245,878                      | 15,331         |
| <b>d</b> Equipment  |                                      | 19,169,896                      | 14,610,718                   | 4,559,178      |
| <b>e</b> Other  |                                      | 1,814,254                       | 896,757                      | 917,497        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 33,767,554     |

**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<br>(including name of security)         | (b) Book value | (c) Method of valuation:<br>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) _____   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) _____   |                |  |
| (2) _____   |                |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (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  | 369,372        |
| (2) OTHER ACCOUNTS RECEIVABLE   | 327,400        |
| (3) ECONOMIC INTEREST IN MWPH   | 31,696,243     |
| (4) FINANCING LEASE - ASSETS  | 223,340        |
| (5) OTHER ASSETS  | 178,457        |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . . | 32,794,812     |

**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   | 3,327,705      |
| (3) FINANCING LEASE - LIABILITY   | 227,174        |
| (4) DUE TO AFFILIATES   | 194,098        |
| (5) MALPRACTICE   | 4,161,480      |
| (6) PATIENT CREDIT BALANCES   | 1,180,735      |
| (7) UNFUNDED DB PENSION   | 812,186        |
| (8) OTHER LIABILITIES   | 26,064         |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . . | 9,929,442      |

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.

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

**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.

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

**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,<br>LINE 2 - FIN 48 (ASC 740)<br>FOOTNOTE | <p>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.</p> <p>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.</p> |

SCHEDULE G
(Form 990)

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
2023
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 non-government 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?
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.

Table with 6 columns: (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. Includes rows 1-10 and a Total row.

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<br><u>GALA EVENT</u><br>(event type) | (b) Event #2<br><u>GOLF EVENT</u><br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|---|------------------------------------|--|
|                 |  |   |   |                                    |  |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 698,656   | 153,265   |                                    | 851,921  |
|                 | <b>2</b> Less: Contributions . . . . .   | 568,656   | 106,892   |                                    | 675,548  |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                         | 130,000   | 46,373  | 0                                  | 176,373  |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |   | 140   |                                    | 140  |
|                 | <b>5</b> Noncash prizes . . . . .  |   |   |                                    | 0  |
|                 | <b>6</b> Rent/facility costs . . . . .   | 117,470   |   |                                    | 117,470  |
|                 | <b>7</b> Food and beverages . . . . .  | 59,239  | 24,130  |                                    | 83,369   |
|                 | <b>8</b> Entertainment . . . . .   | 23,397  |   |                                    | 23,397   |
|                 | <b>9</b> Other direct expenses . . . . .   | 52,104  | 27,805  |                                    | 79,909   |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |   |   |                                    | 304,285  |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . |   |   |                                    | (127,912)  |

**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<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |   |
|                 |   |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |   |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |   |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |   |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |   |   |   |   |
|                 | <b>8</b> 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: \_\_\_\_\_



- |           |  |                              |                             |
|-----------|--|------------------------------|-----------------------------|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers? . . . . .   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | 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? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity conducted in:   |                              |                             |
| <b>a</b>  | The organization's facility . . . . .  | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility . . . . .  | <b>13b</b>                   | %                           |
| <b>14</b> | 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 | Date | Time | Location | Remarks |
|----------------------------------|------|------|----------|---------|
|                                  |      |      |          |         |
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|                                  |      |      |          |         |
|                                  |      |      |          |         |

☐ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**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                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.  | <input checked="" type="checkbox"/> |                                     |
| <b>1b</b> If "Yes," was it a written policy?  | <input checked="" type="checkbox"/> |                                     |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:<br><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |                                     |                                     |
| <b>3</b> 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.   |                                     |                                     |
| <b>a</b> 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:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  | <input checked="" type="checkbox"/> |                                     |
| <b>b</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:<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %                | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> 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.  |                                     |                                     |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?   | <input checked="" type="checkbox"/> |                                     |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> 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?   |                                     | <input checked="" type="checkbox"/> |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization make it available to the public?  | <input checked="" type="checkbox"/> |                                     |
| Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.  |                                     |                                     |

**7 Financial Assistance and Certain Other Community Benefits at Cost**

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>                                   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   |   |                               | 106,004                             | 0                             | 106,004                           | 0.15                         |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |   |                               |                                     |                               | 0                                 | 0.00                         |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               |                                     |                               | 0                                 | 0.00                         |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs                          | 0   | 0                             | 106,004                             | 0                             | 106,004                           | 0.15                         |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) |   |                               | 643,731                             | 0                             | 643,731                           | 0.90                         |
| <b>f</b> Health professions education (from Worksheet 5)   |   |                               | 613,105                             | 0                             | 613,105                           | 0.86                         |
| <b>g</b> Subsidized health services (from Worksheet 6)   |   |                               | 672,248                             | 266,554                       | 405,694                           | 0.57                         |
| <b>h</b> Research (from Worksheet 7)   |   |                               |                                     |                               | 0                                 | 0.00                         |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |   |                               | 6,760                               | 0                             | 6,760                             | 0.01                         |
| <b>j Total.</b> Other Benefits   | 0   | 0                             | 1,935,844                           | 266,554                       | 1,669,290                         | 2.33                         |
| <b>k Total.</b> Add lines 7d and 7j  | 0   | 0                             | 2,041,848                           | 266,554                       | 1,775,294                         | 2.48                         |

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

Cat. No. 50192T

Schedule H (Form 990) 2023

**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   |   |                               | 6,337                                | 0                             | 6,337                              | 0.01                         |
| 4 Environmental improvements                                |   |                               |                                      |                               | 0                                  | 0.00                         |
| 5 Leadership development and training for community members |   |                               |                                      |                               | 0                                  | 0.00                         |
| 6 Coalition building  |   |                               | 1,934                                | 0                             | 1,934                              | 0.00                         |
| 7 Community health improvement advocacy                     |   |                               | 11,682                               | 0                             | 11,682                             | 0.02                         |
| 8 Workforce development                                     |   |                               | 6,776                                | 0                             | 6,776                              | 0.01                         |
| 9 Other   |   |                               |                                      |                               | 0                                  | 0.00                         |
| 10 <b>Total</b>   | 0   | 0                             | 26,729                               | 0                             | 26,729                             | 0.04                         |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** ☒ Yes ☐ No
- 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** 603,860
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debts 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** ☒ Yes ☐ No
- 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** ☒ Yes ☐ No

**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  |                    |   |  |  |   |
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| 9  |                    |   |  |  |   |
| 10 |                    |   |  |  |   |
| 11 |                    |   |  |  |   |
| 12 |                    |   |  |  |   |
| 13 |                    |   |  |  |   |



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

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

|   | Yes        | No |
|---|------------|----|
| <b>Community Health Needs Assessment</b>  |            |    |
| <b>1</b> 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? . . . . .   | <b>1</b>   | ✓  |
| <b>2</b> 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 . . . . .  | <b>2</b>   | ✓  |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):  | <b>3</b>   | ✓  |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |    |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |            |    |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |    |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |            |    |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |            |    |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |    |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |    |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |    |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |            |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |            |    |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</u>  |            |    |
| <b>5</b> 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 . . . . . | <b>5</b>   | ✓  |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .  | <b>6a</b>  | ✓  |
| <b>b</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 . . . . .  | <b>6b</b>  | ✓  |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):   | <b>7</b>   | ✓  |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>   |            |    |
| <b>b</b> <input type="checkbox"/> Other website (list url): _____   |            |    |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |    |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |            |    |
| <b>8</b> 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 . . . . .  | <b>8</b>   | ✓  |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>  |            |    |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .   | <b>10</b>  | ✓  |
| <b>a</b> If "Yes," (list url): <u>(SEE STATEMENT)</u>   |            |    |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |    |
| <b>11</b> 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.  |            |    |
| <b>12a</b> 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)? . . . . .  | <b>12a</b> | ✓  |
| <b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |    |
| <b>c</b> 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 financial assistance policy that:  |             |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:   | <b>13</b> ✓ |    |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>5</u> <u>0</u> <u>0</u> %  |             |    |
| <b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)   |             |    |
| <b>c</b> <input checked="" type="checkbox"/> Asset level   |             |    |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency   |             |    |
| <b>e</b> <input checked="" type="checkbox"/> Insurance status  |             |    |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance status   |             |    |
| <b>g</b> <input type="checkbox"/> Residency  |             |    |
| <b>h</b> <input type="checkbox"/> Other (describe in Section C)  |             |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients?   | <b>14</b> ✓ |    |
| <b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):  | <b>15</b> ✓ |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |             |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |             |    |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |             |    |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |             |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)  |             |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):   | <b>16</b> ✓ |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>  |             |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>   |             |    |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>  |             |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |             |    |
| <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |             |    |
| <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |             |    |
| <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |             |    |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |             |    |
| <b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations   |             |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)  |             |    |

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: 1

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

**Policy Relating to Emergency Medical Care**

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



**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: 1

|   | Yes       | No |
|---|-----------|----|
| <b>22</b> 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:  |           |    |
| <b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period  |           |    |
| <b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period   |           |    |
| <b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period                                   |           |    |
| <b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method   |           |    |
| <b>23</b> 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? . . . . .<br>If "Yes," explain in Section C. | <b>23</b> | ✓  |
| <b>24</b> 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? . . . . .<br>If "Yes," explain in Section C.   | <b>24</b> | ✓  |

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**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 | <p>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:</p> <ul style="list-style-type: none"> <li>*LENGTH OF LIFE</li> <li>*MATERNAL AND INFANT HEALTH</li> <li>*MENTAL HEALTH</li> <li>*PHYSICAL HEALTH</li> <li>*ACCESS TO CARE</li> <li>*QUALITY OF CARE</li> <li>*DIET AND EXERCISE</li> <li>*SEXUAL HEALTH</li> <li>*SUBSTANCE USE DISORDERS</li> <li>*TOBACCO USE</li> <li>*BUILT ENVIRONMENT</li> <li>*ENVIRONMENTAL QUALITY</li> <li>*HOUSING AND HOMELESSNESS</li> <li>*TRANSPORTATION OPTIONS AND TRANSIT</li> <li>*EDUCATION</li> <li>*EMPLOYMENT</li> <li>*FAMILY, COMMUNITY, AND SOCIAL SUPPORT</li> <li>*FOOD SECURITY</li> <li>*INCOME</li> <li>*SAFETY</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>*SIZE AND SCOPE OF THE HEALTH NEED;</li> <li>*SEVERITY AND INTENSITY OF THE HEALTH NEED;</li> <li>*WHETHER POSSIBLE INTERVENTIONS WOULD BE POSSIBLE AND EFFECTIVE;</li> <li>*HEALTH DISPARITIES ASSOCIATED WITH THE NEED; AND</li> <li>*IMPORTANCE THE COMMUNITY PLACES ON ADDRESSING THE NEED</li> </ul> <p>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.</p> |

| Return Reference - Identifier   | Explanation   |
|---|---|
| SCHEDULE H, PART V,<br>SECTION B, LINE 5 - INPUT<br>FROM PERSONS WHO<br>REPRESENT BROAD<br>INTERESTS OF<br>COMMUNITY SERVED             | <p>FACILITY NAME:<br/>MT. WASHINGTON PEDIATRIC HOSPITAL</p> <p>DESCRIPTION:<br/>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.</p> <p>FOCUS GROUPS:</p> <p>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.</p> <ul style="list-style-type: none"> <li>*ANCHOR GROUP</li> <li>*BALTIMORE MEDICAL SYSTEM CASE MANAGERS</li> <li>*BCHD HIV SERVICES AND RYAN WHITE (TWO FOCUS GROUPS)</li> <li>*BCHD YOUTH ADVISORY COUNCIL AND YOUTH AMBASSADORS</li> <li>*B'MORE FOR HEALTHY BABIES</li> <li>*CASA DE MARYLAND (TWO FOCUS GROUPS)</li> <li>*CATHOLIC CHARITIES' ESPERANZA CENTER</li> <li>*CHARM CITY CARE CONNECTION</li> <li>*DRUID HILL YMCA</li> <li>*EAST BALTIMORE FAITH LEADERS</li> <li>*EASTSIDE YO! (HISTORIC EAST BALTIMORE COMMUNITY ACTION COALITION)</li> <li>*HEALTH CARE ACCESS MARYLAND</li> <li>*HEALTH CARE FOR THE HOMELESS</li> <li>*HEALTHY START FATHER'S GROUP</li> <li>*HELPING UP MISSION</li> <li>*J VAN STORY BRANCH APARTMENTS</li> <li>*MEDSTAR FETAL ASSESSMENT CENTER</li> <li>*MORGAN STATE UNIVERSITY'S NUTRITION IN THE COMMUNITY CLASS</li> <li>*NORTHEASTERN COMMUNITY ORGANIZATION</li> <li>*SENIOR NETWORK OF NORTH BALTIMORE</li> <li>*SINAI HOSPITAL DIABETES PATIENTS</li> <li>*SINAI HOSPITAL HIV CLINIC PATIENTS</li> <li>*SINAI HOSPITAL FAMILIES WITH CHILDREN</li> <li>*ST. AGNES COMMUNITY COUNCIL</li> <li>*ST. AGNES PATIENT FAMILY ADVISORY COUNCIL</li> <li>*THE MAYOR'S COMMISSION ON AGING AND RETIREMENT EDUCATION</li> <li>*UMMC CHRONIC DISEASE PATIENTS</li> <li>*UMMC CANCER PATIENTS</li> <li>*UMMC COMMUNITY ENGAGEMENT COMMITTEE</li> <li>*VICTORY VILLAGE SENIOR CENTER</li> <li>*ZETA SENIOR CENTER</li> </ul> <p>KEY LEADER SURVEY:</p> <p>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:</p> <ul style="list-style-type: none"> <li>*NOT-FOR-PROFIT PARTNERS</li> <li>*GOVERNMENT OFFICIALS</li> <li>*HEALTHCARE PROVIDERS</li> <li>*ACADEMIC PARTNERS</li> <li>*FIRST RESPONDERS</li> <li>*BUSINESS LEADERS</li> </ul> <p>COMMUNITY SURVEY:</p> <p>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.</p> |
| SCHEDULE H, PART V,<br>SECTION B, LINE 6A -<br>CHNA CONDUCTED WITH<br>ONE OR MORE OTHER<br>HOSPITAL FACILITIES                          | <p>FACILITY NAME:<br/>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>DESCRIPTION:<br/>THE MWPH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED WITH UNIVERSITY OF MARYLAND MEDICAL SYSTEM AND CENTER (UMMC), JOHNS HOPKINS HOSPITAL, SINAI HOSPITAL, LIFEBRIDGE HEALTH, MEDSTAR HEALTH, ST. AGNES HEALTH SYSTEM, AND MERCY MEDICAL CENTER.</p>   |
| SCHEDULE H, PART V,<br>SECTION B, LINE 6B -<br>CHNA CONDUCTED WITH<br>ONE OR MORE<br>ORGANIZATIONS OTHER<br>THAN HOSPITAL<br>FACILITIES | <p>FACILITY NAME:<br/>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>DESCRIPTION:<br/>THE MWPH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED WITH BALTIMORE CITY HEALTH DEPARTMENT.</p>  |
| SCHEDULE H, PART V,<br>SECTION B, LINE 7 -<br>HOSPITAL FACILITY'S<br>WEBSITE (LIST URL)   | <a href="https://www.mwph.org/community/community-health-needs-assessment-and-reports">HTTPS://WWW.MWPH.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-REPORTS</a>   |

| Return Reference - Identifier                                       | Explanation   |
|---|---|
| SCHEDULE H, PART V,<br>SECTION B, LINE 10 - IF<br>"YES", (LIST URL) | <a href="https://www.mwph.org/community/community-health-needs-assessment-and-reports">HTTPS://WWW.MWPH.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-REPORTS</a> |

| Return Reference - Identifier  | Explanation   |
|--|---|
| <p>SCHEDULE H, PART V,<br/>SECTION B, LINE 11 - HOW<br/>HOSPITAL FACILITY IS<br/>ADDRESSING NEEDS<br/>IDENTIFIED IN CHNA</p> | <p>FACILITY NAME:<br/>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>DESCRIPTION:<br/>PRIORITY HEALTH ISSUE #1: ACCESS TO CARE<br/>DESIRED COMMUNITY RESULT:<br/>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.<br/>DESCRIPTION OF COMMUNITY NEED:<br/>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.<br/>PARTNER AGENCIES AND ROLES:<br/>MWPH WILL PARTNER WITH THE FOLLOWING ORGANIZATIONS:<br/>*BALTIMORE CITY HEALTH DEPARTMENT<br/>*HEAD START PROGRAMS<br/>*BALTIMORE CITY PUBLIC SCHOOLS<br/>*FAITH COMMUNITIES<br/>*RIDE SHARE PROGRAMS<br/>*GRASSROOTS ORGANIZATIONS<br/>HOSPITAL STRATEGIES:<br/>*PROVIDE TRANSPORTATION ASSISTANCE<br/>*SCREEN FOR SOCIAL DETERMINANTS OF HEALTH<br/>*DEVELOP A MANUAL OF LOCAL AND COMMUNITY-BASED RESOURCES<br/>*OFFER FREE VISION/HEARING SCREENINGS AND COMMUNITY VACCINATION CLINICS<br/>*EDUCATE AND PROMOTE THE IMPORTANCE OF VACCINATIONS<br/>*PROMOTE AND SUPPORT PARENT EDUCATION AND INVOLVEMENT<br/>*CURATE SOCIAL MARKETING CAMPAIGNS<br/>EVALUATION AND METRICS:<br/>WE WILL USE THE FOLLOWING METRICS TO IDENTIFY TRENDS AND CORRECTIVE ACTION FOR THE ABOVE STRATEGIES:<br/>*# OF CHILDREN SERVED<br/>*# OF RESOURCES PROVIDED<br/>*# OF EVENTS IN ZIP CODE<br/>*# OF PARTICIPANTS<br/>*# SCREENED AND CONNECTED TO RESOURCES<br/>*# OF IMMUNIZATIONS ADMINISTERED<br/>*# OF COMMUNITY SITES AND PARTNERS<br/>*# OF EDUCATIONAL EVENTS</p> <p>PRIORITY HEALTH ISSUE #2: CHRONIC HEALTH CONDITIONS<br/>DESCRIPTION OF COMMUNITY NEED:<br/>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.<br/>DESIRED COMMUNITY RESULT:<br/>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.<br/>PARTNER AGENCIES AND ROLES:<br/>MWPH WILL COLLABORATE WITH THE FOLLOWING PARTNERS:<br/>*BALTIMORE CITY HEALTH DEPARTMENT<br/>*BALTIMORE CITY PUBLIC SCHOOL SYSTEM (PARTNER SCHOOLS)<br/>*GREEN &amp; HEALTHY HOMES<br/>*ELECTED OFFICIALS<br/>*HEAD START PROGRAMS<br/>*FAITH COMMUNITIES<br/>*SCHOOL-BASED AND COMMUNITY GARDENS<br/>HOSPITAL STRATEGIES:<br/>*HOST COMMUNITY-BASED OUTDOOR EVENTS SUCH AS NATURE WALKS AND COMMUNITY GARDENING<br/>*PARTNER WITH COMMUNITY ORGANIZATIONS TO PROMOTE HEALTHY EXERCISE HABITS<br/>*ENGAGE TARGETED COMMUNITIES ON HEALTHY LIFESTYLES THROUGH COMMUNITY SCREENINGS FOR BMI<br/>*ENGAGE TARGETED COMMUNITIES ON HEALTHY LIFESTYLES THROUGH SPONSORSHIP OF COOKING CLASSES AND DEMONSTRATIONS<br/>*PROVIDE ACCESS TO HEALTHY FOOD AND TO PROMOTE HEALTHY EATING<br/>*SPONSOR HEALTHY SHOPPING AND COOKING DEMOS<br/>*INCREASE ACCESS TO FRUITS AND VEGETABLES THROUGH LOCAL GARDENS AND SPONSORSHIP OF FARMERS MARKETS<br/>EVALUATION AND METRICS:<br/>WE WILL USE THE FOLLOWING METRICS TO IDENTIFY TRENDS AND CORRECTIVE ACTION FOR THE ABOVE STRATEGIES:<br/>*# OF SUPPORT GROUP PARTICIPANTS<br/>*# OF EVENT PARTICIPANTS ATTEND<br/>*# OF EDUCATIONAL EVENTS SUPPORTED<br/>*# OF LOCAL GARDENS SUPPORTED<br/>*# OF FAMILIES SERVED<br/>*# OF FAMILIES ENGAGED<br/>*INVESTMENT IN CAMPAIGN<br/>*# OF SOCIAL MARKETING CAMPAIGNS</p> |

| Return Reference - Identifier | Explanation   |
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|                               | <p>PRIORITY HEALTH ISSUE #3: MENTAL HEALTH<br/>DESCRIPTION OF COMMUNITY NEED:<br/>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.</p> <p>PARTNER AGENCIES AND ROLES:<br/>MWPH WILL COLLABORATE WITH THE FOLLOWING PARTNERS:<br/>*BLACK MENTAL HEALTH ALLIANCE<br/>*BALTIMORE CITY PUBLIC SCHOOL SYSTEM<br/>*LOCAL HISTORICALLY BLACK COLLEGES &amp; UNIVERSITIES</p> <p>HOSPITAL STRATEGIES:<br/>*PARTNER WITH ORGANIZATIONS THAT ADDRESS STRESS AND ANXIETY IN CHILDREN<br/>*PARTNER WITH ORGANIZATIONS THAT PROVIDE EDUCATION CONDUCT MENTAL HEALTH SCREENINGS, AND PROVIDE PREVENTION PROGRAMS SUCH AS HEALTHY PEER DIALOGUES AND SELF-CARE (YOGA, MEDITATION)<br/>*CREATE INTERNSHIP OPPORTUNITIES FOR STUDENTS IN BEHAVIORAL HEALTH PROGRAMS FOR STUDENTS AT HBCUS IN THE SERVICE AREA</p> <p>EVALUATION AND METRICS:<br/>WE WILL USE THE FOLLOWING METRICS TO IDENTIFY TRENDS AND CORRECTIVE ACTION FOR THE ABOVE STRATEGIES:<br/>*INVESTMENT SPENT<br/>*# OF EVENTS/PROGRAMS ATTENDED<br/>*# OF PARTICIPANTS<br/>*# OF SCHOLARSHIPS PROVIDED<br/>*# OF INTERNSHIPS PROVIDED</p> <p>PRIORITY HEALTH ISSUE #4: SAFETY &amp; VIOLENCE<br/>DESCRIPTION OF COMMUNITY NEED:<br/>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.</p> <p>DESIRED COMMUNITY RESULT:<br/>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.</p> <p>PARTNER AGENCIES AND ROLES:<br/>MWPH WILL COLLABORATE WITH THE FOLLOWING PARTNERS:<br/>*MILE ONE AUTOGROUP<br/>*BALTIMORE CITY PUBLIC SCHOOLS<br/>*COMMUNITY ORGANIZATIONS<br/>*FAITH COMMUNITIES</p> <p>HOSPITAL STRATEGIES:<br/>*HOST CAR SEAT EDUCATION, INSTALLATION, AND SAFETY CHECKS<br/>*PROVIDE INCENTIVES FOR TRAINING AND RECERTIFICATION</p> <p>EVALUATION AND METRICS:<br/>WE WILL USE THE FOLLOWING METRICS TO IDENTIFY TRENDS AND CORRECTIVE ACTION FOR THE ABOVE STRATEGIES:<br/>*# OF EVENTS<br/>*# OF INSTALLS<br/>*# OF CAR SEATS DISTRIBUTED<br/>*# OF NEW AND RECERTIFIED TECHNICIANS</p> <p>PRIORITY HEALTH ISSUE #5: WORKFORCE DEVELOPMENT<br/>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.</p> <p>DESIRED COMMUNITY RESULT:<br/>MWPH WILL SUPPORT EMPLOYMENT AMONG BALTIMORE CITY YOUTH AND INCREASE EMPLOYMENT OPPORTUNITIES AND RETENTION RATES IN MWPH'S CBSA.</p> <p>PARTNER AGENCIES AND ROLES:<br/>*BALTIMORE CITY'S YOUTHWORKS PROGRAM<br/>*THE LEAGUE FOR PEOPLE WITH DISABILITIES<br/>*WORKFORCE DEVELOPMENT ORGANIZATIONS<br/>*LOCAL HBCUS SUCH AS MORGAN STATE UNIVERSITY AND COPPIN STATE UNIVERSITY</p> <p>KEY HOSPITAL STRATEGIES:<br/>*PROVIDE SUMMER INTERNSHIPS<br/>*PARTNER WITH EMPLOYMENT RECRUITERS<br/>*CREATE INTERNSHIP OPPORTUNITIES FOR STUDENTS IN BEHAVIORAL HEALTH PROGRAMS FOR STUDENTS</p> <p>EVALUATION AND METRICS:<br/>WE WILL USE THE FOLLOWING METRICS TO IDENTIFY TRENDS AND CORRECTIVE ACTION FOR THE ABOVE STRATEGIES:<br/>*# OF STUDENTS HOSTED<br/>*# OF PARTICIPANTS<br/>*# OF ENGAGEMENT WITH RECRUITERS</p> <p>MWPH IS ADDRESSING ALL OF THE PRIORITIZED NEEDS IDENTIFIED IN THE 2024 CHNA.</p> |

| Return Reference - Identifier  | Explanation  |
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| SCHEDULE H, PART V,<br>SECTION B, LINE 13B -<br>ELIGIBILITY FOR FREE OR<br>DISCOUNTED CARE | <p>FACILITY NAME:<br/>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>DESCRIPTION:<br/>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.</p> |
| SCHEDULE H, PART V,<br>SECTION B, LINE 16A -<br>FAP AVAILABLE WEBSITE                      | <a href="https://www.mwph.org/patients-and-guests/financial/assistance">HTTPS://WWW.MWPH.ORG/PATIENTS-AND-GUESTS/FINANCIAL/ASSISTANCE</a>  |
| SCHEDULE H, PART V,<br>SECTION B, LINE 16B -<br>FAP APPLICATION FORM<br>WEBSITE            | <a href="https://www.mwph.org/patients-and-guests/financial/assistance">HTTPS://WWW.MWPH.ORG/PATIENTS-AND-GUESTS/FINANCIAL/ASSISTANCE</a>  |
| SCHEDULE H, PART V,<br>SECTION B, LINE 16C -<br>PLAIN LANGUAGE FAP<br>SUMMARY WEBSITE      | <a href="https://www.mwph.org/patients-and-guests/financial/assistance">HTTPS://WWW.MWPH.ORG/PATIENTS-AND-GUESTS/FINANCIAL/ASSISTANCE</a>  |



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) |
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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 financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

| Return Reference - Identifier  | Explanation  |
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| 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.<br><br>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 <a href="https://hsrc.state.md.us/pages/init_cb.aspx">HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX</a> .  |
| 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.<br><br>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.<br><br>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.<br><br>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  | 613,367  |
| 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.<br>COALITION BUILDING: AN MWPH PSYCHOLOGIST IS INVOLVED IN THE BALTIMORE CITY TASK FORCE (TRAUMA) MEDICAL SUB-COMMITTEE. THIS COMMITTEE WORKS TO MAKE INSTITUTIONS ACROSS BALTIMORE CITY TRAUMA INFORMED.<br>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.<br>MWPH PROVIDES SHADOWING OPPORTUNITIES TO EDUCATE COMMUNITY MEMBERS ABOUT HEALTH CARE CAREERS  |

| Return Reference - Identifier   | Explanation  |
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| SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT  | <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. REVENUE GROWTH PER CAPITA</li> <li>2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY</li> <li>3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY</li> <li>4. MEDICARE READMISSION RATES</li> <li>5. HOSPITAL ACQUIRED CONDITION RATE</li> </ol>   |
| 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  | <p>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.</p> <p>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.</p> <p>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.</p> |
| 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 | <p>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.</p> <p>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.</p>  |
| SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT  | <p>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.</p> <p>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.</p>  |

| Return Reference - Identifier                             | Explanation  |
|---|--|
| SCHEDULE H, PART VI,<br>LINE 3 - PATIENT<br>EDUCATION     | <p>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.</p>   |
| SCHEDULE H, PART VI,<br>LINE 4 - COMMUNITY<br>INFORMATION | <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> |

| Return Reference - Identifier  | Explanation   |
|--|---|
| <p>SCHEDULE H, PART VI,<br/>LINE 5 - PROMOTION OF<br/>COMMUNITY HEALTH</p> | <p>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.</p> <p>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 POSTTESTS TO GAUGE BEHAVIOR CHANGE AND IMPROVED KNOWLEDGE OF CAR SEAT SAFETY.</p> <p>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.</p> <p>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.</p> <p>GOALS OF ABILITIES ADVENTURES INCLUDE:</p> <ul style="list-style-type: none"> <li>•PROMOTE COMMUNITY RE-INTEGRATION AND INCREASE COMMUNITY INVOLVEMENT</li> <li>•PROMOTE POSITIVE AND ADAPTIVE COPING STRATEGIES FOR CHILDREN AND THEIR FAMILIES AS THEY ADJUST TO LIVING WITH AN INJURY, ILLNESS OR CHRONIC MEDICAL CONDITION</li> <li>•INCREASE INDEPENDENCE</li> <li>•IMPROVE QUALITY OF LIFE</li> <li>•IMPROVE SPORTS-RELATED COMPETENCE</li> <li>•PROMOTE HEALTHY LIVING</li> </ul> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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, APPROXIMATELY 400 LYFT RIDES WERE PROVIDED TO PATIENTS IN NEED.</p> <p>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.</p> |



| Return Reference - Identifier  | Explanation   |
|--|---|
|  | <p>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.</p> <p>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. IN FISCAL YEAR 2024, MT. WASHINGTON PEDIATRIC HOSPITAL DEDICATED OVER 7,000 STAFF HOURS TO SUPPORTING STUDENTS WORKING TO BECOME HEALTH CARE PROFESSIONALS.</p> <p>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 ALLOWED APPROXIMATELY 10,000 TOYS TO BE PROVIDED TO 1,500 CHILDREN FROM 500 FAMILIES.</p>   |
| SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP          | <p>THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) IS A PRIVATE, NOT-FOR-PROFIT CORPORATION PROVIDING COMPREHENSIVE HEALTHCARE SERVICES THROUGH AN INTEGRATED REGIONAL NETWORK OF HOSPITALS AND RELATED CLINICAL ENTERPRISES. UMMS WAS CREATED IN 1984 WHEN ITS FOUNDING HOSPITAL WAS PRIVATIZED BY THE STATE OF MARYLAND. OVER ITS 30-YEAR HISTORY, UMMS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING PRIMARILY ACROSS MARYLAND.</p> <p>AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), MWPH UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IT SERVES. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. 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.</p> |
| 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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MT WASHINGTON PEDIATRIC HOSPITAL INC

**Compensation Information**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

52-0591483

**Part I Questions Regarding Compensation**

|   | Yes | No |
|---|-----|----|
| <b>1a</b> 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.<br><div><input type="checkbox"/> First-class or charter travel<br/><input type="checkbox"/> Travel for companions<br/><input type="checkbox"/> Tax indemnification and gross-up payments<br/><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use<br/><input type="checkbox"/> Payments for business use of personal residence<br/><input type="checkbox"/> Health or social club dues or initiation fees<br/><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div> |     |    |
| <b>b</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 . . . . .   |     |    |
| <b>2</b> 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? . . . . .   |     |    |
| <b>3</b> 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.<br><div><input checked="" type="checkbox"/> Compensation committee<br/><input checked="" type="checkbox"/> Independent compensation consultant<br/><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract<br/><input checked="" type="checkbox"/> Compensation survey or study<br/><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>  |     |    |
| <b>4</b> 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:<br><b>a</b> Receive a severance payment or change-of-control payment? . . . . .<br><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .<br><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .<br>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.   |     |    |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>   |     |    |
| <b>5</b> 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:<br><b>a</b> The organization? . . . . .<br><b>b</b> Any related organization? . . . . .<br>If "Yes" on line 5a or 5b, describe in Part III.   |     |    |
| <b>6</b> 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:<br><b>a</b> The organization? . . . . .<br><b>b</b> Any related organization? . . . . .<br>If "Yes" on line 6a or 6b, describe in Part III.   |     |    |
| <b>7</b> 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 . . . . .  |     |    |
| <b>8</b> 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 . . . . .  |     |    |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .   |     |    |



**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<br>PRESIDENT AND CEO                 | (i) 290,411  | 100,000                             | 727                                 | 0  | 27,870                  | 419,008                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2                  | DENISE PUDINSKI<br>VP NURSING ADMIN              | (i) 145,911  | 18,448                              | 150,420                             | 9,900  | 19,930                  | 344,609                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3                  | MARY MILLER<br>VP FINANCE AND CFO                | (i) 238,510  | 26,636                              | 4,219                               | 29,240   | 19,782                  | 318,387                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4                  | TIKEE SELBY, MD<br>NEONATAL PROGRAM DIRECTOR     | (i) 256,271  | 0                                   | 894                                 | 9,900  | 25,611                  | 292,676                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5                  | TAREK BELAL, MD<br>ATTENDING PHYSICIAN           | (i) 257,569  | 0                                   | 0                                   | 228  | 9,916                   | 267,713                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6                  | STEPHEN NICHOLS, MD<br>ATTENDING PHYSICIAN       | (i) 216,933  | 0                                   | 976                                 | 9,857  | 27,680                  | 255,446                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7                  | KAREN WILLING, MD<br>ATTENDING PHYSICIAN         | (i) 203,392  | 2,197                               | 878                                 | 8,946  | 17,928                  | 233,341                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8                  | AJAYI AKINTADE, MD<br>ATTENDING PHYSICIAN        | (i) 201,487  | 2,122                               | 1,289                               | 8,823  | 746                     | 214,467                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9                  | THOMAS ELLIS<br>VP HUMAN RESOURCES               | (i) 148,283  | 25,425                              | 4,424                               | 6,934  | 19,933                  | 204,999                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10                 | JUSTINA STAROBIN<br>VP OUTPATIENT SVCS           | (i) 129,280  | 16,073                              | 1,923                               | 15,657   | 19,775                  | 182,708                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11                 | JILL FEINBERG<br>VP DEVELOPMENT/EXTERNAL AFFAIRS | (i) 129,180  | 19,027                              | 990                                 | 16,216   | 659                     | 166,072                         | 0   |
|                    |  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12                 |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |
| 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 | <p>DURING THE FISCAL YEAR ENDED JUNE 30, 2024, CERTAIN OFFICERS AND KEY EMPLOYEES 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:</p> <p>SCOTT KLEIN<br/>JUSTINA STAROBIN<br/>MARY MILLER<br/>THOMAS ELLIS<br/>JILL FEINBERG</p> <p>DURING THE FISCAL YEAR ENDED JUNE 30, 2024, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE MT. WASHINGTON PEDIATRIC HOSPITAL SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUAL LISTED BELOW HAS VESTED IN THE PLAN IN THE REPORTING TAX YEAR, THEREFORE THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F).</p> <p>DENISE PUDINSKI, \$146,049</p> |
| SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS                         | <p>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.</p>   |

**SCHEDULE L  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**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            | 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? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | 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)                          |   |                          |                        |                           |

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

Cat. No. 50056A

Schedule L (Form 990) 2023

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                                     | No |
| (1) DR. TERI KAHN             | SEE PART V  | 93,538                    | SEE PART V                     |   | ✓  |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

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 -<br>BUSINESS<br>TRANSACTIONS<br>INVOLVING INTERESTED<br>PERSONS LINE 2 | DR. TERI KAHN IS A FAMILY MEMBER OF STEVEN 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)**Department of Treasury Internal  
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 -<br>CLASSES OF MEMBERS OR<br>STOCKHOLDERS                             | JOHNS HOPKINS HEALTH SYSTEM (JHHS) AND UMMS ARE EQUAL MEMBERS OF MWPH.   |
| FORM 990, PART VI, LINE 7A -<br>MEMBERS OR STOCKHOLDERS<br>ELECTING MEMBERS OF<br>GOVERNING BODY | JHHS AND UMMS EACH ELECT AN EQUAL NUMBER OF MEMBERS TO THE BOARD OF MWPH.  |
| FORM 990, PART VI, LINE 11B -<br>REVIEW OF FORM 990 BY<br>GOVERNING BODY                         | <p>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.</p> <p>ONCE A DRAFT RETURN IS PREPARED, IT UNDERGOES MULTIPLE LEVELS OF REVIEW BOTH INTERNALLY BY UMMS TAX AND FINANCE PERSONNEL, AND EXTERNALLY BY ERNST &amp; 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.</p> <p>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.</p>   |
| FORM 990, PART VI, LINE 12C -<br>CONFLICT OF INTEREST<br>POLICY                                  | <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION:</p> <p>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.</p> <p>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.</p> |

| Return Reference - Identifier   | Explanation  |                 |            |   |             |                                       |             |   |           |                             |        |
|---|--|-----------------|------------|---|-------------|---------------------------------------|-------------|---|-----------|-----------------------------|--------|
| FORM 990, PART VI, LINE 15A -<br>PROCESS TO ESTABLISH<br>COMPENSATION OF TOP<br>MANAGEMENT OFFICIAL | <p>THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:</p> <p>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.</p> <p>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.</p> |                 |            |   |             |                                       |             |   |           |                             |        |
| FORM 990, PART VI, LINE 19 -<br>REQUIRED DOCUMENTS<br>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 XI, LINE 9 -<br>OTHER CHANGES IN NET<br>ASSETS OR FUND BALANCES                      | <table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION</td><td>- 1,389,077</td></tr> <tr> <td>NET ASSETS RELEASED FROM RESTRICTIONS</td><td>- 1,067,281</td></tr> <tr> <td>CHANGE IN ECONOMIC INTEREST IN FOUNDATION</td><td>2,745,047</td></tr> <tr> <td>OTHER CHANGES IN NET ASSETS</td><td>34,611</td></tr> </table>  | (a) Description | (b) Amount | UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION | - 1,389,077 | NET ASSETS RELEASED FROM RESTRICTIONS | - 1,067,281 | CHANGE IN ECONOMIC INTEREST IN FOUNDATION | 2,745,047 | OTHER CHANGES IN NET ASSETS | 34,611 |
| (a) Description   | (b) Amount   |                 |            |   |             |                                       |             |   |           |                             |        |
| UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION   | - 1,389,077  |                 |            |   |             |                                       |             |   |           |                             |        |
| NET ASSETS RELEASED FROM RESTRICTIONS   | - 1,067,281  |                 |            |   |             |                                       |             |   |           |                             |        |
| CHANGE IN ECONOMIC INTEREST IN FOUNDATION   | 2,745,047  |                 |            |   |             |                                       |             |   |           |                             |        |
| OTHER CHANGES IN NET ASSETS   | 34,611   |                 |            |   |             |                                       |             |   |           |                             |        |



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MT WASHINGTON PEDIATRIC HOSPITAL INC

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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)<br>Name, address, and EIN (if applicable) of disregarded entity  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) MWP COMMUNITY HEALTH SERVICES (38-3987088)<br>1708 W. ROGERS AVENUE, BALTIMORE, MD 21209                                   | HEALTHCARE              | MD   | 163,587             | 1,381,545                 | MWPH                             |
| (2) MT. WASHINGTON PEDIATRIC COMMUNITY BEHAVIORAL HEALTH SERVICES, LLC (84-2276906)<br>1708 W. ROGERS AVE, BALTIMORE, MD 21209 | HEALTHCARE              | MD   | 28,280              | 11,705                    | 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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) MOUNT WASHINGTON PEDIATRIC FOUNDATION (52-1736672)<br>1708 WEST ROGERS AVENUE, BALTIMORE, MD 21209 | FUNDRAISING             | MD   | 501(C)(3)                  | 12 TYPE I   | MWPH                             | ✓  |    |
| (2)  |                         |  |                            |   |                                  |  |    |
| (3)  |                         |  |                            |   |                                  |  |    |
| (4)  |                         |  |                            |   |                                  |  |    |
| (5)  |                         |  |                            |   |                                  |  |    |
| (6)  |                         |  |                            |   |                                  |  |    |
| (7)  |                         |  |                            |   |                                  |  |    |

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|   | Yes       | No |
|---|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .  | <b>1a</b> | ✓  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .  | <b>1b</b> | ✓  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .  | <b>1c</b> | ✓  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .   | <b>1d</b> | ✓  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .  | <b>1e</b> | ✓  |
| <b>f</b> Dividends from related organization(s) . . . . .   | <b>1f</b> | ✓  |
| <b>g</b> Sale of assets to related organization(s) . . . . .  | <b>1g</b> | ✓  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .  | <b>1h</b> | ✓  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .  | <b>1i</b> | ✓  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .   | <b>1j</b> | ✓  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .   | <b>1k</b> | ✓  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .   | <b>1l</b> | ✓  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .  | <b>1m</b> | ✓  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .  | <b>1n</b> | ✓  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .   | <b>1o</b> | ✓  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .   | <b>1p</b> | ✓  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .   | <b>1q</b> | ✓  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .  | <b>1r</b> | ✓  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .  | <b>1s</b> | ✓  |
| <b>2</b> 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)<br>Name of related organization      | (b)<br>Transaction<br>type (a–s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| MT. WASHINGTON PEDIATRIC FOUNDATION, INC | C                                | 917,300                | FMV  |
| (1)                                      |                                  |                        |  |
| (2)                                      |                                  |                        |  |
| (3)                                      |                                  |                        |  |
| (4)                                      |                                  |                        |  |
| (5)                                      |                                  |                        |  |
| (6)                                      |                                  |                        |  |

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

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

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

CONSOLIDATED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries  
Years Ended June 30, 2024 and 2023  
With Report of Independent Auditors

Ernst & Young LLP



Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidated Financial Statements  
and Supplementary Information

Years Ended June 30, 2024 and 2023

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## Report of Independent Auditors

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. (the Corporation) and subsidiaries, which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations, 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, 2024 and 2023, 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.

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 available to be 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.

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 information is presented for purposes of additional analysis and is 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 25, 2024

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Consolidated Balance Sheets

|   | June 30        |                |
|---|----------------|----------------|
|   | 2024           | 2023           |
| <b>Assets</b>                                   |                |                |
| Current assets:                                 |                |                |
| Cash and cash equivalents                       | \$ 7,095,944   | \$ 3,901,062   |
| Current portion of assets limited as to use     | 177,894        | 202,670        |
| Patient accounts receivable, net                | 7,196,306      | 8,883,740      |
| Other accounts receivable                       | 1,355,664      | 1,747,857      |
| Inventories of supplies                         | 172,988        | 152,553        |
| Prepaid expenses and other current assets       | 467,632        | 342,575        |
| Total current assets                            | 16,466,428     | 15,230,457     |
| Investments                                     | 80,314,832     | 74,007,691     |
| Assets limited as to use, less current portion: |                |                |
| Eliasberg construction fund                     | 1,249,449      | 1,249,449      |
| Funds restricted by donor                       | 21,189,675     | 18,931,858     |
| Self-insurance trust funds                      | 8,544,763      | 7,836,794      |
|   | 30,983,887     | 28,018,101     |
| Property and equipment, net                     | 33,767,552     | 37,622,858     |
| Other assets                                    | 2,760,095      | 3,236,422      |
| Total assets                                    | \$ 164,292,794 | \$ 158,115,529 |
| <b>Liabilities and net assets</b>               |                |                |
| Current liabilities:                            |                |                |
| Current portion of long-term debt               | \$ 470,000     | \$ 455,000     |
| Trade accounts payable                          | 3,061,563      | 2,894,563      |
| Accrued payroll benefits                        | 5,178,194      | 4,954,744      |
| Advances from third-party payors                | 3,327,705      | 3,742,843      |
| Current portion of malpractice liabilities      | 177,894        | 202,670        |
| Due to affiliates                               | 1,376,248      | 789,434        |
| Other current liabilities                       | 1,296,637      | 1,714,498      |
| Total current liabilities                       | 14,888,241     | 14,753,752     |
| Malpractice liabilities                         | 3,983,586      | 4,173,042      |
| Long-term debt, less current portion            | 1,795,758      | 2,259,821      |
| Other long-term liabilities                     | 984,266        | 227,174        |
| Total liabilities                               | 21,651,851     | 21,413,789     |
| Net assets:                                     |                |                |
| Without donor restrictions                      | 119,217,292    | 116,039,737    |
| With donor restrictions                         | 23,423,651     | 20,662,003     |
| Total net assets                                | 142,640,943    | 136,701,740    |
| Total liabilities and net assets                | \$ 164,292,794 | \$ 158,115,529 |

See accompanying notes to consolidated financial statements.

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Consolidated Statements of Operations and Changes in Net Assets

|   | <b>Year Ended June 30</b>    |                              |
|---|------------------------------|------------------------------|
|   | <b>2024</b>                  | <b>2023</b>                  |
| Operating revenue, gains, and other support:                                      |                              |                              |
| Net patient service revenue   | \$ 65,069,640                | \$ 63,214,894                |
| Other revenue   | <u>1,342,821</u>             | <u>2,354,984</u>             |
| Total operating revenue, gains, and other support                                 | <u>66,412,461</u>            | <u>65,569,878</u>            |
| Operating expenses:   |                              |                              |
| Salaries, wages, and benefits   | 48,463,307                   | 47,031,771                   |
| Purchased services and supplies   | 16,558,388                   | 16,041,852                   |
| Interest expense, net   | 49,226                       | 57,143                       |
| Depreciation and amortization   | <u>5,726,678</u>             | <u>5,377,463</u>             |
| Total operating expenses  | <u>70,797,599</u>            | <u>68,508,229</u>            |
| Operating loss  | <u>(4,385,138)</u>           | <u>(2,938,351)</u>           |
| Nonoperating income and expenses, net:  |                              |                              |
| Contributions   | 1,196,156                    | 1,715,298                    |
| Investment income, net  | 3,827,052                    | 918,030                      |
| Other income and expenses, net  | (1,210,604)                  | (1,965,073)                  |
| Change in unrealized gains of trading securities                                  | <u>4,834,265</u>             | <u>4,988,739</u>             |
| Total nonoperating income   | <u>8,646,869</u>             | <u>5,656,994</u>             |
| Excess of revenues over expenses  | <u>4,261,731</u>             | <u>2,718,643</u>             |
| Net assets released from restrictions used for purchase of property and equipment | —                            | 2,753,749                    |
| Change in funded status of defined benefit plan                                   | (1,389,077)                  | 491,690                      |
| Other changes in assets without donor restrictions                                | <u>304,901</u>               | <u>177,819</u>               |
| Increase in net assets without donor restrictions                                 | <u>3,177,555</u>             | <u>6,141,901</u>             |
| Changes in net assets with donor restriction:                                     |                              |                              |
| Contributions   | 1,737,390                    | 1,074,140                    |
| Investment income, net  | 2,393,728                    | 786,700                      |
| Net unrealized (losses) gains on donor restricted investments                     | (30,525)                     | 1,131,688                    |
| Other changes in assets with donor restrictions                                   | (271,664)                    | (252,972)                    |
| Net assets released from restrictions used for operations                         | (1,067,281)                  | (733,625)                    |
| Net assets released from restrictions used for purchase of property and equipment | —                            | (2,753,749)                  |
| Increase (decrease) in net assets with donor restrictions                         | <u>2,761,648</u>             | <u>(747,818)</u>             |
| Total increase in net assets  | <u>5,939,203</u>             | <u>5,394,083</u>             |
| Net assets, beginning of year   | <u>136,701,740</u>           | <u>131,307,657</u>           |
| Net assets, end of year   | <u><u>\$ 142,640,943</u></u> | <u><u>\$ 136,701,740</u></u> |

*See accompanying notes to consolidated financial statements.*

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Consolidated Statements of Cash Flows

|  | Year Ended June 30  |                     |
|--|---------------------|---------------------|
|  | 2024                | 2023                |
| <b>Operating activities</b>  |                     |                     |
| Increase in net assets   | \$ 5,939,203        | \$ 5,394,083        |
| Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities:      |                     |                     |
| Depreciation and amortization  | 5,726,678           | 5,377,463           |
| Amortization of debt issue costs   | 5,937               | 5,937               |
| Net realized (gains) and change in value of trading securities   | (7,448,261)         | (5,055,785)         |
| Restricted contributions and investment income   | (2,393,728)         | (816,440)           |
| Net unrealized (gains) on investments with donor restrictions  | (30,525)            | (1,131,688)         |
| Change in funded status of defined benefit plan  | 1,389,077           | (491,690)           |
| Changes in operating assets and liabilities:   |                     |                     |
| Net patient accounts receivable  | 1,687,434           | (2,266,454)         |
| Other receivables, prepaid expenses, other current assets, and other assets                                  | 743,463             | 614,046             |
| Inventories of supplies  | (20,435)            | (53,879)            |
| Amounts due to affiliates  | 586,814             | 568,334             |
| Trade accounts payable, accrued payroll benefits, other current liabilities, and other long-term liabilities | (873,629)           | (2,873,733)         |
| Advances from third-party payors   | (415,138)           | (362,933)           |
| Net cash provided by (used in) operating activities  | <u>4,896,890</u>    | <u>(1,092,739)</u>  |
| <b>Investing activities</b>  |                     |                     |
| Purchases of property and equipment  | (1,871,372)         | (6,099,474)         |
| Purchases of investments and assets limited to use, net  | (1,584,852)         | (170,872)           |
| Net cash used in investing activities  | <u>(3,456,224)</u>  | <u>(6,270,346)</u>  |
| <b>Financing activities</b>  |                     |                     |
| Repayment of long-term debt  | (455,000)           | (425,000)           |
| Restricted contributions and investment income   | 2,393,728           | 816,440             |
| Net cash provided by financing activities  | <u>1,938,728</u>    | <u>391,440</u>      |
| Increase (decrease) in cash and cash equivalents   | 3,379,394           | (6,971,645)         |
| Cash and cash equivalents at beginning of year, including restricted cash                                    | 4,085,922           | 11,057,567          |
| Cash and cash equivalents at end of year, including restricted cash  | <u>\$ 7,465,316</u> | <u>\$ 4,085,922</u> |
| Cash and cash equivalents  | \$ 7,095,944        | \$ 3,901,062        |
| Restricted cash including assets limited as to use   | 369,372             | 184,860             |
| Cash and cash equivalents at end of year, including restricted cash  | <u>\$ 7,465,316</u> | <u>\$ 4,085,922</u> |
| <b>Supplemental disclosure of cash flow information</b>  |                     |                     |
| Cash paid during the year for interest   | \$ 43,960           | \$ 51,833           |

*See accompanying notes to consolidated financial statements.*

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules

June 30, 2024 and 2023

### 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 (JHHS).

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 health care services. Behavioral Health provides off-site behavioral health care services.

The Corporation incurred expenses of \$ 751,071 and \$749,700 for the years ended June 30, 2024 and 2023, respectively, for administrative services provided by UMMS. This amount is reflected in purchased services within the Statement of Operations. 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.

## **Mt. Washington Pediatric Hospital, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements and Schedules (continued)**

#### **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 4.14% and 4.25% at June 30, 2024 and 2023, respectively. Investment income and administrative expenses relating to the investment pool are allocated to the individual members based on this percentage.

The Hospital's investment portfolio, except the self-insurance trust funds and the UMMS investment pool, are classified as trading and are reported in the consolidated balance sheets as long-term assets at June 30, 2024 and 2023. 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 in the consolidated balance sheets as long-term assets at June 30, 2024 and 2023. 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 in the accompanying consolidated statements of operations and changes in net assets. Investment income is reported net of investment fees.



# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 2. Summary of Significant Accounting Policies (continued)

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 in 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.

#### 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, 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

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 2. Summary of Significant Accounting Policies (continued)

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.

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 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, 2024 and 2023, 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.

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 2. Summary of Significant Accounting Policies (continued)

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. The self-insurance trust funds and the UMMS investment pool are utilizing NAV to calculate fair value and are included in the fair value hierarchy tables presented in Note 3.

#### 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 which 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. These adjustments are recorded within the current period operating income.

#### 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  |

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 2. Summary of Significant Accounting Policies (continued)

##### 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 \$ 17,316 and \$11,378 for the years ended June 30, 2024 and 2023, respectively. Deferred financing costs are presented as a component of long-term debt in the accompanying consolidated balance sheets.

##### 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 in the consolidated balance sheets.

##### 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 if an impairment loss should be recognized. The amount of impairment loss is determined by comparing the historical carrying value of the asset to 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, 2024 and 2023.

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 2. Summary of Significant Accounting Policies (continued)

##### 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 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 adjustment to net patient service revenue in the period of change. Subsequent changes that are

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 2. Summary of Significant Accounting Policies (continued)

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 in the accompanying consolidated statement of operations and changes in net assets and was not material for the years ended June 30, 2024 and 2023.

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 they do not assess the patient's ability to pay.

The standard charges for goods and services for the Corporation reflects 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 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.

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 2. Summary of Significant Accounting Policies (continued)

Operating revenue by line of business are as follows:

|                                   | <b>Year Ended June 30</b> |               |
|-----------------------------------|---------------------------|---------------|
|                                   | <b>2024</b>               | <b>2023</b>   |
| Hospital                          | \$ 62,522,738             | \$ 60,698,717 |
| Physicians                        | 2,546,902                 | 2,516,177     |
| Total net patient service revenue | 65,069,640                | 63,214,894    |
| Other nonpatient care             | 1,342,821                 | 2,354,984     |
| Total operating revenue           | \$ 66,412,461             | \$ 65,569,878 |

#### 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 the 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 \$107,673 and \$264,092 in the years ended June 30, 2024 and 2023, 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 and general donations, and fund-raising activities.



## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 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, including contributions of long-lived assets (including assets acquired using contributions, which 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 generally accepted accounting principles 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 in 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 in the accompanying consolidated statement of

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 2. Summary of Significant Accounting Policies (continued)

operations and changes in net assets. Revenue earned from contributed assets is considered 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 provided based upon management's judgment, including such factors as prior collection history, type of contributions, and nature of fund-raising activity.

Unconditional promises to give cash and other assets are reported at fair value on the date the promise is received. Conditional promises to give, and indications of intentions to give, are reported at fair value on the date the gift is received.

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

|  | <b>Year Ended June 30</b> |                   |
|--|---------------------------|-------------------|
|  | <b>2024</b>               | <b>2023</b>       |
| Amounts due within 1 year                                      | \$ 927,428                | \$ 686,972        |
| Amounts due in 1–5 years                                       | 215,230                   | 314,045           |
| Less impact of discounting pledges receivable to present value | (11,246)                  | (11,082)          |
| Total pledges receivable                                       | <u>\$ 1,131,412</u>       | <u>\$ 989,935</u> |

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

#### Going Concern

Management evaluates whether there are conditions or events, considered in 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.

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 2. Summary of Significant Accounting Policies (continued)

##### Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and 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.

##### New and Recently Adopted Accounting Standards

In June 2016, the FASB issued Accounting Standards Update (ASU) 2016-13, *Financial Instrument – Credit Losses: Measurement of Credit Losses on Financial Instruments*. The previous standard delays the recognition of a credit loss on a financial asset until the loss is probable of occurring. The new standard removes the requirement that a credit loss be probable of occurring for it to be recognized, and requires entities to use historical experience, current conditions, and reasonable and supportable forecasts to estimate their future expected credit losses. The standard is required to be applied using the modified retrospective approach with a cumulative-effect adjustment to net assets, if any, upon adoption. ASU 2016-13 was effective for the Corporation July 1, 2023. There was no significant impact on the Corporation's consolidated financial statements during the year ended June 30, 2024.

##### Reclassifications

Certain reclassifications have been made to the 2023 consolidated financial statements to conform with classifications used in 2024. The reclassifications had no effect on total assets, total liabilities, and changes in net assets previously reported.

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 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              |                      |
|--|----------------------|----------------------|
|  | 2024                 | 2023                 |
| Cash and cash equivalents                            | \$ 369,372           | \$ 184,860           |
| U.S. government and agency securities                | 3,128,554            | 2,368,530            |
| Corporate obligations                                | 4,962,566            | 4,123,702            |
| Common stocks  | 13,978,632           | 13,504,215           |
| Self-insurance trust funds – MMCIP                   | 8,722,657            | 8,039,464            |
| Total assets limited or restricted as to use         | 31,161,781           | 28,220,771           |
| Less amounts available for current liabilities       | (177,894)            | (202,670)            |
| Total assets limited as to use, less current portion | <u>\$ 30,983,887</u> | <u>\$ 28,018,101</u> |

The Corporation's self-insurance trust funds are held by the Maryland Medicine Comprehensive Insurance Program (MMCIP) for payment of malpractice claims. These assets consist primarily of cash, common stocks, fixed-income securities, corporate obligations, and alternative investments. 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 in the accompanying consolidated balance sheets.

The composition and carrying value of investments were as follows:

|                                       | June 30              |                      |
|---------------------------------------|----------------------|----------------------|
|                                       | 2024                 | 2023                 |
| Cash and cash equivalents             | \$ 8,323,480         | \$ 9,852,984         |
| U.S. government and agency securities | 1,171,082            | 882,685              |
| Corporate obligations                 | 1,857,590            | 1,537,243            |
| Common stocks                         | 5,232,486            | 5,035,179            |
| UMMS investment pool                  | 63,730,194           | 56,699,600           |
|                                       | <u>\$ 80,314,832</u> | <u>\$ 74,007,691</u> |

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 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, 2024 and 2023, 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:

|   | <b>Year Ended June 30</b> |                     |
|---|---------------------------|---------------------|
|   | <b>2024</b>               | <b>2023</b>         |
| Interest and dividend income, net of fees                           | \$ 3,606,768              | \$ 1,637,684        |
| Net realized gains on investments and assets limited to use         | 2,614,012                 | 67,046              |
| Change in unrealized gains on trading securities                    | 4,834,265                 | 4,988,739           |
| Net unrealized (losses) gains on net assets with donor restrictions | (30,525)                  | 1,131,688           |
|   | <u>\$ 11,024,520</u>      | <u>\$ 7,825,157</u> |

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

|  | <b>Year Ended June 30</b> |                     |
|--|---------------------------|---------------------|
|  | <b>2024</b>               | <b>2023</b>         |
| Nonoperating investment income                                     | \$ 3,827,052              | \$ 918,030          |
| Investment income on net assets with donor restriction             | 2,393,728                 | 786,700             |
| Net unrealized (losses) gains on net assets with donor restriction | (30,525)                  | 1,131,688           |
| Change in unrealized gains on trading securities                   | 4,834,265                 | 4,988,739           |
|  | <u>\$ 11,024,520</u>      | <u>\$ 7,825,157</u> |

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 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 measured using NAV, which are not required to be categorized in the fair value hierarchy:

|  | Level 1       | Level 2      | Level 3 | Investments<br>Reported<br>at NAV | Total          |
|--|---------------|--------------|---------|-----------------------------------|----------------|
| Investments:                             |               |              |         |                                   |                |
| Cash and cash equivalents                | \$ 8,323,480  | \$ —         | \$ —    | \$ —                              | \$ 8,323,480   |
| U.S. government and<br>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<br>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<br>funds – MMCIP    | —             | —            | —       | 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 |

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 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, 2023, including the UMMS investment pool measured using NAV, which are not required to be categorized in the fair value hierarchy:

|  | Level 1       | Level 2      | Level 3 | Investments<br>Reported<br>at NAV | Total          |
|--|---------------|--------------|---------|-----------------------------------|----------------|
| Investments:                             |               |              |         |                                   |                |
| Cash and cash equivalents                | \$ 9,852,984  | \$ —         | \$ —    | \$ —                              | \$ 9,852,984   |
| U.S. government and<br>agency securities | 882,685       | -            | —       | —                                 | 882,685        |
| Corporate obligations                    | —             | 1,537,243    | —       | —                                 | 1,537,243      |
| Common stocks                            | 5,035,179     | —            | —       | —                                 | 5,035,179      |
| UMMS investment pool                     | —             | —            | —       | 56,699,600                        | 56,699,600     |
| Total investments                        | 15,770,848    | 1,537,243    | —       | 56,699,600                        | 74,007,691     |
| Assets limited:                          |               |              |         |                                   |                |
| Cash and cash equivalents                | 184,860       | —            | —       | —                                 | 184,860        |
| U.S. government and<br>agency securities | 2,368,530     | -            | —       | —                                 | 2,368,530      |
| Corporate obligations                    | —             | 4,123,702    | —       | —                                 | 4,123,702      |
| Common stocks                            | 13,504,215    | —            | —       | —                                 | 13,504,215     |
| Self-insurance trust<br>funds – MMCIP    | —             | —            | —       | 8,039,464                         | 8,039,464      |
| Total assets limited as to use           | 16,057,605    | 4,123,702    | —       | 8,039,464                         | 28,220,771     |
|  | \$ 31,828,453 | \$ 5,660,945 | \$ —    | \$ 64,739,064                     | \$ 102,228,462 |

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 4. Property and Equipment

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

|                               | June 30              |                      |
|-------------------------------|----------------------|----------------------|
|                               | 2024                 | 2023                 |
| Land and land improvements    | \$ 1,519,755         | \$ 1,519,854         |
| Buildings and fixed equipment | 69,247,735           | 68,235,292           |
| Leasehold improvements        | 498,384              | 500,481              |
| Major moveable equipment      | 5,415,508            | 5,329,966            |
| Minor equipment               | 13,517,213           | 12,879,907           |
| Construction-in-process       | 294,499              | 310,677              |
|                               | <u>90,493,094</u>    | <u>88,776,177</u>    |
| Less accumulated depreciation | (56,725,542)         | (51,153,319)         |
| Property and equipment, net   | <u>\$ 33,767,552</u> | <u>\$ 37,622,858</u> |

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 under way at the Hospital's facilities.

### 5. Retirement Plans

The Corporation's defined benefit plan resides within the UMMS Corporate Pension Plan (the Corporate Plan).

Effective for fiscal year 2016, the Corporate Plan was amended to freeze participation for the Corporation employees who were hired after December 31, 2016. Effective for fiscal year 2023, the Corporate Plan was frozen to all participants and the participant's accrued benefit shall not include any credits for accruals or compensation after this date; however, each participant's cash balance account shall continue to earn interest credits effective December 31, 2022.



# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 5. Retirement Plans (continued)

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:

|   | 2024                 | 2023                 |
|---|----------------------|----------------------|
| <b>Change in projected benefit obligations</b>  |                      |                      |
| Benefit obligations at beginning of year:       | \$ 12,905,976        | \$ 13,921,081        |
| Curtailments                                    | —                    | (180,512)            |
| Service cost                                    | —                    | 281,037              |
| Interest cost                                   | 694,905              | 692,799              |
| Actuarial loss (gain)                           | 1,592,453            | (660,700)            |
| Benefits paid                                   | (923,102)            | (1,147,729)          |
| Projected benefit obligations at end of year    | <u>\$ 14,270,232</u> | <u>\$ 12,905,976</u> |
|   |                      |                      |
|   | 2024                 | 2023                 |
| <b>Change in plan assets</b>                    |                      |                      |
| Fair value of plan assets at beginning of year: | \$ 13,536,498        | \$ 13,977,172        |
| Actual return on plan assets                    | 604,651              | (188,945)            |
| Employer contributions                          | 300,000              | 896,000              |
| Benefits paid                                   | (923,102)            | (1,147,729)          |
| Fair value of plan assets at end of year        | <u>\$ 13,518,047</u> | <u>\$ 13,536,498</u> |

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 5. Retirement Plans (continued)

The funded status of the Corporate Plan and amounts recognized as other assets in the consolidated balance sheets are as follows:

|   | June 30               |                       |
|---|-----------------------|-----------------------|
|   | 2024                  | 2023                  |
| Funded status, end of period:   |                       |                       |
| Fair value of plan assets   | \$ 13,518,047         | \$ 13,536,498         |
| Projected benefit obligations   | 14,270,232            | 12,905,976            |
| Net funded status   | <u>\$ (752,185)</u>   | <u>\$ 630,522</u>     |
| Accumulated benefit obligation at end of year                             | <u>\$ 14,270,232</u>  | <u>\$ 12,905,976</u>  |
| Amounts recognized in consolidated balance sheets at June 30:             |                       |                       |
| Accrued pension (liability) asset   | \$ (752,185)          | \$ 630,522            |
|   | <u>\$ (752,185)</u>   | <u>\$ 630,522</u>     |
| Amounts recognized in net assets without donor restriction as of June 30: |                       |                       |
| Net actuarial loss  | \$ (3,614,413)        | \$ (2,228,335)        |
|   | <u>\$ (3,614,413)</u> | <u>\$ (2,228,335)</u> |

The estimated amounts that will be amortized from net assets with donor restriction into net periodic pension cost in fiscal 2025 are as follows:

|                    |                   |
|--------------------|-------------------|
| Net actuarial loss | \$ 314,573        |
|                    | <u>\$ 314,573</u> |

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 5. Retirement Plans (continued)

The components of net periodic pension cost are as follows:

|                                    | <b>Year Ended June 30</b> |                   |
|------------------------------------|---------------------------|-------------------|
|                                    | <b>2024</b>               | <b>2023</b>       |
| Service cost                       | \$ —                      | \$ 281,037        |
| Interest cost                      | <b>694,905</b>            | 692,799           |
| Expected return on plan assets     | <b>(591,385)</b>          | (574,549)         |
| Amortization of prior service cost | —                         | 195,555           |
| Amortization of net actuarial loss | <b>190,109</b>            | 218,417           |
| Total net periodic pension cost    | <b>\$ 293,629</b>         | <b>\$ 813,259</b> |

Components of net benefit cost other than the service cost of \$ 0 and \$281,037 were recorded in other nonoperating income and expenses, net in the consolidated statements of operations and changes in net assets for the years ended June 30, 2024 and 2023, respectively. Service cost is included as a component of fringe benefits, which is recorded as salaries, wages, and benefits in the accompanying consolidated statements of operations and changes in net assets.

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:

|                               | <b>June 30</b>    |             |
|-------------------------------|-------------------|-------------|
|                               | <b>2024</b>       | <b>2023</b> |
| Discount rate                 | <b>5.78%</b>      | 5.67%       |
| Rate of compensation increase | <b>N/A</b>        | 3.00        |
| Interest crediting rate       | <b>3.00–5.05%</b> | 3.00–5.00%  |

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 5. Retirement Plans (continued)

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

|  | Year Ended June 30 |       |
|--|--------------------|-------|
|  | 2024               | 2023  |
| Discount rate                            | 5.67%              | 5.55% |
| Expected long-term return on plan assets | 4.50               | 4.15  |
| Rate of compensation increase            | N/A                | 3.00  |

All of the Corporation Plan's assets are held in the UMMS Master Pension Trust (the Master Trust). The Master Trust invests in a mix of cash and cash equivalents, equity securities, fixed income securities and alternative investments. Alternative investments include hedge funds and commingled investment funds. The majority of these alternative investments held as of June 30, 2024 and 2023, were subject to notice requirements of 30 days or less and were available to be redeemed on at least a monthly basis. Each participating plan has an undivided interest in the Master Trust. The Corporation Plan's percentage interest in the net assets of the Master Trust was approximately 8.61% and 8.69% at June 30, 2024 and 2023, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on this percentage.

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.

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 5. Retirement Plans (continued)

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

|                            | Target<br>Allocation | Percentage of Plan Assets |        |
|----------------------------|----------------------|---------------------------|--------|
|                            |                      | June 30<br>2024           | 2023   |
| Cash and cash equivalents  | 0%–20%               | 14.59%                    | 18.15% |
| Equity securities          | 15%–25%              | 5.27                      | 4.87   |
| Fixed-income securities    | 75%–85%              | 80.13                     | 76.93  |
| Hedge funds/private equity | 0%–20%               | 0.01                      | 0.05   |
|                            |                      | 100%                      | 100%   |

Funds totaling \$579,120 are subject to notice requirements of 60 days and greater and can be redeemed monthly or quarterly. The Corporation had no unfunded commitments as of June 30, 2024.

The Corporation expects to contribute approximately \$0 to its defined benefit pension plans for the fiscal year ended June 30, 2025.

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:

|           |              |
|-----------|--------------|
| 2025      | \$ 1,697,957 |
| 2026      | 1,207,593    |
| 2027      | 1,138,205    |
| 2028      | 1,184,365    |
| 2029      | 994,419      |
| 2030–2034 | 5,082,707    |

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 5. Retirement Plans (continued)

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at June 30, 2024.

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 Retirement Plan currently has a discretionary provision for employer matching contributions. For the years ended June 30, 2024 and 2023, the Corporation made contributions of \$110,983 and \$340,921, respectively.

#### 6. Leases

The Corporation determines if 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 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 which 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 and 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 to not recognize ROU assets and 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.

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 6. Leases (continued)

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    |            |
|--|------------------------------|------------|------------|
|  |                              | 2024       | 2023       |
| Operating lease ROU asset              | Other assets                 | \$ 223,340 | \$ 278,889 |
| Operating lease obligation – current   | Other current liabilities    | (55,094)   | (52,303)   |
| Operating lease obligation – long term | Other long-term liabilities  | (172,080)  | (227,174)  |

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

For the years ended June 30, 2024 and 2023, the Corporation amortized \$55,549 and \$50,574 in costs related to the ROU asset and incurred interest expense of \$5,099 and \$1,546, respectively. Total rent expense for the lease was \$334,866 and \$311,770 for the years ended June 30, 2024 and 2023, respectively.

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

|                               |                   |
|-------------------------------|-------------------|
| 2025                          | \$ 59,124         |
| 2026                          | 60,898            |
| 2027                          | 62,725            |
| 2028                          | 53,572            |
| 2029                          | —                 |
| Present value discount        | (9,145)           |
| Total future minimum payments | <u>\$ 227,174</u> |

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 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<br>Services | Management<br>and General | Total                |
|---------------------------------|------------------------|---------------------------|----------------------|
| <b>Year ended June 30, 2024</b> |                        |                           |                      |
| 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                           | <u>\$ 59,209,318</u>   | <u>\$ 11,588,281</u>      | <u>\$ 70,797,599</u> |
| <b>Year ended June 30, 2023</b> |                        |                           |                      |
| Salaries, wages, and benefits   | \$ 41,578,494          | \$ 5,453,277              | \$ 47,031,771        |
| Purchased services and supplies | 10,197,162             | 5,844,690                 | 16,041,852           |
| Depreciation and amortization   | 5,012,337              | 365,126                   | 5,377,463            |
| Interest expense, net           | 57,143                 | —                         | 57,143               |
| Total                           | <u>\$ 56,845,136</u>   | <u>\$ 11,663,093</u>      | <u>\$ 68,508,229</u> |

#### 8. Maryland Health Services Cost Review Commission (HSCRC)

Most of the Hospital's revenues are subject to review and approval by the Maryland Health Services Cost Review Commission (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 Center for Medicare and Medicaid Services (CMS) 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, 2025.



## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 8. Maryland Health Services Cost Review Commission (HSCRC) (continued)

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 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 comprised of bonds totaling \$3,380,000 issued on August 2, 2021. Interest is payable monthly at a fixed rate of 1.77% through fiscal year 2028.

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

|                                      |                            |
|--------------------------------------|----------------------------|
| Years ending June 30:                |                            |
| 2026                                 | \$ 495,000                 |
| 2027                                 | 510,000                    |
| 2028                                 | 540,000                    |
| 2029                                 | 275,000                    |
| 2030                                 | —                          |
| Total debt                           | <u>1,820,000</u>           |
| Unamortized deferred financing costs | <u>(24,242)</u>            |
|                                      | <u><u>\$ 1,795,758</u></u> |

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.

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 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 Trust). The Corporation is self-insured for claims up to the limits of \$1,000,000 on individual claims and \$3,000,000 in the aggregate on an annual basis. For amounts in excess of these limits, the risk of loss has been transferred to the Terrapin Insurance Company (Terrapin), an unconsolidated joint venture of UMMS. Terrapin provides insurance for claims related to UMMS and the Corporation for claims in excess of \$1,000,000 on individual claims and \$3,000,000 in the aggregate up to \$165,000,000 individually and \$227,000,000 in the aggregate under claims made policies between the aforementioned entities and Terrapin. For claims in excess of Terrapin's coverage limits, if any, the Corporation retains the risk of loss.

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 in the accompanying consolidated balance sheets and were \$4,161,480 and \$4,375,712 as of June 30, 2024 and 2023, respectively. Included within the malpractice liabilities are the reinsurance receivables of \$2,382,540 and \$2,349,011 as of June 30, 2024 and 2023, respectively, which have been recorded within other assets.

Total malpractice insurance gain (loss), net of applicable investment returns, for the Corporation in 2024 and 2023 was \$147,625 and (\$375,838), 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.

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 10. Insurance (continued)

##### Health Insurance

The Corporation maintains a self-insurance plan for employee health insurance. The Corporation has accrued \$388,972 and \$388,972, as of June 30, 2024 and 2023, 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.

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

|                              | <b>June 30</b> |             |
|------------------------------|----------------|-------------|
|                              | <b>2024</b>    | <b>2023</b> |
| Medicaid                     | <b>61%</b>     | 67%         |
| Blue Cross                   | <b>18</b>      | 11          |
| Commercial insurance and HMO | <b>16</b>      | 16          |
| Self-pay and others          | <b>5</b>       | 6           |
|                              | <b>100%</b>    | 100%        |

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 11. Business and Credit Concentrations (continued)

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

|                              | June 30 |      |
|------------------------------|---------|------|
|                              | 2024    | 2023 |
| Medicaid                     | 75%     | 72%  |
| Blue Cross                   | 14      | 13   |
| Commercial insurance and HMO | 10      | 14   |
| 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 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 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

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 12. Endowment (continued)

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:

|                         | <b>June 30</b>       |                      |
|-------------------------|----------------------|----------------------|
|                         | <b>2024</b>          | <b>2023</b>          |
| Endowment net assets:   |                      |                      |
| With donor restrictions | <b>\$ 22,119,751</b> | <b>\$ 20,061,447</b> |

Changes in endowment net assets for the years ended June 30 consist of the following:

|  | <b>With Donor<br/>Restriction</b> |
|--|-----------------------------------|
| Endowment net assets, June 30, 2022:                     | \$ 18,366,291                     |
| Investment return, net                                   | 1,918,388                         |
| Contributions  | 29,740                            |
| Amount appropriated for expenditures and other transfers | (252,972)                         |
| 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                      | <b>\$ 22,119,751</b>              |

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### **12. Endowment (continued)**

##### **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, 2024 and 2023, 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.

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Notes to Consolidated Financial Statements and Schedules (continued)

### 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              |                      |
|--|----------------------|----------------------|
|  | 2024                 | 2023                 |
| Subject to expenditure for specific purpose:       |                      |                      |
| Funds to be used for programs and capital projects | \$ 1,303,900         | \$ 600,556           |
| Callaway Fund                                      | 32,670               | 29,180               |
| Endowment funds to be used for renovations         | 4,325,701            | 3,863,032            |
| Endowment funds, other                             | 16,936,209           | 15,344,064           |
| Total  | <u>22,598,480</u>    | <u>19,836,832</u>    |
| Investment in perpetuity:                          |                      |                      |
| Endowment funds to be used for renovations         | 5,000                | 5,000                |
| Endowment funds, other                             | 820,171              | 820,171              |
| Total  | <u>825,171</u>       | <u>825,171</u>       |
| Total net assets – with donor restrictions         | <u>\$ 23,423,651</u> | <u>\$ 20,662,003</u> |

### 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              |                      |
|----------------------------------|----------------------|----------------------|
|                                  | 2024                 | 2023                 |
| Financial assets:                |                      |                      |
| Cash and cash equivalents        | \$ 7,095,944         | \$ 3,901,062         |
| Patient accounts receivable, net | 7,196,306            | 8,883,740            |
| Investments                      | 80,314,832           | 74,007,691           |
| Total assets                     | <u>\$ 94,607,082</u> | <u>\$ 86,792,493</u> |

## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### 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; and
- 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, is expected to result in losses in excess of insurance limits or have a materially adverse effect on the Corporation's financial position.



## Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements and Schedules (continued)

#### **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, 2024, and through October 25, 2024, the date the 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, 2024

|   | Mt. Washington<br>Pediatric<br>Hospital, Inc. | Mt. Washington<br>Pediatric<br>Foundation, Inc. | Mt. Washington<br>Community<br>Health<br>Services, LLC | Mt. Washington<br>Pediatric<br>Community<br>Behavioral Health<br>Services, LLC | Elimination<br>Entries | Consolidated<br>Total |
|---|---|---|--|--|------------------------|-----------------------|
| <b>Assets</b>                                     |   |   |  |  |                        |                       |
| 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                       | 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             |
|   | 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)

June 30, 2024

|  | Mt. Washington<br>Pediatric<br>Hospital, Inc. | Mt. Washington<br>Pediatric<br>Foundation, Inc. | Mt. Washington<br>Community<br>Health<br>Services, LLC | Mt. Washington<br>Community<br>Behavioral Health<br>Services, LLC | Elimination<br>Entries | Consolidated<br>Total |
|--|---|---|--|---|------------------------|-----------------------|
| <b>Liabilities and net assets</b>          |   |   |  |   |                        |                       |
| 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 Balance Sheet

June 30, 2023

|   | Mt. Washington<br>Pediatric<br>Hospital, Inc. | Mt. Washington<br>Pediatric<br>Foundation, Inc. | Mt. Washington<br>Community<br>Health<br>Services, LLC | Mt. Washington<br>Community<br>Behavioral Health<br>Services, LLC | Elimination<br>Entries | Consolidated<br>Total |
|---|---|---|--|---|------------------------|-----------------------|
| <b>Assets</b>                                     |   |   |  |   |                        |                       |
| Current assets:                                   |   |   |  |   |                        |                       |
| Cash and cash equivalents                         | \$ 2,300,196                                  | \$ 1,105,894                                    | \$ 494,972   | \$ -  | \$ -                   | \$ 3,901,062          |
| Current portion of assets limited as to use       | 202,670                                       | -   | -  | -   | -                      | 202,670               |
| Patient accounts receivable                       | 8,652,240                                     | -   | 220,061  | 11,439  | -                      | 8,883,740             |
| Other accounts receivable                         | 1,354,108                                     | 772,467   | -  | -   | (378,718)              | 1,747,857             |
| Inventories of supplies                           | 152,553                                       | -   | -  | -   | -                      | 152,553               |
| Prepaid expenses and other current assets         | 340,824                                       | -   | 1,751  | -   | -                      | 342,575               |
| Total current assets                              | 13,002,591                                    | 1,878,361                                       | 716,784  | 11,439  | (378,718)              | 15,230,457            |
| Investments                                       | 66,552,585                                    | 7,455,106                                       | -  | -   | -                      | 74,007,691            |
| Assets limited as to use, less current portion:   |   |   |  |   |                        |                       |
| Eliasberg construction fund                       | -   | 1,249,449                                       | -  | -   | -                      | 1,249,449             |
| Funds restricted by donor                         | 184,860                                       | 18,746,998                                      | -  | -   | -                      | 18,931,858            |
| Self-insurance trust funds                        | 7,836,794                                     | -   | -  | -   | -                      | 7,836,794             |
|   | 8,021,654                                     | 19,996,447                                      | -  | -   | -                      | 28,018,101            |
| Property and equipment, net                       | 37,622,858                                    | -   | -  | -   | -                      | 37,622,858            |
| Economic interest in net assets of the Foundation | 28,951,196                                    | -   | -  | -   | (28,951,196)           | -                     |
| Other assets                                      | 3,236,422                                     | -   | -  | -   | -                      | 3,236,422             |
| Total assets                                      | \$ 157,387,306                                | \$ 29,329,914                                   | \$ 716,784   | \$ 11,439   | \$ (29,329,914)        | \$ 158,115,529        |

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

## Consolidating Balance Sheet (continued)

June 30, 2023

|  | Mt. Washington<br>Pediatric<br>Hospital, Inc. | Mt. Washington<br>Pediatric<br>Foundation, Inc. | Mt. Washington<br>Community<br>Health<br>Services, LLC | Mt. Washington<br>Pediatric<br>Community<br>Behavioral Health<br>Services, LLC | Elimination<br>Entries | Consolidated<br>Total |
|--|---|---|--|--|------------------------|-----------------------|
| <b>Liabilities and net assets</b>          |   |   |  |  |                        |                       |
| Current liabilities:                       |   |   |  |  |                        |                       |
| Current portion of long-term debt          | \$ 455,000                                    | \$ -  | \$ -   | \$ -   | \$ -                   | 455,000               |
| Trade accounts payable                     | 2,894,352                                     | 378,718   | 211  | -  | (378,718)              | 2,894,563             |
| Accrued payroll benefits                   | 4,954,744                                     | -   | -  | -  | -                      | 4,954,744             |
| Advances from third-party payors           | 3,742,843                                     | -   | -  | -  | -                      | 3,742,843             |
| Current portion of malpractice liabilities | 202,670                                       | -   | -  | -  | -                      | 202,670               |
| Due to affiliates                          | 789,434                                       | -   | -  | -  | -                      | 789,434               |
| Other current liabilities                  | 1,704,730                                     | -   | 9,768  | -  | -                      | 1,714,498             |
| Total current liabilities                  | 14,743,773                                    | 378,718   | 9,979  | -  | (378,718)              | 14,753,752            |
| Malpractice liabilities                    | 4,173,042                                     | -   | -  | -  | -                      | 4,173,042             |
| Long-term debt, less current portion       | 2,259,821                                     | -   | -  | -  | -                      | 2,259,821             |
| Other long-term liabilities                | 227,174                                       | -   | -  | -  | -                      | 227,174               |
| Total liabilities                          | 21,403,810                                    | 378,718   | 9,979  | -  | (378,718)              | 21,413,789            |
| Net assets:                                |   |   |  |  |                        |                       |
| Without donor restrictions                 | 115,321,494                                   | 8,889,749                                       | 706,805  | 11,439   | (8,889,750)            | 116,039,737           |
| With donor restrictions                    | 20,662,002                                    | 20,061,447                                      | -  | -  | (20,061,446)           | 20,662,003            |
| Total net assets                           | 135,983,496                                   | 28,951,196                                      | 706,805  | 11,439   | (28,951,196)           | 136,701,740           |
| Total liabilities and net assets           | \$ 157,387,306                                | \$ 29,329,914                                   | \$ 716,784   | \$ 11,439  | \$ (29,329,914)        | \$ 158,115,529        |

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<br>Pediatric<br>Hospital, Inc. | Mt. Washington<br>Pediatric<br>Foundation, Inc. | Mt. Washington<br>Community<br>Health<br>Services, LLC | Mt. Washington<br>Pediatric<br>Community<br>Behavioral Health<br>Services, LLC | Elimination<br>Entries | Consolidated<br>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)

Year Ended June 30, 2024

|  | Mt. Washington<br>Pediatric<br>Hospital, Inc. | Mt. Washington<br>Pediatric<br>Foundation, Inc. | Mt. Washington<br>Pediatric<br>Community<br>Health<br>Services, LLC | Mt. Washington<br>Pediatric<br>Community<br>Behavioral Health<br>Services, LLC | Elimination<br>Entries | Consolidated<br>Total |
|--|---|---|---|--|------------------------|-----------------------|
| Excess (deficit) of revenues over expenses<br>(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<br>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<br>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.



Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2023

|   | Mt. Washington<br>Pediatric<br>Hospital, Inc. | Mt. Washington<br>Pediatric<br>Foundation, Inc. | Mt. Washington<br>Community<br>Health<br>Services, LLC | Mt. Washington<br>Pediatric<br>Community<br>Behavioral Health<br>Services, LLC | Elimination<br>Entries | Consolidated<br>Total |
|---|---|---|--|--|------------------------|-----------------------|
| Operating revenue, gains, and other support:      |   |   |  |  |                        |                       |
| Net patient service revenue                       | \$ 62,484,804                                 | \$ -  | \$ 486,190   | \$ 243,900   | \$ -                   | \$ 63,214,894         |
| Other revenue                                     | 2,308,253                                     | -   | 4,731  | 42,000   | -                      | 2,354,984             |
| Total operating revenue, gains, and other support | 64,793,057                                    | -   | 490,921  | 285,900  | -                      | 65,569,878            |
| Operating expenses:                               |   |   |  |  |                        |                       |
| Salaries, wages, and benefits                     | 46,478,411                                    | -   | 436,171  | 117,189  | -                      | 47,031,771            |
| Purchased services and supplies                   | 15,941,238                                    | -   | 94,614   | 6,000  | -                      | 16,041,852            |
| Interest expense, net                             | 57,143  | -   | -  | -  | -                      | 57,143                |
| Depreciation and amortization                     | 5,377,463                                     | -   | -  | -  | -                      | 5,377,463             |
| Total operating expenses                          | 67,854,255                                    | -   | 530,785  | 123,189  | -                      | 68,508,229            |
| Operating (loss) income                           | (3,061,198)                                   | -   | (39,864)   | 162,711  | -                      | (2,938,351)           |
| Nonoperating income and expenses, net:            |   |   |  |  |                        |                       |
| Contributions                                     | 652,790                                       | 1,062,508                                       | -  | -  | -                      | 1,715,298             |
| Investment income, net                            | 581,838                                       | 336,192   | -  | -  | -                      | 918,030               |
| Other income and expenses, net                    | (548,673)                                     | (1,416,400)                                     | -  | -  | -                      | (1,965,073)           |
| Change in unrealized gains of trading securities  | 4,512,458                                     | 476,281   | -  | -  | -                      | 4,988,739             |
| Total nonoperating income                         | 5,198,413                                     | 458,581   | -  | -  | -                      | 5,656,994             |
| Excess (deficit) of revenues over expenses        | 2,137,215                                     | 458,581   | (39,864)   | 162,711  | -                      | 2,718,643             |

# Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

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

Year Ended June 30, 2023

|   | Mt. Washington<br>Pediatric<br>Hospital, Inc. | Mt. Washington<br>Pediatric<br>Foundation, Inc. | Mt. Washington<br>Community<br>Health<br>Services, LLC | Mt. Washington<br>Pediatric<br>Community<br>Behavioral Health<br>Services, LLC | Elimination<br>Entries | Consolidated<br>Total |
|---|---|---|--|--|------------------------|-----------------------|
| Excess (deficit) of revenues over expenses (from previous page)                   | \$ 2,137,215                                  | \$ 458,581                                      | \$ (39,864)  | \$ 162,711   | \$ -                   | \$ 2,718,643          |
| Change in economic interest in the Foundation                                     | 711,553                                       | -   | -  | -  | (711,553)              | -                     |
| Net assets released from restrictions used for purchase of property and equipment | 2,753,749                                     | -   | -  | -  | -                      | 2,753,749             |
| Transfers in and out  | 1,225,739                                     | -   | (1,066,411)  | (159,328)  | -                      | -                     |
| Change in funded status of defined benefit plan                                   | 491,690                                       | -   | -  | -  | -                      | 491,690               |
| Other changes in assets without donor restrictions                                | (75,153)                                      | 252,972   | -  | -  | -                      | 177,819               |
| Increase (decrease) in net assets without donor restrictions                      | 7,244,793                                     | 711,553   | (1,106,275)  | 3,383  | (711,553)              | 6,141,901             |
| Changes in net assets with donor restriction:                                     |   |   |  |  |                        |                       |
| Contributions   | 1,044,400                                     | 29,740  | -  | -  | -                      | 1,074,140             |
| Investment income, net  | -   | 786,700   | -  | -  | -                      | 786,700               |
| Net unrealized gains on donor restricted investments                              | -   | 1,131,688                                       | -  | -  | -                      | 1,131,688             |
| Change in economic interest in the Foundation                                     | 1,695,156                                     | -   | -  | -  | (1,695,156)            | -                     |
| Other changes in assets with donor restrictions                                   | -   | (252,972)                                       | -  | -  | -                      | (252,972)             |
| Net assets released from restrictions used for operations                         | (733,625)                                     | -   | -  | -  | -                      | (733,625)             |
| Net assets released from restrictions used for purchase of property and equipment | (2,753,749)                                   | -   | -  | -  | -                      | (2,753,749)           |
| (Decrease) increase in net assets with donor restrictions                         | (747,818)                                     | 1,695,156                                       | -  | -  | (1,695,156)            | (747,818)             |
| Total increase (decrease) in net assets   | 6,496,975                                     | 2,406,709                                       | (1,106,275)  | 3,383  | (2,406,709)            | 5,394,083             |
| Net assets, beginning of year   | 129,486,521                                   | 26,544,487                                      | 1,813,080  | 8,056  | (26,544,487)           | 131,307,657           |
| Net assets, end of year   | \$ 135,983,496                                | \$ 28,951,196                                   | \$ 706,805   | \$ 11,439  | \$ (28,951,196)        | \$ 136,701,740        |

See accompanying independent auditors' report.

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