

Cumulative e-File History 2011	
FED	
Locator:	4218CV
Taxpayer Name:	Mt. Washington Pediatric Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	05/14/2013 12:06:07
Acknowledgement Date:	05/14/2013 12:28:29
Status:	Accepted
Submission ID:	23695320131345000007

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning 07/01 2011, and ending 06/30 20 12

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. See instructions on back.

2011

Name of exempt organization

Employer identification number

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

52-0591483

Name and title of officer

ALFRED A PIETSCH, TREASURER

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

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

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 53004842.
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize GRANT THORNTON LLP to enter my PIN 14219 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature [Signature]

Date 5-8-13

Part III Certification and Authentication

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

23695336605 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature]

Date

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

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.			D Employer identification number 52-0591483	
	Doing Business As			E Telephone number (410) 578-8600	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1708 W. ROGERS AVENUE				
	City or town, state or country, and ZIP + 4 BALTIMORE, MD 21209			G Gross receipts \$ 58,622,854.	
F Name and address of principal officer: SHELDON STEIN 1708 W. ROGERS AVENUE 21209 BALTIMORE MD			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ WWW.MWPH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1926 M State of legal domicile: MD		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: MT. WASHINGTON PEDIATRIC HOSPITAL IS DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE OF THE CHILDREN WE SERVE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	645.
	6	Total number of volunteers (estimate if necessary)	6	102.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,313,161.	3,747,560.
	9	Program service revenue (Part VIII, line 2g)	50,087,871.	48,091,824.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,037,459.	456,993.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	541,611.	708,465.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,980,102.	53,004,842.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,990,421.	34,096,686.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	14,494,393.	12,588,162.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,484,814.	46,684,848.
19	Revenue less expenses. Subtract line 18 from line 12	10,495,288.	6,319,994.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	72,405,842.	79,333,030.
	21	Total liabilities (Part X, line 26)	17,743,939.	22,526,178.
22	Net assets or fund balances. Subtract line 21 from line 20	54,661,903.	56,806,852.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	GRANT THORNTON LLP		EIN ▶	36-6055558
	Firm's address ▶	2001 MARKET STREET, SUITE 3100 PHILADELPHIA, PA 19103		Phone no. ▶	215-561-4200
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 39,564,601. including grants of \$) (Revenue \$ 48,091,824.)

MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 20,205 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 38,639 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. 78% OF PATIENTS RECEIVED MEDICAL ASSISTANCE.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 39,564,601.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 8282, 4966, 501(c)(7), 501(c)(12), 4947(a)(1), and 501(c)(29).

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: AL CRISP 250 W. PRATT STREET SUITE 1436 BALTIMORE, MD 21201 410-328-0649

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

Check if Schedule O contains a response to any question in this Part VII X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 1										
(1) EDWARD B. CHAMBERS TRUSTEE	1.00	X					0	0	0	
(2) ROBERT A. CHRENCIK TRUSTEE	1.00	X					0	0	0	
(3) S. TRACY COSTER TRUSTEE	1.00	X					0	0	0	
(4) STEVEN J. CZINN, M.D. TRUSTEE	1.00	X					0	0	0	
(5) GEORGE J. DOVER, M.D. TRUSTEE	1.00	X					0	0	0	
(6) JOHN KELLY TRUSTEE	1.00	X					0	0	0	
(7) LAWRENCE C. PAKULA, M.D. TRUSTEE	1.00	X					0	0	0	
(8) RONALD R. PETERSON TRUSTEE	1.00	X					0	0	0	
(9) DR. BERYL ROSENSTIEN TRUSTEE	1.00	X					0	0	0	
(10) G. DANIEL SHEALER, JR ESQUIRE TRUSTEE	1.00	X					0	0	0	
(11) ROSLYN STOLER TRUSTEE	1.00	X					0	0	0	
(12) FRED WOLF, III, ESQUIRE TRUSTEE	1.00	X					0	0	0	
(13) SHELDON STEIN PRESIDENT CEO	40.00			X			315,835.	0	26,773.	
(14) ALFRED A PIETSCH TREASURER	1.00			X			0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARY MILLER CFO/ VP FINANCE	40.00			X			140,970.	0	25,728.	
(16) SHARON KELLY VP NURSING ADMINISTRATION	40.00				X		164,553.	0	15,531.	
(17) THOMAS ELLIS VP - HUMAN RESOURCES	40.00				X		151,640.	0	26,320.	
(18) AJOKO AJAYI AKINTADE MD ATTENDING PHYSICIAN	40.00					X	175,096.	0	8,812.	
(19) KATHERINE ALTER MD DIRECTOR PHYSICAL MEDICINE	32.00					X	223,992.	0	25,092.	
(20) ROBERT BLAKE DIRECTOR - NEONATOLOGY SVCS	36.00					X	199,981.	0	17,295.	
(21) PATRICIA QUIGLEY MD DIRECTOR - PULMONARY SERVICES	40.00					X	183,675.	0	23,146.	
(22) STEPHEN NICHOLS MD ATTENDING PHYSICIAN	40.00					X	168,904.	0	27,476.	
1b Sub-total							315,835.	0	26,773.	
c Total from continuation sheets to Part VII, Section A							1,408,811.	0	169,400.	
d Total (add lines 1b and 1c)							1,724,646.	0	196,173.	

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 ► 14

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 13

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	64,091.			
	d Related organizations	1d	2,026,820.			
	e Government grants (contributions)	1e	750,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	906,649.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f			3,747,560.		
Program Service Revenue			Business Code			
	2a GROSS PATIENT REVENUE	900099	48,091,824.	48,091,824.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f			48,091,824.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		279,561.			279,561.
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)			0		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	5,759,680.				
	b Less: cost or other basis and sales expenses	5,582,248.				
	c Gain or (loss)	177,432.				
	d Net gain or (loss)			177,432.		177,432.
	8a Gross income from fundraising events (not including \$ 64,091. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 3 30,500.			
	b Less: direct expenses	b	35,764.			
c Net income or (loss) from fundraising events			-5,264.		-5,264.	
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code				
11a VENDING MACHINES	900099	1,349.			1,349.	
b MEDICAL RECORDS	900099	6,361.			6,361.	
c NET ASSETS RELEASED FOR OPERATING PURPOSES	900099	447,183.			447,183.	
d All other revenue	900099	258,836.			258,836.	
e Total. Add lines 11a-11d			713,729.			
12 Total revenue. See instructions			53,004,842.	48,091,824.		1,165,458.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	767,580.	460,548.	307,032.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	26,320,112.	22,372,095.	3,948,017.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	571,398.	485,688.	85,710.	
9 Other employee benefits	4,682,522.	3,980,144.	702,378.	
10 Payroll taxes	1,755,074.	1,491,813.	263,261.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	3,188.	2,710.	478.	
c Accounting	376,953.	320,410.	56,543.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	62,111.	52,794.	9,317.	
13 Office expenses	1,094,634.	930,439.	164,195.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	315,569.	268,234.	47,335.	
17 Travel	106,481.	90,509.	15,972.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	18,230.	15,495.	2,735.	
20 Interest	61,785.	52,517.	9,268.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,777,491.	1,510,867.	266,624.	
23 Insurance	267,808.	227,637.	40,171.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	3,983,675.	3,386,124.	597,551.	
b BAD DEBT	495,836.	495,836.		
c TRANSPORTATION & SECURITY	247,100.	210,035.	37,065.	
d				
e All other expenses	3,777,301.	3,210,706.	566,595.	
25 Total functional expenses. Add lines 1 through 24e	46,684,848.	39,564,601.	7,120,247.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	15,507,756.	2	17,653,539.
	3	Pledges and grants receivable, net	1,013,359.	3	678,872.
	4	Accounts receivable, net	4,668,660.	4	5,722,581.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	122,165.	8	138,991.
	9	Prepaid expenses and deferred charges	551,912.	9	187,426.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	48,196,159.		
	10b	Less: accumulated depreciation	27,655,959.		
	10c		17,850,799.	10c	20,540,200.
	11	Investments - publicly traded securities	15,035,839.	11	17,726,540.
	12	Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	17,655,352.	15	16,684,881.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	72,405,842.	16	79,333,030.	
Liabilities	17	Accounts payable and accrued expenses	7,374,954.	17	11,376,269.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	6,830,000.	20	6,570,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,538,985.	25	4,579,909.
	26	Total liabilities. Add lines 17 through 25	17,743,939.	26	22,526,178.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	44,079,465.	27	48,099,030.
	28	Temporarily restricted net assets	9,757,267.	28	7,882,651.
	29	Permanently restricted net assets	825,171.	29	825,171.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	54,661,903.	33	56,806,852.	
34	Total liabilities and net assets/fund balances.	72,405,842.	34	79,333,030.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,004,842.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,684,848.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,319,994.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,661,903.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,175,045.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	56,806,852.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

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

Employer identification number
52-0591483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number
52-0591483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 25,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 788,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number
52-0591483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number
52-0591483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 526,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number
52-0591483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ 711,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	----- ----- -----	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number
52-0591483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ 15,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number
52-0591483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ 485,574.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

52-0591483

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

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

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2011

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C: LOBBYING ACTIVITIES

PART II-B, 1I

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 7.35% AND 24.60% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for various conservation easement details.

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

Table with 3 columns: Line number, Description, Amount. Rows 1a-1b, 2, 2a-2b for art and historical treasures reporting.

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

Schedule D (Form 990) 2011

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and activity items.

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

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

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

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

- (i) unrelated organizations, (ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	1,988,539.
(2) ECONOMIC INTEREST IN MWPF	13,797,977.
(3) OTHER	803,616.
(4) OTHER ACCOUNTS RECEIVABLE	94,749.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	16,684,881.

Part X Other Liabilities. 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	4,579,909.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,579,909.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Columns include line numbers and descriptions like 'Total revenue', 'Total expenses', 'Excess or (deficit)', etc.

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

Table with 5 main rows and sub-rows (a-e) for reconciliation of revenue. Includes sub-columns 2a-2d and 4a-4b.

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

Table with 5 main rows and sub-rows (a-e) for reconciliation of expenses. Includes sub-columns 2a-2d and 4a-4b.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS:

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		GOLF	FASHION FEVER	(total number)	(add col. (a) through col. (c))	
		(event type)	(event type)			
Revenue	1	Gross receipts	49,600.	44,991.	0	94,591.
	2	Less: Charitable contributions	31,248.	32,843.	0	64,091.
	3	Gross income (line 1 minus line 2)	18,352.	12,148.	0	30,500.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	14,509.	21,255.	0	35,764.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(35,764.)
	11	Net income summary. Combine line 3, column (d), and line 10				-5,264.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			55,290.		55,290.	.12
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			55,290.		55,290.	.12
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			191,605.	81,093.	110,512.	.24
f Health professions education (from Worksheet 5)			139,727.		139,727.	.30
g Subsidized health services (from Worksheet 6)			728,976.	483,576.	245,400.	.53
h Research (from Worksheet 7)			6,194.		6,194.	.01
i Cash and in-kind contributions for community benefit (from Worksheet 8)			511.		511.	
j Total Other Benefits			1,067,013.	564,669.	502,344.	1.08
k Total . Add lines 7d and 7j.			1,122,303.	564,669.	557,634.	1.20

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2011

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		
Section B. Medicare		
5 Enter total revenue received from Medicare (including DSH and IME)		
6 Enter Medicare allowable costs of care relating to payments on line 5		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices		
9a Did the organization have a written debt collection policy during the tax year?	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name and address

1 MT. WASHINGTON PEDIATRIC HOSPITAL
1708 W. ROGERS AVENUE
BALTIMORE MD 21209

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1	X		X						
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: MT. WASHINGTON PEDIATRIC HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) MT. WASHINGTON PEDIATRIC HOSPITAL

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>5</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
12	Explained the method for applying for financial assistance?	X	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14	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 actions the hospital facility may take upon non-payment?	X	
15	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 patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input checked="" type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	X	
a	<input type="checkbox"/> Reporting to credit agency		
b	<input checked="" type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d	<input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) MT. WASHINGTON PEDIATRIC HOSPITAL

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?		X
If "No," indicate why:			
a	<input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?	X	
If "Yes," explain in Part VI.			

Part V Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

RELATED ORGANIZATION REPORT

SCHEDULE H, PART I, LINE 6A

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR
ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST
REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 31 OF
EACH YEAR.

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

COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

SCHEDULE H, LINE 7A, COLUMN (D)

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

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.

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

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

ASSESSMENT .

SCHEDULE H, LINE 7F COLUMN (C)

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 .

SCHEDULE H, LINE 7F COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

COALITION BUILDING: PREMATURE INFANT HEALTH NETWORK, BALTIMORE CITY INFANTS & TODDLERS PROGRAM

MWPH HAS TAKEN A PROACTIVE ROLE IN COMBATING LOW-BIRTH WEIGHT AND SUDDEN INFANT DEATH SYNDROME BY PARTICIPATING AS MEMBERS OF THE PREMATURE INFANT HEALTH NETWORK. OUR PARTNERSHIP WITH BALTIMORE CITY HEALTH DEPARTMENTS "B'MORE HEALTHY BABIES" CAMPAIGN WAS DEVELOPED TO ADDRESS BALTIMORE CITY'S HIGH RATE OF INFANT DEATHS, AMONG THE WORST IN AMERICA. IN 2009 ALONE, MORE THAN 120 INFANTS IN BALTIMORE UNDER THE AGE OF ONE DIED, WITH MANY OF THE DEATHS BEING PREVENTABLE. THE CITY ALSO HAS A HIGH RATE OF

Part VI Supplemental Information

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BABIES BORN PRE-TERM AND UNDERWEIGHT - KEY FACTORS IN INFANT MORTALITY.

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

DIABETES CAMP

THE EXTREME WEEKEND FOR CHILDREN WITH DIABETES CAMP IS A CAMP DEVELOPED TO ASSIST FAMILY MEMBERS OF CHILDREN WITH DIABETES IN COPING WITH THE LIFESTYLE CHANGES THAT ACCOMPANY LIVING WITH SOMEONE WITH THE DISEASE. STAFF DEDICATED SEVERAL HOURS IN PREPARING AND PRESENTING WORKSHOPS TO CHILDREN WITH DIABETES AND THEIR FAMILIES. IN ADDITION, OUR STAFF PSYCHOLOGIST WAS ALSO AVAILABLE AS A RESOURCE FOR SUPPORT GROUPS FOR TYPE 1 DIABETES PEDIATRIC SUPPORT GROUP.

COMMUNITY HEALTH IMPROVEMENT AND ADVOCACY: NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS (NACHRI) OBESITY TASK

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FORCE, BRAIN INJURY ASSOCIATION OF MD PLANNING COMMITTEE

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

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

THE MT WASHINGTON PEDIATRIC HOSPITAL (MWPH) CENTER FOR PEDIATRIC WEIGHT MANAGEMENT AND HEALTHY LIVING (CENTER) EXPANDED THIS PAST FISCAL YEAR AND OFFERS SEVERAL COMPREHENSIVE, MULTI-DISCIPLINARY PROGRAMS FOR PEDIATRIC WEIGHT MANAGEMENT. THE CENTER NOW INCLUDES MEDICAL MANAGEMENT OF BOTH

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MEDICAL AND SURGICAL WEIGHT MANAGEMENT OPTIONS FOR CHILDREN AND ADOLESCENTS AND SERVES PATIENTS AGES TWO TO 18. MEDICALLY SUPERVISED WEIGHT MANAGEMENT PROGRAMS INCLUDE WEIGH SMART, AS WELL AS, THE NEWLY CREATED WEIGH SMART JR. PROGRAM. THE WEIGHT SMART JR. PROGRAM WAS A DIRECT REFLECTION OF THE INPUT FROM OUR COMMUNITY PHYSICIANS IN THE COMMUNITY NEEDS ASSESSMENT. MANY PHYSICIANS INDICATED "8 (YEARS OF AGE) IS TOO LATE" IN REGARDS TO THE BEST AGE FOR INTERVENTION WHEN DEALING WITH OBESITY. THIS PROGRAM WAS ADDED TO AUGMENT THE WEIGH SMART PROGRAM AND PROVIDE CONTINUITY OF CARE FOR CHILDREN OR ALL AGES.

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

BRAIN INJURY ASSOCIATION OF MD PLANNING COMMITTEE

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MWPH PARTICIPATION IN THE BRAIN INJURY ASSOCIATION OF MARYLAND'S PLANNING COMMITTEE INCLUDED PROVIDING A PRESENTATION AT ITS ANNUAL CONFERENCE, AS WELL AS, ACCESS TO SEVERAL MEMBERS OF OUR STAFF AS CLINICAL RESOURCES. THIS INCLUDED, BUT WAS NOT LIMITED TO, A NEUROPSYCHOLOGIST , A SPEECH THERAPIST, AN OCCUPATIONAL THERAPIST AND A POST-DOCTORAL FELLOW IN CLINICAL NEUROPSYCHOLOGY. THERE WERE ALSO PRESENTATIONS AND OUTREACH TO LOCAL SCHOOLS AND PROFESSIONAL GROUPS ON TRAUMATIC BRAIN INJURY AND CONCUSSION MANAGEMENT, AS WELL AS, A SUPPORT GROUP WHERE A PSYCHOLOGIST WAS PROVIDED AS A RESOURCE FOR FAMILIES AND PATIENTS WHO ARE COPING WITH TRAUMATIC BRAIN INJURY (TBI).

BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 4

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT

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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.

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

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

MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED BY THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST. THIS

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TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE MARYLAND SYSTEM AS LONG AS TWO CONDITIONS ARE MET.

- ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC SET RATES

AND

- THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM

1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE

PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED.

OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY

REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A

DIGNIFIED AND RESPECTFUL MANNER. 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

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THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.

PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS. 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.

MT. WASHINGTON PEDIATRIC HOSPITAL 1

SCHEDULE H, PART V, SECTION B, 19

ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF THEIR ABILITY TO PAY.

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COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

I. ESTABLISHING THE ASSESSMENT AND INFRASTRUCTURE

TO COMPLETE A COMPREHENSIVE ASSESSMENT OF THE NEEDS OF THE COMMUNITY, THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 6-STEP COMMUNITY HEALTH ASSESSMENT PROCESS WAS UTILIZED AS AN ORGANIZING METHODOLOGY. THE UNIVERSITY OF MARYLAND MEDICAL SYSTEMS (UMMS) COMMUNITY BENEFIT TEAM (CBT) SERVED AS THE LEAD TEAM TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH INPUT FROM OTHER UNIVERSITY OF MARYLAND MEDICAL SYSTEM BALTIMORE CITY-BASED HOSPITALS, COMMUNITY LEADERS, THE ACADEMIC COMMUNITY, THE PUBLIC, HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH DEPARTMENT. MWPH ADOPTED THE FOLLOWING ACHI 6-STEP PROCESS TO LEAD THE ASSESSMENT PROCESS AND THE ADDITIONAL 5-COMPONENT ASSESSMENT AND ENGAGEMENT STRATEGY TO LEAD THE DATA COLLECTION METHODOLOGY.

ACCORDING TO THE PATIENT PROTECTION AND AFFORDABLE CARE ACT ("ACA"), HOSPITALS MUST PERFORM A COMMUNITY HEALTH NEEDS ASSESSMENT EITHER FISCAL YEAR 2011, 2012, OR 2013, ADOPT AN IMPLEMENTATION STRATEGY TO MEET THE

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COMMUNITY HEALTH NEEDS IDENTIFIED, AND BEGINNING IN 2013, PERFORM AN ASSESSMENT AT LEAST EVERY THREE YEARS THEREAFTER. THE NEEDS ASSESSMENT MUST TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, AND MUST BE MADE WIDELY AVAILABLE TO THE PUBLIC. FOR THE PURPOSES OF THIS REPORT, A COMMUNITY HEALTH NEEDS ASSESSMENT IS A WRITTEN DOCUMENT DEVELOPED BY A HOSPITAL FACILITY (ALONE OR IN CONJUNCTION WITH OTHERS) THAT UTILIZES DATA TO ESTABLISH COMMUNITY HEALTH PRIORITIES, AND INCLUDES THE FOLLOWING:

1. A DESCRIPTION OF THE PROCESS USED TO CONDUCT THE ASSESSMENT.
2. WHO THE HOSPITAL HAS COLLABORATED WITH TO COMPLETE THE ASSESSMENT
3. HOW THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM COMMUNITY MEMBERS AND PUBLIC HEALTH EXPERTS
4. A DESCRIPTION OF THE COMMUNITY SERVED
5. A DESCRIPTION OF THE HEALTH NEEDS IDENTIFIED THROUGH THE ASSESSMENT PROCESS.

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

II. DEFINING THE PURPOSE AND SCOPE

PRIMARY COMMUNITY BENEFIT SERVICE AREA

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TO EFFECTIVELY REACH THE MISSION, MWPH CONDUCTED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING FY 2012. DESPITE THE LARGER REGIONAL PATIENT MIX OF MWPH, FOR PURPOSES OF COMMUNITY BENEFITS PROGRAMMING AND THIS REPORT, THE COMMUNITY BENEFIT SERVICE AREA (CBSA) OF MWPH IS WITHIN BALTIMORE CITY.

THE MT WASHINGTON PEDIATRIC HOSPITAL SERVES A LARGE PORTION OF BALTIMORE COUNTY AND BALTIMORE CITY, WE DRAW 59% OF OUR DISCHARGES FROM A DEFINED MARKET AREA WITH FOUR SUB-AREAS WITHIN THE BALTIMORE COUNTY AND BALTIMORE CITY. OUR CORE MARKET IS DEFINED AS 12 CONTIGUOUS ZIP CODES IN BALTIMORE CITY FROM WHICH WE DRAW 54% OF OUR DISCHARGES. THESE 10 TARGETED ZIP CODES ARE THE PRIMARY COMMUNITY BENEFIT SERVICE AREA. (CBSA) AND COMPRISE THE GEOGRAPHIC SCOPE OF THIS ASSESSMENT.

III. COLLECTING AND ANALYZING DATA

A) COMMUNITY PERSPECTIVE

THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH TWO SURVEYS OFFERED TO

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THE PUBLIC DURING HEALTH FAIRS THROUGHOUT BALTIMORE CITY. A 6-ITEM SURVEY ASKED RESPONDENTS TO IDENTIFY THEIR TOP HEALTH CONCERNS AND THEIR TOP BARRIERS IN ACCESSING HEALTH CARE. A LONGER SURVEY WAS ALSO CREATED AND POSTED ONLINE ON THE PUBLIC WEBSITE.

METHODS

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

RESULTS

TOP 5 HEALTH CONCERNS:

- OVERWEIGHT/OBESITY (N=604)
- HIGH BLOOD PRESSURE/STROKE (N=598)

Part VI Supplemental Information

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DIABETES/SUGAR (N=594)

SMOKING/DRUG/ALCOHOL USE (N=550)

HEART DISEASE (N=551)

ANALYSIS BY CBSA TARGETED ZIP CODES REVEALED THE SAME TOP HEALTH CONCERNS AND TOP HEALTH BARRIERS WITH LITTLE DEVIATION FROM THE OVERALL BALTIMORE CITY DATA.

TOP 5 BARRIERS TO HEALTH CARE:

NO HEALTH INSURANCE (N=655)

TOO EXPENSIVE (N= 569)

NO TRANSPORTATION (N=282)

LOCAL MDS NOT PART OF PLAN (N=258)

MD TOO FAR FROM HOME (N=119)

B) HEALTH EXPERTS

METHODS

HOSTED A COMMUNITY STAKEHOLDER MEETING, INCLUDING COMMUNITY ORGANIZERS,

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FAITH-BASED ORGANIZATION LEADERS, COMMUNITY-BASED NON-PROFIT ORGANIZATION

MEMBERS/LEADERS

○ REVIEWED & INCLUDED NATIONAL PREVENTION STRATEGY PRIORITIES, MARYLAND

STATE HEALTH IMPROVEMENT PLAN (SHIP) INDICATORS, AND HEALTHY BALTIMORE

2015 PLAN FROM THE BCHD

RESULTS

○ NATIONAL PREVENTION STRATEGY - 7 PRIORITY AREAS

○ SHIP: 39 OBJECTIVES IN 6 VISION AREAS FOR THE STATE, INCLUDES TARGETS

FOR BALTIMORE CITY

○ HEALTHY BALTIMORE 2015: TEN PRIORITY AREAS

○ HEALTH EXPERT UMB CAMPUS PANEL FOCUS GROUP TOP ACTION ITEMS INCLUDED:

- IMPROVE COMMUNICATION AND SYNERGY ACROSS CAMPUS SCHOOLS AND MWPH
- INCLUDE MWPH ON COMMUNITY ACTION COUNCIL
- CONSIDER INTENSIVELY WORKING WITH 1 NEIGHBORHOOD TO IMPROVE HEALTH AND

SDOH OUTCOMES

- LOOK FOR WAYS TO PARTNER AND SUPPORT EACH OTHER

COMPARISON OF FEDERAL, STATE, AND LOCAL HEALTH PRIORITIES

Part VI Supplemental Information

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NATIONAL PREVENTION STRATEGY: 2011 PRIORITY AREAS MARYLAND STATE HEALTH

IMPROVEMENT PLAN (SHIP) 2011 HEALTHY BALTIMORE 2015

TOBACCO FREE LIVING

HEALTHY BABIES

PROMOTE ACCESS TO QUALITY HEALTH CARE FOR ALL

PREVENTING DRUG ABUSE & EXCESSIVE ALCOHOL USE

HEALTHY SOCIAL ENVIRONMENTS BE TOBACCO FREE

HEALTHY EATING

SAFE PHYSICAL ENVIRONMENTS

REDESIGN COMMUNITIES TO PREVENT OBESITY

ACTIVE LIVING

INFECTIOUS DISEASES

PROMOTE HEART HEALTH

INJURY & VIOLENCE FREE LIVING

CHRONIC DISEASES

STOP THE SPREAD OF HIV & OTHER ST INFECTIONS

REPRODUCTIVE & SEXUAL HEALTH HEALTHCARE ACCESS

RECOGNIZE & TREAT MENTAL HEALTH NEEDS

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MENTAL & EMOTIONAL WELL-BEING

REDUCE DRUG USE & ALCOHOL USE

ENCOURAGE EARLY DETECTION OF CANCER

PROMOTE HEALTHY CHILDREN & ADOLESCENTS

CREATE HEALTH PROMOTING NEIGHBORHOODS

C) COMMUNITY LEADERS

METHODS

HOSTED A STAKEHOLDER MEETING OF FAITH-BASED LEADERS TO INCLUDE THEIR

COMMUNITIES' PERSPECTIVES ON HEALTH NEEDS (OCTOBER 2011)

PARTICIPATED IN UMMS COMMUNITY PARTNER FOCUS GROUP (APRIL 2012)

RESULTS

#1 SERIOUS PROBLEM IDENTIFIED: 44.8% REPORTED THE NEED FOR AFFORDABLE

HEALTH CARE (SEE CHART 3)

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

TOP 3 MODERATE PROBLEMS IN RANK ORDER:

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- BEHAVIORAL/MENTAL ILLNESS
- HEART DISEASE
- DIABETES

O 86.7% OF COMMUNITY GET THEIR HEALTH INFORMATION FROM FAMILY & FRIENDS,
63% FROM INTERNET, 60% FROM CHURCH

O TOP 3 ACTION ITEMS:

- MOBILE UNIT - SCREENINGS, HEALTH EDUCATION, COMMUNITY ENGAGEMENT
- SET UP A "GREEN" NEIGHBORHOOD AS A MODEL
- MENTAL HEALTH

D) SOCIAL DETERMINANTS OF HEALTH (SDOH)

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

METHODS

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REVIEWED DATA FROM IDENTIFIED 2011 BALTIMORE CITY HEALTH DEPARTMENT'S
BALTIMORE CITY NEIGHBORHOOD PROFILES, BALTIMORE CITY FOOD DESERT MAP
RESULTS:

BALTIMORE CITY SUMMARY OF CBSA TARGETED ZIP CODES

TOP SDOHS:

- LOW EDUCATION ATTAINMENT (52.6% W/ LESS THAN HS DEGREE)
- HIGH POVERTY RATE (15.7%)/HIGH UNEMPLOYMENT RATE (11%)
- VIOLENCE
- POOR FOOD ENVIRONMENT (SEE FIGURE 5 BELOW)

E) HEALTH STATISTICS/INDICATORS

METHODS:

REGULARLY REVIEW THE FOLLOWING LOCAL DATA SOURCES:

- BALTIMORE CITY HEALTH STATUS REPORT
- BALTIMORE HEALTH DISPARITIES REPORT CARD

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- BALTIMORE NEIGHBORHOOD PROFILES

REGULARLY REVIEW NATIONAL TRENDS AND DATA:

- HEALTHY PEOPLE 2020
- CENTERS FOR DISEASE CONTROL REPORTS/UPDATES
- F AS IN FAT: EXECUTIVE SUMMARY (RWJF)

RESULTS:

BALTIMORE CITY HEALTH OUTCOMES SUMMARY FOR CBSA-TARGETED ZIP CODES

TOP 3 CAUSES OF DEATH IN BALTIMORE CITY IN RANK ORDER:

- HEART DISEASE
- CANCER
- STROKE

CAUSE OF PEDIATRIC DEATHS

- HIGH RATE OF INFANT MORTALITY

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IV. SELECTING PRIORITIES

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

- OBESITY/HEART DISEASE/DIABETES
- MATERNAL & CHILD HEALTH
- VIOLENCE PREVENTION
- LEAD POISONING

V. DOCUMENTING AND COMMUNICATING RESULTS

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

VI. PLANNING FOR ACTION AND MONITORING PROGRESS

A) PRIORITIES & IMPLEMENTATION PLANNING

BASED ON THE ABOVE ASSESSMENT, FINDINGS, AND PRIORITIES, THE MWPH AGREED TO INCORPORATE OUR IDENTIFIED PRIORITIES WITH MARYLAND'S STATE HEALTH

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IMPROVEMENT PLAN (SHIP). USING THE SHIP AS A FRAMEWORK, THE FOLLOWING MATRIX WAS CREATED TO SHOW THE INTEGRATION OF OUR IDENTIFIED PRIORITIES AND THEIR ALIGNMENT WITH THE SHIP'S VISION AREAS (SEE TABLE 1). MWPH WILL ALSO TRACK THE PROGRESS WITH LONG-TERM OUTCOME OBJECTIVES MEASURED THROUGH THE MARYLAND'S DEPARTMENT OF HEALTH & MENTAL HYGIENE (DHMH). SHORT-TERM PROGRAMMATIC OBJECTIVES, INCLUDING PROCESS AND OUTCOME MEASURES WILL BE MEASURED ANNUALLY BY MWPH FOR EACH PRIORITY AREAS THROUGH THE RELATED PROGRAMMING. ADJUSTMENTS WILL BE MADE TO ANNUAL PLANS AS OTHER ISSUES EMERGE OR THROUGH OUR ANNUAL PROGRAM EVALUATION.

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

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CATEGORIES' NEEDS WILL BE DETERMINED ON AN AS-NEEDED BASIS.

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

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

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

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

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

FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS WILL BE CONDUCTED EVERY THREE

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

MWPH COMMUNITY NEEDS ASSESSMENT PRIORITIES & OUTCOMES FYS '13-15

MARYLAND SHIP VISION AREA MWPH PRIORITIES SHIP OUTCOME OBJECTIVES

HEALTHY BABIES: MATERNAL/CHILD HEALTH

- 1) REDUCE LOW BIRTH WEIGHT (LBW) & VERY LOW BIRTH WEIGHT (VLBW)
- 2) REDUCE SUDDEN UNEXPECTED INFANT DEATHS (SUIDS)
- 3) INCREASE THE PROPORTION OF PREGNANT WOMEN STARTING PRENATAL CARE IN
THE FIRST TRIMESTER

HEALTHY SOCIAL ENVIRONMENTS: TRAUMA/VIOLENCE PREVENTION

- 1) DECREASE RATE OF ALCOHOL-IMPAIRED DRIVING FATALITIES

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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

2) DECREASE RATE OF DISTRACTED DRIVING FATALITIES

3) REDUCE RATE OF RECIDIVISM DUE TO VIOLENT INJURY

SAFE PHYSICAL ENVIRONMENTS: TRAUMA PREVENTION/SAFE KIDS

1) DECREASE FALL-RELATED DEATHS

2) REDUCE PEDESTRIAN INJURIES ON PUBLIC ROADS

3) INCREASE ACCESS TO HEALTHY FOODS

(SEE BELOW: OBESITY)

INFECTIOUS DISEASE:

HIV PREVENTION/TREATMENT

1) REDUCE NEW HIV INFECTIONS AMONG ADULTS & ADOLESCENTS

INFLUENZA

1) INCREASE PERCENTAGE OF PEOPLE VACCINATED ANNUALLY AGAINST SEASONAL

INFLUENZA

CHRONIC DISEASE:

Part VI Supplemental Information

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OBESITY/HEART DISEASE/DIABETES

- 1) INCREASE THE PROPORTION OF ADULTS WHO ARE AT A HEALTHY WEIGHT
- 2) REDUCE THE PROPORTION OF CHILDREN & WHO ARE CONSIDERED OBESE
- 3) INCREASE ACCESS TO HEALTHY FOODS
- 4) REDUCE DEATHS FROM HEART DISEASE
- 5) REDUCE DIABETES-RELATED EMERGENCY ROOM VISITS

CANCER

- 1) REDUCE OVERALL CANCER DEATH RATE
- 2) REDUCE THE PROPORTION OF ADULTS WHO ARE CURRENT SMOKERS

HEALTHCARE ACCESS WORKFORCE DEVELOPMENT

- 1) INCREASE THE PROPORTION OF PERSONS WITH HEALTH INSURANCE

B) UNMET COMMUNITY NEEDS

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

Part VI Supplemental Information

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

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

TABLE 2 - MWPH STRATEGIC PROGRAMS AND PARTNERS FYS '13-15

MARYLAND SHIP VISION AREA, MWPH PRIORITIES, MWPH STRATEGIC COMMUNITY PROGRAMS, MWPH PARTNERS

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HEALTHY BABIES, CHILD HEALTH PRENATAL & POSTNATAL EDUCATION, B'MORE

HEALTHY BABIES, STORK'S NEST, TEXT4BABY

HEALTHY SOCIAL ENVIRONMENTS, REDUCE CHILD MALTREATMENT, VIOLENCE

INTERVENTION PROGRAM (VIP), BALTIMORE CITY HEALTH DEPT.

SAFE PHYSICAL ENVIRONMENTS TRAUMA PREVENTION, REDUCE PEDESTRIAN INJURIES,
 REDUCE BLOOD LEAD LEVELS, TRAUMA PREVENTION, B'MORE SAFE KIDS PROGRAMMING
 (HELMETS, FIRE SAFETY, CAR SEATS), B'MORE PREPARED TRAUMATIC BRAIN INJURY
 SOCIETY, SAFE KIDS, BALTIMORE CITY FIRE DEPT, MARYLAND CAR SEAT SAFETY
 PROGRAM

CHRONIC DISEASE, REDUCE CHILDHOOD OBESITY, REDUCE DIABETES-RELATED
 EMERGENCY ROOM VISITS, REDUCE DEATH FROM HEART DISEASE, WEIGH SMART,
 WEIGH SMART JR., HEALTHY LIVING ACADEMY, NUTRITIONAL REHABILITATION
 PROGRAM, AHA, ADA, UMB CAMPUS, UMMS CITY HOSPITALS, VARIOUS BALTIMORE
 CITY AGENCIES

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HEALTHCARE ACCESS WORKFORCE DEVELOPMENT, CAMP NOAH, GROW YOUR OWN, BALTO
CITY PUBLIC SCHOOLS, ARC BALTIMORE, DRESS FOR SUCCESS

ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

DESCRIPTION OF PATIENT CHARITY CARE POLICY

THE PATIENT FINANCIAL ASSISTANCE POLICY AT MT. WASHINGTON PEDIATRIC
HOSPITAL IS A COMPREHENSIVE POLICY DESIGNED TO ASSESS THE NEEDS OF
PATIENTS AND FAMILIES THAT HAVE EXPRESSED CONCERNS ABOUT THEIR ABILITY TO
PAY FOR NEEDED MEDICAL SERVICES.

MT. WASHINGTON PEDIATRIC HOSPITAL MAKES EVERY EFFORT TO MAKE FINANCIAL
ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS/FAMILIES. THESE EFFORTS
INCLUDE SIGNAGE AT OUR OUTPATIENT DESKS AND INPATIENT WELCOME AREAS,
NOTICES ON PATIENT BILLS AND ADMISSIONS DOCUMENTS, AND INFORMATION ON OUR
WEB SITE.

Part VI Supplemental Information

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DESCRIPTION OF HOW MWPH INFORMS PATIENTS OF THE CHARITY CARE POLICY

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

PROGRAM ESTABLISHED TO HELP PATIENTS OBTAIN FINANCIAL AID WHEN IT IS BEYOND THEIR ABILITY TO PAY FOR SERVICES. AN APPLICATION AND FURTHER INFORMATION IS AVAILABLE FROM THE FINANCIAL COUNSELOR IN THE ADMISSIONS

OTHER MEANS OF INFORMING THE PATIENTS OF AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDE HANDOUTS, NOTIFICATION BY THE ADMISSIONS OFFICE, SOCIAL WORK STAFF, AND PATIENT ACCOUNTING REPRESENTATIVES, AND/OR BILLING

Part VI Supplemental Information

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COMPANY STAFF.

ALSO, AN INFORMATION SHEET IS PROVIDED TO THE PATIENTS, THE PATIENT'S FAMILY, OR THE PATIENT'S AUTHORIZED REPRESENTATIVE BEFORE DISCHARGE, WITH HOSPITAL BILL, OR ON REQUEST.

THE INFORMATION SHEET INCLUDED THE FOLLOWING ITEMS:

- A. A DESCRIPTION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY;
- B. A DESCRIPTION OF THE PATIENT'S RIGHTS AND OBLIGATIONS WITH REGARD TO HOSPITAL BILLING AND COLLECTION;
- C. CONTACT INFORMATION FOR THE INDIVIDUAL OR OFFICE AT THE HOSPITAL THAT IS AVAILABLE TO ASSIST THE PATIENT OR THE PATIENT REPRESENTATIVE IN UNDERSTANDING THE HOSPITAL BILL AND HOW TO APPLY FOR FREE AND REDUCED COST CARE;
- D. CONTACT INFORMATION FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM;
- E. A STATEMENT THAT PHYSICIAN CHARGES ARE NOT INCLUDED IN THE HOSPITAL BILL AND ARE BILLED SEPARATELY.

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PATIENT FINANCIAL ASSISTANCE POLICY

MWPH IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO CHILDREN 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 AND FAMILY FINANCIAL SITUATION.

B. IT IS THE POLICY OF MWPH TO PROVIDE FINANCIAL ASSISTANCE BASED ON INDIGENCE OR HIGH MEDICAL EXPENSES FOR PATIENTS WHOSE FAMILIES MEET SPECIFIED FINANCIAL CRITERIA AND REQUEST SUCH ASSISTANCE. THE PURPOSE OF THE FOLLOWING POLICY STATEMENT IS TO DESCRIBE HOW APPLICATIONS FOR FINANCIAL ASSISTANCE SHOULD BE MADE, THE CRITERIA FOR ELIGIBILITY, AND THE STEPS FOR PROCESSING APPLICATIONS.

C. MWPH WILL PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE ON ITS WEBSITE AND WILL POST NOTICES OF AVAILABILITY AT APPROPRIATE INTAKE LOCATIONS AS WELL AS THE INPATIENT WELCOME CENTER. NOTICE OF AVAILABILITY WILL ALSO BE SENT TO PATIENTS ON PATIENT BILLS. SIGNAGE IN KEY PATIENT ACCESS AREAS WILL BE MADE AVAILABLE. A PATIENT BILLING AND FINANCIAL

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ASSISTANCE INFORMATION SHEET WILL BE PROVIDED TO PATIENTS/FAMILIES

RECEIVING INPATIENT SERVICES WITH THEIR WELCOME PACKET AND MADE AVAILABLE

TO ALL PATIENTS/FAMILIES UPON REQUEST.

D. FINANCIAL ASSISTANCE MAY BE EXTENDED WHEN A REVIEW OF A PATIENT'S

INDIVIDUAL AND FAMILY FINANCIAL CIRCUMSTANCES HAS BEEN CONDUCTED AND

DOCUMENTED. THIS MAY INCLUDE THE PATIENT'S EXISTING MEDICAL EXPENSES,

INCLUDING ANY ACCOUNTS HAVING GONE TO BAD DEBT, AS WELL AS PROJECTED

MEDICAL EXPENSES.

E. MWPH RETAINS THE RIGHT IN ITS SOLE DISCRETION TO DETERMINE A PATIENT'S

OR FAMILY'S ABILITY TO PAY.

2. PROGRAM ELIGIBILITY

A. CONSISTENT WITH OUR MISSION TO DELIVER COMPASSIONATE AND HIGH QUALITY

HEALTHCARE SERVICES AND TO ADVOCATE FOR CHILDREN, MWPH STRIVES TO ENSURE

THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES

NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE.

B. PHYSICIAN CHARGES RELATED TO DATES OF SERVICE ARE INCLUDED IN MWPH'S

FINANCIAL ASSISTANCE POLICY. BOTH HOSPITAL AND PHYSICIAN CHARGES WILL BE

CONSIDERED DURING THE APPLICATION PROCESS.

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C. SPECIFIC EXCLUSIONS TO COVERAGE UNDER THE FINANCIAL ASSISTANCE PROGRAM

INCLUDE THE FOLLOWING:

I) SERVICES PROVIDED BY HEALTHCARE PROVIDERS NOT AFFILIATED WITH MWPH

(E.G., HOME HEALTH SERVICES)

II) PATIENTS WHOSE INSURANCE PROGRAM OR POLICY DENIES COVERAGE FOR

SERVICES BY THEIR INSURANCE COMPANY (E.G., HMO, PPO, WORKERS

COMPENSATION, OR MEDICAID), ARE NOT ELIGIBLE FOR THE FINANCIAL ASSISTANCE

PROGRAM WITHOUT APPROVAL OF SENIOR LEADERSHIP.

(1) GENERALLY, THE FINANCIAL ASSISTANCE PROGRAM IS NOT AVAILABLE TO COVER

SERVICES THAT ARE DENIED BY A PATIENT'S INSURANCE COMPANY; HOWEVER,

EXCEPTIONS MAY BE MADE CONSIDERING MEDICAL AND PROGRAMMATIC

IMPLICATIONS.

III) UNPAID BALANCES RESULTING FROM NON-MEDICALLY NECESSARY SERVICES

D. PATIENTS MAY BECOME INELIGIBLE FOR FINANCIAL ASSISTANCE FOR THE

FOLLOWING REASONS:

I) REFUSAL OF FAMILY TO PROVIDE REQUESTED DOCUMENTATION OR PROVIDING

INCOMPLETE INFORMATION.

II) HAVE INSURANCE COVERAGE THROUGH AN HMO, PPO, WORKERS COMPENSATION,

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MEDICAID, OR OTHER INSURANCE PROGRAMS THAT DENY ACCESS TO MWPH DUE TO
INSURANCE PLAN RESTRICTIONS/LIMITS.

III) FAILURE OF PARENT/GUARDIAN/GUARANTOR TO PAY CO-PAYMENTS AS REQUIRED
BY THE FINANCIAL ASSISTANCE PROGRAM.

IV) FAILURE OF PARENT/GUARDIAN/GUARANTOR TO KEEP CURRENT ON EXISTING
PAYMENT ARRANGEMENTS WITH MWPH.

V) FAILURE OF PARENT/GUARDIAN/GUARANTOR TO MAKE APPROPRIATE ARRANGEMENTS
ON PAST PAYMENT OBLIGATIONS OWED TO MWPH (INCLUDING THOSE PATIENTS WHO
WERE REFERRED TO AN OUTSIDE COLLECTION AGENCY FOR A PREVIOUS DEBT).

VI) REFUSAL OF PARENT/GUARDIAN/GUARANTOR TO BE SCREENED OR APPLY FOR
OTHER ASSISTANCE PROGRAMS PRIOR TO SUBMITTING AN APPLICATION TO THE
FINANCIAL ASSISTANCE PROGRAM.

E. PARENT/GUARDIAN/GUARANTOR OF PATIENTS WHO BECOME INELIGIBLE FOR THE
PROGRAM WILL BE REQUIRED TO PAY ANY OPEN BALANCES AND MAY BE SUBMITTED TO
A BAD DEBT SERVICE IF THE BALANCE REMAINS UNPAID IN THE AGREED UPON TIME
PERIODS.

F. PARENTS/GUARDIANS/GUARANTORS WHO INDICATE THEY ARE UNEMPLOYED AND HAVE
NO INSURANCE COVERAGE SHALL BE REQUIRED TO SUBMIT A FINANCIAL ASSISTANCE

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APPLICATION UNLESS THEY MEET PRESUMPTIVE FINANCIAL ASSISTANCE (SEE SECTION 3 BELOW) ELIGIBILITY CRITERIA. IF PATIENT QUALIFIES FOR COBRA COVERAGE, PARENT'S/GUARDIAN'S/GUARANTOR'S FINANCIAL ABILITY TO PAY COBRA INSURANCE PREMIUMS SHALL BE REVIEWED BY APPROPRIATE PERSONNEL AND RECOMMENDATIONS SHALL BE MADE TO SENIOR LEADERSHIP. FAMILIES WITH THE FINANCIAL CAPACITY TO PURCHASE HEALTH INSURANCE SHALL BE ENCOURAGED TO DO SO, AS A MEANS OF ASSURING ACCESS TO HEALTH CARE SERVICES AND FOR THEIR OVERALL PERSONAL HEALTH.

G. COVERAGE AMOUNTS WILL BE CALCULATED BASED UPON 200-300% OF INCOME AS DEFINED BY FEDERAL POVERTY GUIDELINES AND WILL GENERALLY FOLLOW THE SLIDING SCALE INCLUDED IN ATTACHMENT A, WITH MWPH RESERVING THE RIGHT TO INCREASE AID WHERE IT IS DEEMED NECESSARY.

3. PRESUMPTIVE FINANCIAL ASSISTANCE

A. PATIENTS MAY ALSO BE CONSIDERED FOR PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY. THERE ARE INSTANCES WHEN A PATIENT MAY APPEAR ELIGIBLE FOR FINANCIAL ASSISTANCE, BUT THERE IS NO FINANCIAL ASSISTANCE FORM AND/OR SUPPORTING DOCUMENTATION ON FILE. OFTEN THERE IS ADEQUATE INFORMATION PROVIDED BY THE PATIENT FAMILY OR THROUGH OTHER SOURCES, WHICH COULD

Part VI Supplemental Information

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PROVIDE SUFFICIENT EVIDENCE TO PROVIDE THE PATIENT WITH FINANCIAL ASSISTANCE. IN THE EVENT THERE IS NO EVIDENCE TO SUPPORT A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE, MWPH RESERVES THE RIGHT TO USE OUTSIDE AGENCIES OR INFORMATION IN DETERMINING ESTIMATED INCOME AMOUNTS FOR THE BASIS OF DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY AND POTENTIAL REDUCED CARE RATES. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY SHALL ONLY COVER THE PATIENT'S SPECIFIC DATE OF SERVICE. PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE:

- I) ACTIVE MEDICAL ASSISTANCE COVERAGE
- II) HOMELESSNESS
- III) FAMILY PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC)
- IV) FAMILY FOOD STAMP ELIGIBILITY
- V) ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS
- VI) PATIENT IS DECEASED WITH NO KNOWN ESTATE

4. MEDICAL HARSHIP

A. PATIENTS FALLING OUTSIDE OF CONVENTIONAL INCOME OR PRESUMPTIVE FINANCIAL ASSISTANCE CRITERIA ARE POTENTIALLY ELIGIBLE FOR BILL REDUCTION

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THROUGH THE MEDICAL HARDSHIP PROGRAM.

I) UNINSURED MEDICAL HARDSHIP CRITERIA IS STATE DEFINED:

(1) COMBINED HOUSEHOLD INCOME LESS THAN 500% OF FEDERAL POVERTY

GUIDELINES

(2) HAVING INCURRED COLLECTIVE FAMILY HOSPITAL MEDICAL DEBT AT MWPH

EXCEEDING 25% OF THE COMBINED HOUSEHOLD INCOME DURING A 12 MONTH PERIOD.

THE 12 MONTH PERIOD BEGINS WITH THE DATE THE MEDICAL HARDSHIP APPLICATION

WAS SUBMITTED.

(3) THE MEDICAL DEBT EXCLUDES CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES

B. PATIENT BALANCE AFTER INSURANCE

I) MWPH APPLIES THE SAME CRITERIA TO PATIENT BALANCE AFTER INSURANCE

APPLICATIONS AS IT DOES TO SELF-PAY APPLICATIONS

C. COVERAGE AMOUNTS WILL BE CALCULATED BASED UPON 0 - 500% OF INCOME AS

DEFINED BY FEDERAL POVERTY GUIDELINES AND FOLLOW THE SLIDING SCALE

INCLUDED IN ATTACHMENT A, WITH MWPH RESERVING THE RIGHT TO INCREASE AID

WHERE IT IS DEEMED NECESSARY.

D. IF DETERMINED ELIGIBLE, PATIENTS AND THEIR IMMEDIATE FAMILY ARE

CERTIFIED FOR A 12 MONTH PERIOD EFFECTIVE WITH THE DATE ON WHICH THE

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REDUCED COST MEDICALLY NECESSARY CARE WAS INITIALLY RECEIVED

E. INDIVIDUAL PATIENT SITUATION CONSIDERATION:

I) MWPH RESERVES THE RIGHT TO CONSIDER INDIVIDUAL PATIENT AND FAMILY FINANCIAL SITUATION TO GRANT REDUCED COST CARE IN EXCESS OF STATE ESTABLISHED CRITERIA.

II) THE ELIGIBILITY DURATION AND DISCOUNT AMOUNT IS PATIENT-SITUATION SPECIFIC.

III) PATIENT BALANCE AFTER INSURANCE ACCOUNTS MAY BE ELIGIBLE FOR CONSIDERATION.

IV) CASES FALLING INTO THIS CATEGORY REQUIRE MANAGEMENT LEVEL REVIEW AND APPROVAL.

F. IN SITUATIONS WHERE A PATIENT IS ELIGIBLE FOR BOTH MEDICAL HARDSHIP AND THE STANDARD FINANCIAL ASSISTANCE PROGRAMS, MWPH IS TO APPLY THE GREATER OF THE TWO DISCOUNTS.

G. PARENT/GUARDIAN/GUARANTOR IS REQUIRED TO NOTIFY MWPH OF THEIR POTENTIAL ELIGIBILITY FOR THIS COMPONENT OF THE FINANCIAL ASSISTANCE PROGRAM.

5. ASSET CONSIDERATION

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A. ASSETS ARE GENERALLY NOT CONSIDERED AS PART OF FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION UNLESS THEY ARE DEEMED SUBSTANTIAL ENOUGH TO COVER ALL OR PART OF THE PATIENT/FAMILY RESPONSIBILITY WITHOUT CAUSING UNDUE HARDSHIP. INDIVIDUAL PATIENT/FAMILY FINANCIAL SITUATION SUCH AS THE ABILITY TO REPLENISH THE ASSET AND FUTURE INCOME POTENTIAL ARE TAKEN INTO CONSIDERATION WHENEVER ASSETS ARE REVIEWED.

B. UNDER CURRENT LEGISLATION, THE FOLLOWING ASSETS ARE EXEMPT FROM CONSIDERATION:

I) THE FIRST \$10,000 OF MONETARY ASSETS FOR INDIVIDUALS, AND THE FIRST \$25,000 OF MONETARY ASSETS FOR FAMILIES.

II) UP TO \$150,000 IN PRIMARY RESIDENCE EQUITY.

III) RETIREMENT ASSETS, REGARDLESS OF BALANCE, TO WHICH THE IRS HAS GRANTED PREFERENTIAL TAX TREATMENT AS A RETIREMENT, ACCOUNT, INCLUDING BUT NOT LIMITED TO, DEFERRED COMPENSATION PLANS QUALIFIED UNDER THE IRS CODE OR NONQUALIFIED DEFERRED COMPENSATION PLANS. GENERALLY THIS CONSISTS OF PLANS THAT ARE TAX EXEMPT AND/OR HAVE PENALTIES FOR EARLY WITHDRAWAL.

6. APPEALS

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A. PATIENTS WHOSE FINANCIAL ASSISTANCE APPLICATIONS ARE DENIED HAVE THE OPTION TO APPEAL THE DECISION.

B. APPEALS CAN BE INITIATED VERBALLY OR IN WRITING.

C. PATIENTS ARE ENCOURAGED TO SUBMIT ADDITIONAL SUPPORTING DOCUMENTATION JUSTIFYING WHY THE DENIAL SHOULD BE OVERTURNED.

D. APPEALS ARE DOCUMENTED. THEY ARE THEN REVIEWED BY THE NEXT LEVEL OF MANAGEMENT ABOVE THE REPRESENTATIVE WHO DENIED THE ORIGINAL APPLICATION.

E. THE ESCALATION CAN PROGRESS UP TO THE V.P. OF FINANCE WHO WILL RENDER A FINAL DECISION.

F. A LETTER OR EMAIL (ACCORDING TO FAMILY PREFERENCE) OF FINAL DETERMINATION WILL BE SUBMITTED TO EACH PATIENT WHO HAS FORMALLY SUBMITTED AN APPEAL.

7. PATIENT REFUND

A. PATIENTS APPLYING FOR FINANCIAL ASSISTANCE UP TO 2 YEARS AFTER THE SERVICE DATE WHO HAVE MADE ACCOUNT PAYMENT(S) GREATER THAN \$25 ARE ELIGIBLE FOR REFUND CONSIDERATION

B. COLLECTOR NOTES, AND ANY OTHER RELEVANT INFORMATION, ARE DELIBERATED

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AS PART OF THE FINAL REFUND DECISION. IN GENERAL, REFUNDS ARE ISSUED
 BASED ON WHEN THE PATIENT WAS DETERMINED UNABLE TO PAY COMPARED TO WHEN
 THE PAYMENTS WERE MADE.

C. PATIENTS DOCUMENTED AS UNCOOPERATIVE WITHIN 30 DAYS AFTER INITIATION
 OF A FINANCIAL ASSISTANCE APPLICATION ARE INELIGIBLE FOR REFUND.

8. JUDGEMENTS

A. IF A PATIENT IS LATER FOUND TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE
 AFTER A JUDGMENT HAS BEEN OBTAINED, MWPH SHALL SEEK TO VACATE THE
 JUDGMENT.

9. PROCEDURES

A. MWPH ADMISSIONS STAFF, OUTPATIENT REGISTRARS, AUTHORIZATION
 SPECIALISTS, PATIENT ACCOUNTING STAFF AND SOCIAL WORKERS ARE TRAINED TO
 OFFER FINANCIAL ASSISTANCE APPLICATIONS TO THOSE WHO EXPRESS CONCERN
 REGARDING THEIR ABILITY TO PAY. APPLICATIONS SHOULD BE SUBMITTED TO THE
 DIRECTOR OF PATIENT ACCOUNTING, THE MANAGER OF PATIENT ACCOUNTING, OR TO
 THE V.P. OF FINANCE.

B. EVERY POSSIBLE EFFORT WILL BE MADE TO PROVIDE FINANCIAL CLEARANCE
 PRIOR TO DATE OF SERVICE. WHERE POSSIBLE, DESIGNATED STAFF WILL CONSULT

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VIA PHONE OR MEET WITH PATIENTS WHO REQUEST FINANCIAL ASSISTANCE TO DETERMINE IF THEY MEET PRELIMINARY CRITERIA FOR ASSISTANCE.

I) STAFF WILL COMPLETE AN ELIGIBILITY CHECK WITH THE MEDICAID PROGRAM TO VERIFY WHETHER THE PATIENT HAS CURRENT COVERAGE.

II) EACH APPLICANT MUST PROVIDE INFORMATION ABOUT FAMILY SIZE AND INCOME (AS DEFINED BY MEDICAID REGULATIONS). TO HELP APPLICANTS COMPLETE THE PROCESS, WE WILL PROVIDE AN APPLICATION THAT WILL LET THEM KNOW WHAT PAPERWORK IS REQUIRED FOR A FINAL DETERMINATION OF ELIGIBILITY (ATTACHMENT B).

III) MWPH WILL NOT REQUIRE DOCUMENTATION BEYOND THAT NECESSARY TO VALIDATE THE INFORMATION ON THE MARYLAND STATE UNIFORM FINANCIAL ASSISTANCE APPLICATION.

IV) A LETTER OR EMAIL (ACCORDING TO FAMILY PREFERENCE) OF FINAL DETERMINATION WILL BE SUBMITTED TO EACH PATIENT THAT HAS FORMALLY REQUESTED FINANCIAL ASSISTANCE.

V) PATIENTS/FAMILIES WILL HAVE THIRTY (30) DAYS TO SUBMIT REQUIRED DOCUMENTATION TO BE CONSIDERED FOR ELIGIBILITY. THE PATIENT MAY RE-APPLY TO THE PROGRAM AND INITIATE A NEW CASE IF THE ORIGINAL TIMELINE IS NOT

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ADHERED TO.

C. IN ADDITION TO A COMPLETED MARYLAND STATE UNIFORM FINANCIAL ASSISTANCE

APPLICATION, PATIENT FAMILIES MAY BE REQUIRED TO SUBMIT:

I. A COPY OF PARENT/GUARDIANS/GUARANTOR' MOST RECENT FEDERAL INCOME TAX RETURN (IF MARRIED AND FILING SEPARATELY, THEN ALSO A COPY SPOUSE'S TAX RETURN AND A COPY OF ANY OTHER PERSON'S TAX RETURN WHOSE INCOME IS CONSIDERED PART OF THE FAMILY INCOME AS DEFINED BY MEDICAID REGULATIONS); PROOF OF DISABILITY INCOME (IF APPLICABLE).

II. A COPY OF PARENT/GUARDIANS/GUARANTORS' MOST RECENT PAY STUBS (IF EMPLOYED), OTHER EVIDENCE OF INCOME OF ANY OTHER PERSON WHOSE INCOME IS CONSIDERED PART OF THE FAMILY INCOME AS DEFINED BY MEDICAID REGULATIONS OR DOCUMENTATION OF HOW THEY ARE PAYING FOR LIVING EXPENSES.

III. PROOF OF SOCIAL SECURITY INCOME (IF APPLICABLE)

IV. A MEDICAL ASSISTANCE NOTICE OF DETERMINATION (IF APPLICABLE).

V. PROOF OF U.S. CITIZENSHIP OR LAWFUL PERMANENT RESIDENCE STATUS (GREEN CARD).

VI. REASONABLE PROOF OF OTHER DECLARED EXPENSES.

VII. IF PARENTS/GUARDIANS/GUARANTORS ARE UNEMPLOYED, REASONABLE PROOF OF

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UNEMPLOYMENT SUCH AS STATEMENT FROM THE OFFICE OF UNEMPLOYMENT INSURANCE,
A STATEMENT FROM CURRENT SOURCE OF FINANCIAL SUPPORT, ETC ...

D. A PATIENT FAMILY CAN QUALIFY FOR FINANCIAL ASSISTANCE EITHER THROUGH
LACK OF SUFFICIENT INSURANCE OR EXCESSIVE MEDICAL EXPENSES. ONCE A
PATIENT FAMILY HAS SUBMITTED ALL THE REQUIRED INFORMATION, APPROPRIATE
PERSONNEL WILL REVIEW AND ANALYZE THE APPLICATION AND FORWARD IT TO THE
PATIENT ACCOUNTING OR FINANCE DEPARTMENT FOR FINAL DETERMINATION OF
ELIGIBILITY BASED ON MWPH GUIDELINES.

I. IF THE PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE IS DETERMINED TO
BE COMPLETE AND APPROPRIATE, APPROPRIATE PERSONNEL WILL RECOMMEND THE
PATIENT'S LEVEL OF ELIGIBILITY.

(1) IF THE PATIENT DOES QUALIFY FOR FINANCIAL CLEARANCE, APPROPRIATE
PERSONNEL WILL NOTIFY THE TREATING DEPARTMENT WHO MAY THEN SCHEDULE THE
PATIENT FOR THE APPROPRIATE SERVICE.

(2) IF THE PATIENT DOES NOT QUALIFY FOR FINANCIAL CLEARANCE, APPROPRIATE
PERSONNEL WILL NOTIFY THE CLINICAL STAFF OF THE DETERMINATION AND THE
NON-EMERGENT/URGENT SERVICES WILL NOT BE SCHEDULED.

(A) A DECISION THAT THE PATIENT MAY NOT BE SCHEDULED FOR

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NON-EMERGENT/URGENT SERVICES MAY BE RECONSIDERED UPON REQUEST.

E. ONCE A PATIENT IS APPROVED FOR FINANCIAL ASSISTANCE, FINANCIAL ASSISTANCE COVERAGE SHALL BE EFFECTIVE FOR THE MONTH OF DETERMINATION AND THE FOLLOWING SIX (6) CALENDAR MONTHS. WITH THE EXCEPTION OF PRESUMPTIVE FINANCIAL ASSISTANCE CASES WHICH ARE DATE OF SERVICE SPECIFIC ELIGIBLE AND MEDICAL HARDSHIP WHO HAVE TWELVE (12) CALENDAR MONTHS OF ELIGIBILITY.

IF ADDITIONAL HEALTHCARE SERVICES ARE PROVIDED BEYOND THE APPROVAL PERIOD, PATIENTS MUST REAPPLY TO THE PROGRAM FOR CLEARANCE.

F. THE FOLLOWING MAY RESULT IN THE RECONSIDERATION OF FINANCIAL ASSISTANCE APPROVAL:

- I. POST APPROVAL DISCOVERY OF AN ABILITY TO PAY
- II. CHANGES TO THE PATIENT'S INCOME, ASSETS, EXPENSES OR FAMILY STATUS WHICH ARE EXPECTED TO BE COMMUNICATED TO MWPH

G. MWPH WILL TRACK PATIENTS WITH 6 OR 12 MONTH CERTIFICATION PERIODS. HOWEVER, IT IS ULTIMATELY THE RESPONSIBILITY OF THE PATIENT OR GUARANTOR TO ADVISE OF THEIR ELIGIBILITY STATUS FOR THE PROGRAM AT THE TIME OF REGISTRATION OR UPON RECEIVING A STATEMENT.

H. IF PATIENT IS DETERMINED TO BE INELIGIBLE, ALL EFFORTS TO COLLECT

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CO-PAYS, DEDUCTIBLES OR A PERCENTAGE OF THE EXPECTED BALANCE FOR THE SERVICE WILL BE MADE PRIOR TO THE DATE OF SERVICE OR MAY BE SCHEDULED FOR COLLECTION ON THE DATE OF SERVICE.

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

MT WASHINGTON PEDIATRIC HOSPITAL (MWPH) IS A LICENSED PEDIATRIC SPECIALTY INPATIENT, OUTPATIENT, WITH A LICENSED BED DESIGNATION OF 102 IN THE 2011-2012 FISCAL YEARS.

AT MT WASHINGTON PEDIATRIC HOSPITAL (MWPH), OUR APPROACH TO COMMUNITY BENEFIT IS ROOTED IN THE BELIEF THAT HOSPITALS HAVE A RESPONSIBILITY TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR CHILDREN AND THE FAMILIES IN THE COMMUNITIES THEY SERVE. MWPH SERVES BALTIMORE CITY, PRINCE GEORGES COUNTY AND THE GREATER METROPOLITAN REGION, INCLUDING PATIENTS WITH IN-STATE AND OUT OF STATE REFERRALS.

WITHIN OUR WALLS, YOU'LL FIND EVIDENCE OF OUR COMMITMENT TO COMMUNITY

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BENEFIT IN OUR OVERALL STRUCTURE, OUR TRAINING OF STAFF AND OUR PARTICIPATION IN STATE AND NATIONAL ADVOCACY EFFORTS. ALTHOUGH THIS IS MWPH'S SECOND YEAR IN REPORTING COMMUNITY BENEFIT, WE HAVE A TRADITION OF PROVIDING COMMUNITY BENEFIT THAT DATES BACK TO THE HOSPITAL'S FOUNDING IN 1922.

REPORTING THESE ACTIVITIES IS OUR WAY OF BEING ACCOUNTABLE TO THE GREATER BALTIMORE COMMUNITY AND OF DEMONSTRATING THE VALUE AND IMPACT OF OUR MANY COMMUNITY-BASED SERVICES AND PARTNERSHIPS.

THE MWPH COMMUNITY BENEFIT SERVICE AREA IS MOSTLY IN BALTIMORE CITY, WHERE THE MWPH MAIN CAMPUS IS LOCATED HOWEVER THERE ARE SEVERAL COMMUNITY BENEFIT PROGRAMS THAT THE HOSPITAL PROVIDES IN THE BALTIMORE COUNTY AND PRINCE GEORGES COUNTY AREA. IN THE 2011-2012FY, OF THE 810 INPATIENT ADMISSIONS AND 46% OF MWPH'S PRIMARY AND SECONDARY SERVICE AREA ZIP CODES FALL WITHIN BALTIMORE CITY, MD.

BALTIMORE IS THE LARGEST INDEPENDENT CITY IN THE UNITED STATES AND THE

Part VI Supplemental Information

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LARGEST CITY AND CULTURAL CENTER OF MARYLAND. THE CITY IS LOCATED IN
CENTRAL MARYLAND ALONG THE TIDAL PORTION OF THE PATAPSCO RIVER, AN ARM OF
THE CHESAPEAKE BAY.

BALTIMORE IS SURROUNDED BY SEVERAL PRESTIGIOUS HOSPITALS AND MEDICAL
INSTITUTIONS, HOWEVER ACCORDING TO THE 2011 POPULATION HEALTH INSTITUTE
COUNTY HEALTH RANKINGS, THE CITY RANKS LAST IN COMPARISON TO OTHER
COUNTIES IN MARYLAND WITH REGARDS TO HEALTH OUTCOMES AND HEALTH FACTORS.
ACCORDING TO THIS REPORT RANKING MARYLAND COUNTIES, HEALTH OUTCOMES WERE
BASED ON THE EQUAL WEIGHING OF MORTALITY AND MORBIDITY MEASURES AND
HEALTH FACTORS RANKINGS WERE BASED ON WEIGHTED SCORES OF FOUR TYPES OF
FACTORS: BEHAVIORAL, CLINICAL, SOCIAL, ECONOMIC, AND ENVIRONMENTAL.

IN 2009, RESIDENTS WITH INCOME BELOW THE POVERTY LEVEL IN BALTIMORE MORE
THAN DOUBLED THE RATE OF THE STATE OF MARYLAND. OF THOSE FAMILIES, 77 %
ARE FEMALE WITH NO HUSBAND PRESENT. OF VERY POOR RESIDENTS IN
BALTIMORE, 29.4% ARE CHILDREN. MWPB BENEFITS ITS COMMUNITY BY SERVING
THE MOST VULNERABLE OF THE POPULATION, BY CREATING PROGRAMS THAT SERVE

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LOW-INCOME FAMILIES IN THE CITY WHO FALL BELOW THE FEDERAL POVERTY
GUIDELINE.

AS WITH OTHER PARTS OF THE COUNTRY THE GREAT RECESSION HAS HAD A
SIGNIFICANT IMPACT ON THE RESIDENTS OF MARYLAND AND BALTIMORE. THE 2010
AMERICAN COMMUNITY SURVEY (ACS) HIGHLIGHTS SEVERAL OF ITS EFFECTS WHEN
COMPARING 2009 WITH 2006-2008. FOR EXAMPLE, SOCIAL FACTORS SUCH AS
AVERAGE HOUSEHOLD SIZE INCREASED FROM 2.62 IN 2006 TO 2.65 IN 2009
INDICATING THAT MORE PEOPLE ARE DOUBLING UP. ALSO ACCORDING TO THE
RESULTS FROM THE 2010, THIS WAS THE FIRST TIME THAT THE AVERAGE HOUSEHOLD
SIZE INCREASED SINCE THE FIRST CENSUS WAS TAKEN IN 1790. THE INCREASE IN
AVERAGE FAMILY SIZE WAS EVEN MORE PRONOUNCED, RISING FROM 3.19 IN 2006 TO
3.26 IN 2009 AS YOUNG ADULTS MOVED BACK HOME.

ECONOMIC FACTORS INCLUDED THE UNEMPLOYMENT RATE RISING FROM 5.3% IN 2008
TO 8.0 % IN 2009. SIMULTANEOUSLY, THE LABOR FORCE PARTICIPATION RATE
DROPPED FROM 69.8% IN 2008 TO 69.1% IN 2009. IN 2007, THE MEDIAN
HOUSEHOLD INCOME PEAKED AT \$70,398 AND HAS SINCE DROPPED JUST OVER \$1,100

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(TO \$69,272) BY 2009 IN INFLATION?ADJUSTED DOLLARS.

LIKE MANY OTHER PARTS OF THE COUNTRY, THE POVERTY RATE HAS STEADILY INCREASED, GOING FROM 7.8% IN 2006 TO 9.0% IN 2009. SIMILARLY, FOR THOSE UNDER AGE 18 THE POVERTY RATE ROSE FROM 9.7% IN 2006 TO 11.6% IN 2009.

HOUSING WAS SIGNIFICANTLY AFFECTED AS WELL. OVERALL VACANCY RATES HAVE CLIMBED FROM 9.2% IN 2006 TO 10.5% IN 2009. HOMEOWNER VACANCY RATES ARE STILL RELATIVELY LOW IN 2009 (2.2%), BUT WELL ABOVE WHAT THEY WERE IN 2006 (1.4%). RENTAL VACANCY RATES ARE MUCH HIGHER, RISING TO 9.1% IN 2009 FROM 7.6% IN 2006.

ALL COMPARISONS ARE STATISTICALLY SIGNIFICANT AT THE 90 % LEVEL OF CONFIDENCE.

THE MEDIAN VALUE OF OWNER-OCCUPIED HOUSING HAS DROPPED SHARPLY FROM \$356,100 IN 2006 TO \$318,600 IN 2009. AT THE SAME TIME, MEDIAN MONTHLY OWNER COSTS INCREASED FROM \$1,845 IN 2006 TO \$2,034 IN 2009.

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WITH FALLING INCOMES, AND RISING COSTS, THE PERCENT OF OWNERS WITH MORTGAGES PAYING 35.0% OR MORE OF THEIR INCOMES FOR HOUSING COSTS INCREASED FROM 25.8 % IN 2006 TO 28.8% IN 2009 (WITH A PEAK OF 29.8% IN 2008). FOR RENTERS, THE INCREASE IN THOSE PAYING 35.0% OR MORE OF THEIR INCOME FOR RENT INCREASED FROM 36.9% IN 2006 TO 42.1% IN 2009.

DEMOGRAPHICS

AT THE 2010 CENSUS, THERE WERE 637,418 PEOPLE RESIDING IN BALTIMORE, A DECREASE OF -4.6% SINCE 2000. ACCORDING TO THE 2010 CENSUS, 29.6% OF THE POPULATION WAS WHITE, 64.3% BLACK, 0.4% AMERICAN INDIAN AND ALASKA NATIVE, 2.2% ASIAN, 0.2% FROM SOME OTHER RACE (NON-HISPANIC) AND 2.1% OF TWO OR MORE RACES. 4.2% OF BALTIMORE'S POPULATION WAS OF HISPANIC, LATINO, OR SPANISH ORIGIN (THEY MAY BE OF ANY RACE).

AFTER NEW YORK CITY, BALTIMORE WAS THE SECOND CITY IN THE UNITED STATES TO REACH A POPULATION OF 100,000. IN THE 1990S, THE US CENSUS REPORTED

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THAT BALTIMORE RANKED AS ONE OF THE LARGEST POPULATION LOSERS ALONGSIDE
DETROIT AND WASHINGTON D.C., LOSING OVER 84,000 RESIDENTS BETWEEN 1990
AND 2000.

MWPH PATIENT RACE DEMOGRAPHICS REFLECT THOSE OF BALTIMORE CITY. LAST
YEAR, 51% OF OUR PATIENTS WERE BLACK OR AFRICAN AMERICAN, 38% WERE
CAUCASIAN, 4% OF PATIENTS WERE LATINO OR HISPANIC AND 4% WERE IDENTIFIED
AS ASIAN. APPROXIMATELY 3% WERE IDENTIFIED AS OTHER/BIRACIAL, WITH A
TOTAL OF 702 UNIQUE PATIENTS SERVED.

SOCIAL CHARACTERISTICS

THE AMERICAN COMMUNITY SURVEY (ACS) ESTIMATED BALTIMOREANS LIVED IN A
TOTAL OF 294,579 HOUSING UNITS. AGE RANGES WERE 22.4% UNDER 18 YEARS OF
AGE, 11.8% AT AGE 65 OR OLDER, AND 65.8% FROM 18 TO 64 YEARS OLD. THE
CITY'S ESTIMATED 2009 POPULATION OF 637,418 WAS 53.4% FEMALE.

A STATISTICAL ABSTRACT PREPARED BY THE U.S. CENSUS BUREAU ESTIMATED THE
MEDIAN INCOME FOR A HOUSEHOLD IN THE CITY DURING 2008 AT \$30,078, AND THE

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MEDIAN INCOME FOR A FAMILY AT \$48,216.

THE ABSTRACT ALSO INDICATED THE PER CAPITA INCOME OF \$22,885 FOR THE CITY IN 2008, WITH 15.4% OF FAMILIES AND 19.3% OF THE POPULATION BELOW THE POVERTY LINE. DESPITE THE HOUSING COLLAPSE, AND ALONG WITH THE NATIONAL TRENDS, BALTIMORE RESIDENTS STILL FACE SLOWLY INCREASING RENT (UP 3% IN THE SUMMER OF 2010).

EDUCATION

IN 2009, 76.9 % OF PEOPLE 25 YEARS OF AGE AND OVER HAD AT LEAST GRADUATED FROM HIGH SCHOOL AND 24.9 % HAD A BACHELOR'S DEGREE OR HIGHER.

IN 2010, BALTIMORE CITY PUBLIC SCHOOLS POSTED ITS BEST-EVER DROPOUT AND GRADUATION RATES, DRIVEN LARGELY BY THE DISTRICT'S ABILITY TO REDUCE DROPOUTS BY MORE THAN HALF IN THE LAST THREE YEARS.

IN 2009-10, 1,481 FEWER STUDENTS DROPPED OUT OF SCHOOL THAN IN 2006-07,

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CITY SCHOOLS' 2009-10 DROPOUT RATE IS CURRENTLY 4.1 %, DOWN FROM 6.2% IN 2008-09 AND 9.4% IN 2006-07, A THREE-YEAR DECLINE OF 56%. ITS GRADUATION RATE IS 66 %, UP FROM 62.7% IN 2008-09 AND 60.1% IN 2006-07, A THREE YEAR INCREASE OF 10%.

EMPLOYMENT

ACCORDING TO THE DEPARTMENT OF LABOR LICENSING & REGULATION, IN 2011 THE AVERAGE UNEMPLOYMENT RATE FOR THE BALTIMORE METROPOLITAN AREA WAS 7.6%.

THE MWPH PATIENT DEMOGRAPHIC REFLECTS THAT OF BALTIMORE CITY, SOCIALLY, ECONOMICALLY, AND ETHNICALLY. OVER 70% OF THE PATIENTS AT MWPH WERE MEDICAID RECIPIENTS LAST YEAR. BALTIMORE EXPERIENCED A RECENT DECLINE IN DROP-OUT RATES, BUT AN INCREASE IN HOUSING VACANCIES, PERSONS WITHOUT HEALTH INSURANCE, AND UNEMPLOYMENT. THREE TIMES AS MANY FAMILIES LIVING IN BALTIMORE CITY HAD AN INCOME THAT WAS BELOW POVERTY LEVEL; HOWEVER, AFRICAN AMERICAN RESIDENTS OF BALTIMORE CITY WERE ALMOST TWO TIMES MORE

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LIKELY THAN WHITE RESIDENTS TO HAVE A MEDIAN INCOME BELOW POVERTY LEVEL.

OVERVIEW OF MT WASHINGTON PEDIATRIC HOSPITAL

MT. WASHINGTON PEDIATRIC HOSPITAL IS A COMPREHENSIVE, SUB-ACUTE-CARE FACILITY SERVING CHILDREN WITH SPECIAL MEDICAL AND REHABILITATIVE NEEDS. THIS SMALL, NONPROFIT CHILDREN'S HOSPITAL IS LOCATED OFF A QUIET, VERDANT STREET IN ONE OF THE BALTIMORE CITY'S NICEST NEIGHBORHOODS. FROM THIS ENCLAVE, THE HOSPITAL PROVIDES REHABILITATION AND MEDICAL CARE FOR PATIENTS FROM NEONATAL TO YOUNG ADULT. OVER 75% OF CHILDREN TREATED ARE FROM FINANCIALLY DISADVANTAGED FAMILIES AND CONSIDER THE FACILITY A HOME AWAY FROM HOME. OUR WORKFORCE INCLUDES 572 PEOPLE. MT WASHINGTON

OUR HISTORY

IN 1922, A MEDICAL SOCIAL WORKER NAMED HORTENSE KAHN ELIASBERG SOUGHT TO OPEN A HOME WHERE CHILDREN COULD SAFELY RECOVER FROM ILLNESS AND SURGERY.

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THANKS TO HER EFFORTS, THE HAPPY HILLS CONVALESCENT HOME FOR CHILDREN
 OPENED LATER THAT YEAR IN NORTHWEST BALTIMORE. IT HAS SINCE EVOLVED INTO
 THE MT. WASHINGTON PEDIATRIC HOSPITAL, A LEADER IN LOCAL PEDIATRIC
 SPECIALTY CARE. TODAY, THOSE WHO WORK AT MT. WASHINGTON PEDIATRIC
 HOSPITAL REMAIN COMMITTED TO THE MISSION HORTENSE KAHN ELIASBERG
 ESTABLISHED SO MANY YEARS AGO - IMPROVING THE HEALTH AND WELL-BEING OF
 ALL CHILDREN WHO ARE ILL, INJURED, OR IN NEED OF HELP. OUR MISSION IS
 CLEAR; WE ARE FOREVER DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE
 OF THE CHILDREN WE SERVE. IT IS OUR VISION THAT MT WASHINGTON PEDIATRIC
 HOSPITAL WILL CONTINUE TO BE A PREMIER LEADER IN PROVIDING SPECIALTY
 HEALTH CARE FOR CHILDREN, AS DISTINGUISHED BY OUR:

- QUALITY OF CARE
- SERVICE EXCELLENCE
- INNOVATION
- MULTIDISCIPLINARY APPROACH
- FAMILY FOCUS
- OUTSTANDING WORKFORCE

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MWPH IS A LICENSED PEDIATRIC SPECIALTY INPATIENT, OUTPATIENT, AND DAY HOSPITAL PROGRAM THAT SERVES BALTIMORE CITY, PRINCE GEORGES COUNTY AND THE GREATER METROPOLITAN REGION, INCLUDING PATIENTS WITH IN-STATE AND OUT OF STATE REFERRALS. THIS IS MWPH'S FIRST COMMUNITY NEEDS ASSESSMENT AND REPORTING THESE ACTIVITIES IS OUR WAY OF BEING ACCOUNTABLE TO THE GREATER BALTIMORE COMMUNITY AND DEMONSTRATING THE VALUE AND IMPACT OF OUR MANY COMMUNITY-BASED SERVICES AND PARTNERSHIP.

OUR COMMUNITY ADVOCACY & INJURY PREVENTION PROGRAM:

MISSION: TO MEET THE NEEDS OF THE PUBLIC BY ESTABLISHING AND MAINTAINING RELATIONSHIPS WITH COMMUNITY LEADERS AND GOVERNMENT AGENCIES SO AS TO PROMOTE PROGRAMS AND ACTIVITIES THAT ADVOCATE FOR SAFETY AND PREVENT INJURY FOR CHILDREN.

VISION: INCREASE THE VISIBILITY AND OUTREACH OF MT. WASHINGTON PEDIATRIC

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HOSPITAL AND FOUNDATION BY HELPING CHILDREN AND THEIR FAMILIES REDUCE
DEATH AND DISABILITY THROUGH EDUCATION AND PROGRAMS ON PREVENTING
INJURY.

PURPOSE: TO PROVIDE A PROACTIVE APPROACH TO INJURY PREVENTION AND SAFETY
BY EDUCATING FAMILIES, PROVIDERS, AND COMMUNITIES ON SAFETY AND BEST
PRACTICES, WHILE FOSTERING COALITIONS, CHANGING ORGANIZATIONAL PRACTICES
AND INFLUENCING POLICY AND LEGISLATION.

COMMUNITY BENEFIT ADMINISTRATION

IN AN EFFORT TO BETTER BENEFIT THE COMMUNITY WE SERVE, IN OCTOBER 2010,
MWPB HIRED A FULL TIME COMMUNITY ADVOCACY & INJURY PREVENTION COORDINATOR
TO PROVIDE THE OVERSIGHT, MONITORING, AND REPORTING INFRASTRUCTURE TO THE
COMMUNITY BENEFIT PROGRAMS AT THE HOSPITAL. THIS COORDINATOR DEVOTES
100% OF HER TIME TO SERVICING THE COMMUNITY THROUGH EDUCATIONAL TALKS,
CHILD PASSENGER SAFETY SEAT CHECKS, HEALTH FAIRS, AND MOST IMPORTANTLY,
SURVEYING TARGET POPULATIONS AS APART OF THE COMMUNITY NEEDS ASSESSMENT

Part VI Supplemental Information

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(COMPLETION DATE JUNE 2012).

COMPLETING THE NEEDS ASSESSMENT WAS FIRST STEP IN THE DEVELOPMENT OF THE COMMUNITY BENEFIT STRATEGIC PLAN. MWPH INCLUDED STAFF AT ALL LEVELS IN THE DEVELOPMENT OF COMMUNITY BENEFIT STRATEGIC PLAN. THIS INCLUDED BUT WAS NOT LIMITED TO, SENIOR LEADERSHIP (SHELDON STEIN, PRESIDENT AND CEO), MARY MILLER (CFO AND VICE PRESIDENT OF FINANCE) & THOMAS PAULLIN (VICE PRESIDENT OF DEVELOPMENT AND EXTERNAL RELATIONS) CLINICAL LEADERSHIP (DR. RICHARD KATZ, VICE PRESIDENT OF MEDICAL AFFAIRS), (SHARON MEADOWS, DIRECTOR OF EDUCATION AND PROFESSIONAL DEVELOPMENT) (BRIGID KERNAN, DIRECTOR OF DEVELOPMENT), (SUSAN DUBROFF, DIRECTOR OF REHABILITATION SERVICES) AND SEVERAL OTHER STAFF AS THE COMMUNITY BENEFIT TEAM.

MWPH PROVIDES ALL STAFF THE OPPORTUNITY TO PARTICIPATE IN COMMUNITY BENEFIT PROGRAMS. EXCELLENT EXAMPLES INCLUDE THE HOSPITAL'S CHILD LIFE SPECIALISTS AND REHABILITATION THERAPISTS PROVIDING INSTRUCTION ON DEVELOPMENTALLY APPROPRIATE TOYS/PLAY, INFANT MASSAGE, AND BABY-SIGNING TO NEW PARENTS AT OUR SAFETY BABY SHOWERS.

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DEMOGRAPHIC DATA

MWPH IS A REGIONAL LEADER IN PEDIATRIC SPECIALTY CARE AND IS A JOINTLY OWNED CORPORATE AFFILIATE OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEMS (UMMS) AND JOHNS HOPKINS HEALTH SYSTEM (HOPKINS). THE MAJORITY OF MWPH PATIENTS ARE RESIDENTS OF BALTIMORE CITY. ACCORDING AMERICAN COMMUNITY SURVEY 2010, AFRICAN AMERICANS OR BLACKS MAKE UP 63% OF BALTIMORE CITY'S POPULATION. RESPECTIVELY, WHITES ARE 32.6% OF THE POPULATION FOLLOWED BY HISPANICS/LATINOS WITH 2.8%. THE REMAINING 4% RACIAL MAKE-UP IS COMPRISED OF ASIAN, AMERICAN INDIAN, AND NATIVE HAWAIIAN/PACIFIC ISLANDERS.

MWPH PATIENT RACE DEMOGRAPHICS REFLECT THOSE OF BALTIMORE CITY. LAST YEAR, 48% OF OUR PATIENTS WERE BLACK OR AFRICAN AMERICAN, 39% WERE CAUCASIAN, 4% OF PATIENTS WERE LATINO OR HISPANIC AND 4% WERE IDENTIFIED AS ASIAN. APPROXIMATELY 3% WERE IDENTIFIED AS OTHER/BIRACIAL, WITH A TOTAL OF 6,936 UNIQUE PATIENTS SERVED.

Part VI Supplemental Information

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COMMUNITY STATISTICAL AREA

MT WASHINGTON/ COLDSRING PIMLICO/ ARLINGTON/ HILLTOP DORCHESTER/

ASHBURTON MEDFIELD/ WOODBERRY/ REMINGTON BALTIMORE CITY

LIFE EXPECTANCY (IN YEARS) 79.4 66.8 72.4 74.2 71.8

MEDIAN INCOME \$72,348 \$29,031 \$39,533 \$47,759 \$37,395

% HOUSEHOLDS BELOW POVERTY LEVEL 0.6% 21.3% 11.8% 7.7% 15.2%

INFANT MORTALITY 14.5 14.9 6.8 8.1 12.1

AVERTABLE DEATHS 2.2% 45.7% 31.5% 18.6% 36.1%

UNEMPLOYMENT 4.9% 17.0% 11.2% 5.7% 15.2%

MWPH IS A SPECIALTY PEDIATRIC FACILITY AND OUR PATIENTS COME FROM ALL OVER THE STATE OF MARYLAND, AND IN MANY CASES FROM OUT OF STATE. WE ARE A SMALL, FAMILY-FOCUSED HOSPITAL WITH APPROXIMATELY 580 EMPLOYEES. WHERE MANY HOSPITALS DEFINE THEIR COMMUNITY BENEFIT SERVICE AREA BY THEIR DISCHARGES OR BY THE COMMUNITY OF WHICH THEY RESIDE, MWPH IS SLIGHTLY DIFFERENT. MWPH IS LOCATED IN THE MT WASHINGTON AREA OF BALTIMORE CITY WHICH ACCORDING TO THE 2011 BALTIMORE CITY HEALTH DEPARTMENT HEALTHY NEIGHBORHOOD PROFILES IS ONE OF THE HEALTHIEST NEIGHBORHOODS IN THE CITY, HOWEVER SURROUNDING THIS NEIGHBORHOOD, ARE MANY OF THE UNHEALTHIEST

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NEIGHBORHOODS ACCORDING THEIR HEALTH OUTCOMES AND SOCIAL DETERMINANTS OF HEALTH.

MWPH IS LOCATED IN THE NORTHWEST QUADRANT OF BALTIMORE CITY, SERVING BOTH ITS IMMEDIATE NEIGHBORS AND OTHERS FROM THROUGHOUT THE BALTIMORE CITY AND COUNTY REGION. THE NEIGHBORHOODS SURROUNDING MWPH ARE IDENTIFIED BY THE BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE (BNIA) AS SOUTHERN PARK HEIGHTS (SPH) AND PIMLICO/ARLINGTON/HILLTOP (PAH). TOGETHER THEY CONSTITUTE AN AREA THAT IS PREDOMINATELY AFRICAN AMERICAN WITH A BELOW AVERAGE MEDIAN FAMILY INCOME, BUT ABOVE AVERAGE RATES FOR UNEMPLOYMENT, AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH.

IN DATA FROM THE 2010 CENSUS, BNIA'S STATISTICAL INFORMATION FOR BALTIMORE CITY AND ITS NEIGHBORHOODS INDICATES SPHS' MEDIAN HOUSEHOLD INCOME WAS \$37,395 AND PAH'S MEDIAN HOUSEHOLD INCOME WAS \$29,031. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$30,078. THE PERCENT OF FAMILIES EARNING LESS THAN THE FEDERAL SELF-SUFFICIENCY STANDARD IN SPH WAS 56% FOR MARRIED COUPLES WITH 1-5 CHILDREN AND 85% FOR

Part VI Supplemental Information

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BALTIMORE CITY WAS 15.2 % WHILE DCA (DORCHESTER HAD AN UNEMPLOYMENT RATE OF 11.2% AND PAH 17.0%.

THE FIVE ZIP CODES THAT REPRESENT THE LARGEST NUMBER OF ADMISSIONS TO THE HOSPITAL IN CALENDAR YEAR 2011 ARE, IN DESCENDING ORDER OF ADMISSIONS 21215, 21207, 21216, 21208, 21209. THE BALTIMORE CITY HEALTH DEPARTMENT USES NEIGHBORHOOD HEALTH PROFILES (NHP) WHEN ANALYZING HEALTH OUTCOMES AND RISK FACTORS. THE NHPS ARE BASED ON CENSUS TRACT DATA AND DO NOT FOLLOW ZIP CODE BOUNDARIES. IN THE CHART BELOW WE HAVE IDENTIFIED THE NHP THAT ARE CONTAINED WITHIN THE ZIP CODES OF THE PRIMARY SERVICE AREA FOR MWPB. TWO OF THE ZIP CODES (21207 AND 21208) SPAN CITY/COUNTY LINES (SEE FOOTNOTES BELOW CHART). BALTIMORE COUNTY DOES NOT PROVIDE NHP'S.

THE DATA PROVIDED IN THE CHART BELOW FOR THE PRIMARY RACIAL COMPOSITION, MEDIAN INCOME AND HOUSEHOLDS BELOW POVERTY LEVEL WAS OBTAINED FROM THE US CENSUS BUREAU, BASED ON CENSUS DATA FROM 2010. THE LIFE EXPECTANCY DATA,

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UNLESS OTHERWISE NOTED, WAS OBTAINED FROM THE BALTIMORE CITY HEALTH DEPARTMENT'S 2011 NEIGHBORHOOD HEALTH PROFILES.

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INFANT MORTALITY 14.5 14.9 6.8 8.1 12.1

AVERTABLE DEATHS 2.2% 45.7% 31.5% 18.6% 36.1%

UNEMPLOYMENT 4.9% 17.0% 11.2% 5.7% 15.2%

*THE LIFE EXPECTANCY PROVIDED FOR THE 21207 ZIP CODE IS NOT FOR THE ENTIRE ZIP CODE, BUT FOR THE CSA HOWARD PARK/W. ARLINGTON, THE CITY SEGMENT OF THAT ZIP CODE. LIFE EXPECTANCY IS NOT AVAILABLE AT THE ZIP CODE LEVEL IN BALTIMORE COUNTY.

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** 21208 SPANS CITY/COUNTY LINES BUT A MAJORITY (OVER 90%) OF THE ZIP CODE IS WITHIN BALTIMORE COUNTY. THE CITY CSA THAT CONTAINS THE SMALL PORTION OF THIS ZIP CODE IS NOT REPRESENTATIVE OF THE ZIP CODE. THE LIFE EXPECTANCY PROVIDED FOR 21208 IS THE LIFE EXPECTANCY FOR ALL OF BALTIMORE COUNTY, SINCE COUNTY ZIP CODE SPECIFIC DATA IS NOT AVAILABLE.

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

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PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

MWPH HAS SEVERAL PROGRAMS THAT PROMOTE HEALTH IN ITS COMMUNITY. BELOW IS A SUMMARY OF A FEW OF ITS PROGRAMS HIGHLIGHTING THEIR ACCOMPLISHMENTS AND FURTHER THE ORGANIZATIONS TAX EXEMPT PURPOSE. THE PROGRAMS UNDERSCORE THE MAJOR NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT COMPLETED IN JUNE 2012.

MAJOR NEEDS IDENTIFIED:

- PROMOTE HEALTHY CHILDREN AND ADOLESCENTS
- REDESIGN THE COMMUNITY TO PREVENT OBESITY
- CREATE HEALTH-PROMOTING NEIGHBORHOODS
- PROMOTE ACCESS TO QUALITY HEALTHCARE

WEIGH SMART ® /WEIGH SMART ®JR.

THE MWPH CENTER FOR PEDIATRIC WEIGH MANAGEMENT AND HEALTHY LIVING

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EXPANDED THIS PAST FISCAL YEAR AND OFFERS SEVERAL COMPREHENSIVE, MULTI-DISCIPLINARY PROGRAMS FOR PEDIATRIC WEIGHT MANAGEMENT. THE CENTER NOW INCLUDES MEDICAL MANAGEMENT OF BOTH MEDICAL AND SURGICAL WEIGHT MANAGEMENT OPTIONS FOR CHILDREN AND ADOLESCENTS AND SERVES PATIENTS AGES TWO TO 18. MEDICALLY SUPERVISED WEIGHT MANAGEMENT PROGRAMS INCLUDE WEIGHT SMART, AS WELL AS THE NEWLY CREATED WEIGHT SMART JR. PROGRAM. THE WEIGH SMART JR. PROGRAM WAS A DIRECT REFLECTION OF THE INPUT FROM OUR COMMUNITY PHYSICIANS IN THE COMMUNITY NEEDS ASSESSMENT PROCESS. MANY PHYSICIANS INDICATED "8 (YEARS OF AGE) IS TOO LATE" IN REGARDS TO THE BEST AGE FOR INTERVENTION WHEN DEALING WITH OBESITY. THIS PROGRAM WAS ADDED TO AUGMENT THE WEIGH SMART PROGRAM AND PROVIDE CONTINUITY OF CARE FOR CHILDREN FOR ALL AGES.

THE CENTER'S PROGRAM OBJECTIVES ARE:

1. MAKE THE WEIGHT LOSS PROCESS FAMILY FOCUSED. OBESITY IS A FAMILY ISSUE THAT MUST BE ADDRESSED BY ALL FAMILY MEMBERS.
2. PROVIDE COMPREHENSIVE HEALTH SCREENING OF WEIGHT, BODY MASS INDEX

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(BMI), AND OTHER MEASUREMENTS PRIOR TO THE START OF EACH PROGRAM SESSION,
AND MONITOR PROGRESS TOWARD GOALS OF DECREASING WEIGHT, BLOOD PRESSURE,
BMI, ETC.

3. USE A MEDICAL TEAM APPROACH THAT INCLUDES PHYSICIANS, DIETITIANS,
PSYCHOLOGISTS, AND PHYSICAL THERAPISTS TO TEACH CHILDREN AND THEIR FAMILY
ABOUT HEALTHY LIFESTYLES.

4. PROVIDE A CHILD-FRIENDLY ENVIRONMENT FOR CHILDREN AND PARENTS TO LEARN
HEALTHY EATING AND ACTIVITY HABITS.

5. OFFER REGULAR EXERCISE SESSIONS TO PARTICIPANTS TO ENCOURAGE DAILY
PHYSICAL ACTIVITY.

WEIGH SMART®

LAST YEAR, THE CENTER STAFF MEMBERS EVALUATED 52 NEW PATIENTS FOR ENTRY
INTO THE WEIGH SMART® PROGRAM (AGES 8-17). THIRTY OF THOSE 52 PATIENTS
ENROLLED IN THE 10-WEEK GROUP PROGRAM. FAMILIES WHO DID NOT PARTICIPATE
IN THE GROUP CLASSES WERE OFFERED INDIVIDUAL THERAPY SESSIONS WITH A
MEMBER OF THE PSYCHOLOGY STAFF TO FOCUS ON BEHAVIOR MODIFICATION

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TECHNIQUES AND/OR MOTIVATION TO CHANGE.

THERE WERE THREE SESSIONS OPERATING WITH A TOTAL OF 21 CHILDREN ENROLLED.

WE ARE PARTICULARLY PROUD OF OUR GROUP THAT MEETS IN SPANISH FOR SEVERAL CHILDREN AND THEIR FAMILIES, BECAUSE THIS GROUP HAS UTILIZED THE MEETING TO DEVELOP AN ADDITIONAL SUPPORT GROUP WHEREBY MEMBERS ARE MEETING TOGETHER AFTER CLASSES TO EXERCISE AND COOK HEALTHY MEALS.

SATISFACTION SURVEYS WERE COMPLETED AT THE CONCLUSION OF 10 WEEKS; PARENTS WERE VERY SATISFIED WITH CHANGES THEIR CHILD MADE TO HIS OR HER LIFESTYLE. IN ADDITION, PARENTS REPORTED THAT THE PROGRAM HELPED THEIR CHILD FEEL BETTER ABOUT HIM OR HERSELF. ONE PARENT COMMENTED THAT THIS IS A "WONDERFUL PROGRAM IN ENTIRETY [AND I WOULD] HIGHLY RECOMMEND IT TO EVERYONE." CHILDREN WHO COMPLETED THE PROGRAM SHOWED A DECREASED WEIGHT, DECREASED BODY FAT PERCENTAGE, AND DECREASED BODY MASS INDEX (BMI).

THE CHILDREN TREATED IN THE WEIGH SMART® PROGRAM ARE MOSTLY MEMBERS OF

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MINORITY GROUPS (70% AFRICAN AMERICAN, 5% HISPANIC, 4% "OTHER"), AND 58% OF THEM ARE ON MEDICAID DUE TO LOW INCOME.

WEIGH SMART® JR.

SIX CHILDREN WERE EVALUATED FOR THE WEIGH SMART® JR. PROGRAM (AGES 2-7) LAST YEAR. FIVE OF THE SIX CHILDREN EVALUATED RETURNED FOR FOLLOW-UP MEETINGS AND ATTENDED NUTRITION SESSIONS WITH REGISTERED DIETITIANS, WHO TAUGHT THE FAMILY ABOUT NUTRITION FOR THE TODDLER OR PRE-SCHOOL AGE CHILD. DEMOGRAPHICS WERE SIMILAR FOR THIS GROUP.

THE GOAL OF THIS PROGRAM WAS TO SERVE 50 PATIENTS ANNUALLY, HOWEVER APPROXIMATELY 25 PATIENTS WILL BE SERVED THIS YEAR. STAFF MEMBERS WORKED WITH THE MARKETING AND COMMUNITY RELATIONS DEPARTMENTS TO INCREASE THESE NUMBERS BY BUILDING KNOWLEDGE AMONG PRIMARY CARE PROVIDERS AND THE GENERAL PUBLIC. WHILE THE PROGRAM IS LARGELY PROVIDER REFERRAL BASED, IT IS IMPORTANT THAT THE GENERAL PUBLIC BECOME MORE AWARE OF IT AS A SERVICE TO FAMILIES.

THROUGH OUR EVALUATION OF THE PROGRAM, IT WAS REVEALED THAT PROVIDERS

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WERE LESS APT TO REFER CHILDREN IN THIS AGE RANGE TO A FORMAL WEIGHT MANAGEMENT PROGRAM, AS THE BIAS IS TO "LET THE CHILD GROW INTO" HIS OR HER WEIGHT. WE WORKED WITH OUR COMMUNITY PHYSICIAN LIAISON TO EDUCATE PROVIDERS ABOUT THE IMPORTANCE OF YOUNG CHILDREN ENROLLING IN WEIGHT MANAGEMENT SERVICES, BECAUSE MANY WILL NOT "GROW INTO" THEIR WEIGHT AND WILL, IN FACT, REMAIN OBESE. STAFF MEMBERS CONTINUE TO PROVIDE EDUCATION TO PRIMARY CARE PROVIDERS VIA WORKSHOPS AND IN-SERVICE TRAININGS AT PHYSICIAN GROUP MEETINGS. THE PROGRAM MANAGER GAVE A WORKSHOP TO A LARGE PRIMARY CARE MEDICAL GROUP IN LATE OCTOBER, AND THE HOSPITAL'S MEDICAL DIRECTOR PRESENTED A LECTURE TO A STATE-WIDE SUMMIT ON CHILDHOOD OBESITY.

HEALTHY LIVING ACADEMY (HLA)

THE AFTER-SCHOOL HEALTH PROGRAM KNOWN AS HEALTHY LIVING ACADEMY (HLA) CONCLUDED IN JULY 2012, HAVING ENROLLED 150 STUDENTS FROM FIVE BALTIMORE AREA SCHOOLS - COPPIN ACADEMY, ROBERT COLEMAN ELEMENTARY SCHOOL, ROSEMONT ELEMENTARY/MIDDLE SCHOOL, ST. FRANCIS ACADEMY, AND EDMONSON HIGH SCHOOL.

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THE CENTER'S PROGRAM PARTNER WAS COPPIN STATE UNIVERSITY, WHERE STUDENTS FROM THE EDUCATION, COUNSELING, ALLIED HEALTH, NURSING, AND PHYSICAL EDUCATION PROGRAMS WERE RECRUITED TO TRAIN AS "COACHES," TO THE SCHOOL CHILDREN AND TO DEVELOP/ TEACH THE CURRICULUM UNDER THE GUIDANCE OF CENTER STAFF AND COPPIN FACULTY. HLA ALSO USED COPPIN SPORTS FACILITIES TO HOUSE THE PROGRAM.

HLA CREATED AN ADVISORY BOARD OF PROFESSIONALS WITH EXPERTISE IN PROGRAM DEVELOPMENT WHO ASSISTED IN OVERSEEING DESIGN AND IMPLEMENTATION OF THIS PROGRAM. THESE EXPERTS WERE THE DIRECTOR OF COMMUNITY RELATIONS FOR THE BALTIMORE RAVENS, DIRECTOR OF SALES AND MARKETING FOR MERRITT ATHLETIC CLUBS, AND THE EXECUTIVE DIRECTOR OF B'MORE FIT, A NONPROFIT ORGANIZATION THAT PROVIDES MENTORING AND TRAINING FOR AT-RISK YOUTH TO BECOME FITNESS EXPERTS WHILE THEY WORK TOWARD A GED.

THE ADVISORY PANEL HELPED DEVELOP A THOROUGH EVALUATION MATRIX TO MEASURE THE SUCCESS OF THE HLA. PARTICIPANTS' SUCCESS WAS EVALUATED BY EXAMINING CHANGES IN THEIR KNOWLEDGE OF HEALTHY LIFESTYLES BASED ON COMPARISON OF

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PRE- AND POST-TEST SCORES AND BY CHANGES IN THEIR BODY COMPOSITION.

RESULTS DEMONSTRATED THAT HLA HELPED PARTICIPANTS LEARN ABOUT AND DEVELOP HEALTHIER EATING AND PHYSICAL ACTIVITY HABITS AND ACHIEVE IMPROVED OVERALL HEALTH.

A WRITTEN QUESTIONNAIRE ON NUTRITION, EXERCISE, AND STRESS MANAGEMENT WAS ADMINISTERED TO STUDENTS BEFORE AND AFTER HLA TO EVALUATE CHANGES IN KNOWLEDGE IN THESE AREAS. SCORES ON THE POST-TEST IMPROVED 23 POINTS ON AVERAGE FROM PRE-TEST SCORES FOR CHILDREN IN THE FIRST SESSION AND 26 POINTS ON AVERAGE FOR STUDENTS IN THE SECOND SESSION.

IN ADDITION TO CHANGES IN KNOWLEDGE, STUDENTS SHOWED POSITIVE IMPROVEMENTS IN BODY COMPOSITION. THESE POSITIVE CHANGES INCLUDED DECREASES IN THE HIGH SCHOOL STUDENTS' AVERAGE WEIGHT, BODY MASS INDEX, WAIST AND HIP CIRCUMFERENCE, AND CHANGES AMONG ELEMENTARY SCHOOL STUDENTS INCLUDING DECREASES IN WAIST AND HIP CIRCUMFERENCE AND INCREASES IN THE NUMBER OF SIT-UPS AND PUSH-UPS PER MINUTE.

STUDENTS IN HLA LEARNED VALUABLE LESSONS ABOUT THE DANGERS OF OBESITY AND

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IMPORTANCE OF HEALTHY LIFESTYLES. LESSONS INCLUDED TAKING RESPONSIBILITY FOR ONE'S OWN HEALTH, FITNESS AND SAFETY; MOTIVATION AND GOAL SETTING; RISKS OF OBESITY; STRESS MANAGEMENT; FAST FOOD; AND FOOD PORTIONS.

STAFF EXPANDED RECRUITMENT TO FIVE AREA SCHOOLS IN AN EFFORT TO REACH ENROLLMENT NUMBERS. THE IMPACT WAS BROAD IN THAT HLA REACHED STUDENTS AT FIVE AREA SCHOOLS. MANY STUDENTS PLANNED TO TAKE HEALTH MESSAGES BACK TO THEIR SCHOOLS TO TEACH OTHER STUDENTS AS PART OF THEIR REQUIRED COMMUNITY SERVICE PROJECT.

IN ADDITION TO EDUCATING YOUTH ABOUT FITNESS AND HEALTHY EATING, HLA STAFF SHARED KEY HEALTH MESSAGES WITH THE STUDENTS' FAMILIES VIA SEVERAL FAMILY DAY EVENTS. A TOTAL OF 144 FAMILIES ATTENDED FAMILY DAY EVENTS.

STUDENTS PREPARED READINGS AND POEMS ABOUT KEY HEALTH MESSAGES THEY HAD LEARNED IN ORDER TO TEACH THEIR FAMILIES ABOUT HEALTHY LIFESTYLES, AND THEY DEMONSTRATED YOGA TO SHOW FAMILIES SOME OF THE NEW PHYSICAL SKILLS THEY WERE LEARNING. FAMILIES RECEIVED A WRITTEN HEALTH PROFILE FOR THEIR

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CHILD WITH FITNESS AND BODY COMPOSITION MEASURES. STAFF DISTRIBUTED REFERRAL INFORMATION FOR PEDIATRIC WEIGHT MANAGEMENT PROGRAMS AT MWPH TO FAMILIES WHOSE CHILD NEEDED OBESITY SERVICES BEYOND HLA. THIS INFORMATION ALLOWED FAMILIES OF CHILDREN OVERWEIGHT OR OBESE TO SECURE SERVICES TO IMPROVE THEIR HEALTH. FAMILY DAY EVENTS WERE SUCCESSFUL IN EXTENDING KEY HEALTH MESSAGES INTO THE COMMUNITY.

HLA SUCCESSFULLY IMPACTED 144 FAMILIES BY PROVIDING THEM WITH THE TOOLS AND RESOURCES TO SPREAD HEALTH MESSAGES TO THEIR COMMUNITIES AND CONTRIBUTED TO THE IMPROVED OVERALL WELLNESS OF THOSE FAMILIES.

OVERALL, EVALUATION OF HLA OUTCOMES SHOWED A POSITIVE IMPACT ON THE STUDENTS AND FAMILIES WHO PARTICIPATED. PROGRAM STAFF ALSO EVALUATED FOR FEASIBILITY AND HOW MORE FAMILIES COULD BE IMPACTED IN THE 2013-2014 FY. SOME OTHER OUTCOMES OF THE EVALUATION INCLUDED THE MAILING OF INVITATIONS TO THE PROGRAM EARLIER TO FAMILIES TO ENHANCE AND ENCOURAGE PARTICIPATION.

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HEALTH PROFESSIONALS EDUCATION

MWPH IS DEDICATED TO HELPING PREPARE FUTURE HEALTH CARE PROFESSIONALS.

THE HOSPITAL COMMITTED OVER 2000 HOURS OF SPECIALIZED TRAINING AND

EDUCATION TO NURSES, OCCUPATIONAL THERAPIST, SPEECH AND LANGUAGE

THERAPIST, SENIOR PRACTICUM STUDENTS, SOCIAL WORKERS AND PHYSICAL

THERAPISTS. THESE TRAININGS INCLUDED REHABILITATION THERAPY, NURSING

CLINICAL ROTATIONS, AS WELL AS FREE FIRST AID & CPR TRAINING TO THE

PARENTS OF PATIENTS AT THE HOSPITAL.

CHILD PASSENGER SAFETY/SEAT CHECKS AND TRANSPORTING CHILDREN WITH SPECIAL

NEEDS EDUCATION & TRAINING (CHILD PASSENGER SAFETY TECHNICIANS)

AT MWPH, WE BELIEVE IT IS VITAL TO MAKE SURE ALL CHILDREN ARE SECURED

PROPERLY IN APPROPRIATE SEATS - EVERY TRIP, EVERY TIME. ACCORDING TO THE

U.S. DEPARTMENT OF TRANSPORTATION'S NATIONAL HIGHWAY TRAFFIC SAFETY

ADMINISTRATION (NHTSA), APPROXIMATELY 8,959 LIVES HAVE BEEN SAVED FROM

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1975 TO 2008 BY THE PROPER USE OF CHILD SAFETY SEATS. CHILD SAFETY SEATS REDUCE THE LIKELIHOOD OF AN INFANT (UNDER 1 YEAR OLD) BEING KILLED IN A VEHICLE CRASH BY 71%, AND REDUCE THE LIKELIHOOD TO TODDLERS (1 TO 4 YEARS OLD) BY 54%. CHILDREN AGES 4 TO 7 WHO USE BOOSTER SEATS ARE 45% LESS LIKELY TO BE INJURED IN CAR CRASHES THAN CHILDREN WHO ARE RESTRAINED ONLY BY SEAT BELTS, ACCORDING TO A STUDY BY CHILDREN'S HOSPITAL OF PHILADELPHIA.

TO HELP PREVENT THESE TYPES OF INJURIES, MWPH PROVIDES PARENTS AND CAREGIVERS WITH THE PROPER KNOWLEDGE AND MATERIALS TO ENSURE THAT THEIR LITTLE ONES ARE PROTECTED ON THE WAY TO THEIR DESTINATION. IN OCTOBER AND MAY WE HOSTED CHILD SAFETY SEAT CHECKS IN COLLABORATION WITH SAFE KIDS BALTIMORE, KIDS IN SAFETY SEATS, AND THE BALTIMORE CITY FIRE DEPARTMENT, OUR STAFF AND VOLUNTEERS INSPECTED SEATS IN 55 CAR SEAT CHECKS AND OVER 2,500 HOURS DEDICATED TO THE INSTRUCTION AND PROVISION OF CHILD PASSENGER SAFETY. ON AVERAGE PARENTS HAD A MISUSE RATE OF 88% FOR CHILD PASSENGER DEVICES, WHETHER IT WAS IMPROPER INSTALLATION, INAPPROPRIATE APPARATUS (EXPIRED OR BROKEN), OR THE SEAT WAS INAPPROPRIATE FOR THE CHILD. MANY

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OF THESE HOURS WERE SPECIFICALLY DEDICATED TO PROVIDING GUIDANCE AND INSTRUCTION TO THOSE FAMILIES WITH CHILDREN WHO HAVE SPECIAL NEEDS. MWPB HAS CERTIFIED ENGLISH- AND SPANISH-SPEAKING TECHNICIANS (16 VOLUNTEERS TOTAL) WHO WERE AVAILABLE TO PROVIDE FREE HANDS-ON CHILD SAFETY SEAT INSPECTIONS AND OFFER ADVICE AND INSTRUCTION.

THE COMMUNITY ADVOCACY & INJURY PREVENTION COORDINATOR PROVIDED 16 CHILD PASSENGER SAFETY TALKS, IMPACTING 180 LOW-INCOME EXPECTANT MOTHERS AT THE BALTIMORE HEALTHY START "BELLY BUDDIES" PROGRAM PARENTS AND CAREGIVERS WERE URGED TO MAKE SURE THEIR CHILD SAFETY SEATS AND BOOSTER SEATS WERE PROPERLY INSTALLED AND USED IN THEIR VEHICLES.

BEING A PEDIATRIC SPECIALTY HOSPITAL, IT IS ESSENTIAL THAT STAFF IS AVAILABLE TO PROVIDE INSTRUCTION IN TRANSPORTING CHILDREN WITH SPECIAL NEEDS. THE HOSPITAL DEDICATED 14 HOURS TO ENSURE THAT STAFF AT THE FACILITY WOULD HAVE THE ABILITY TO PROVIDE TRAINING ON TRANSPORTING CHILDREN WITH SPECIAL HEALTH CARE NEEDS.

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LEAD TREATMENT PROGRAM

LEAD IS A NEUROTOXIC SUBSTANCE THAT HAS BEEN SHOWN IN NUMEROUS RESEARCH STUDIES TO AFFECT BRAIN FUNCTION AND DEVELOPMENT. CHILDREN WHO HAVE BEEN EXPOSED TO ELEVATED LEVELS OF LEAD (>10 UG/DL) ARE AT INCREASED RISK FOR COGNITIVE AND BEHAVIORAL PROBLEMS DURING DEVELOPMENT (CDC, 1991).

LEAD POISONING IS THE NUMBER ONE ENVIRONMENTAL HAZARD THREATENING CHILDREN THROUGHOUT THE UNITED STATES, AFFECTING AN ESTIMATED 310,000 CHILDREN UNDER THE AGE OF SIX. CHILDREN UNDER 6 AND PREGNANT WOMEN ARE AT THE GREATEST RISK FOR LEAD POISONING BECAUSE LEAD INHIBITS THE PROPER PHYSICAL AND COGNITIVE DEVELOPMENT OF IN CHILDREN AND INFANTS. EVEN LOW LEVELS OF LEAD POISONING CAN CAUSE HYPERACTIVITY, AGGRESSIVE BEHAVIOR, LEARNING DISABILITIES, LOWERED IQ, SPEECH DELAY AND HEARING IMPAIRMENT. HIGH LEVELS OF LEAD CAN CAUSE SEVERE MENTAL DISABILITIES, CONVULSIONS, COMA OR EVEN DEATH.

LEAD POISONING IS COMPLETELY PREVENTABLE, YET HUNDREDS OF CHILDREN IN

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MARYLAND ARE DIAGNOSED WITH ELEVATED LEVELS OF LEAD IN THEIR BLOOD EACH YEAR AND THOUSANDS OF CHILDREN GO UNTESTED. BECAUSE OF LEAD'S EFFECT UPON A CHILD'S BRAIN, THOUSANDS OF MARYLAND CHILDREN FAIL TO REACH THEIR FULL POTENTIAL AND HUNDREDS OF COMMUNITIES ARE PREVENTED FROM THE BENEFITS OF THE CHILD'S LONG-TERM PRODUCTIVITY. STUDIES HAVE SHOWN CHILDREN WHO ARE LEAD POISONED ARE MORE LIKELY TO BECOME INVOLVED WITH THE JUVENILE JUSTICE SYSTEM AND THAT LEAD POISONED CHILDREN ARE SEVEN TIMES MORE LIKELY TO DROP OUT OF SCHOOL BEFORE GRADUATING. BECAUSE OF LOST WAGES AND THE BURDEN ON TAXPAYERS CAUSED BY ANTI-SOCIAL BEHAVIORS AND INCREASED SPECIAL EDUCATION NEEDS, IT IS ESTIMATED THAT THAT GENERAL PUBLIC LOSES MILLIONS OF DOLLARS EACH YEAR.

LEAD POISONING CAUSES IRREVERSIBLE DAMAGE TO THE BRAIN AND NERVOUS SYSTEM AS WELL AS THE HEART AND RED BLOOD CELLS RESULTING IN:

- LEARNING DISABILITIES
- LOWERED I.Q.
- HYPERACTIVITY

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- ATTENTION DEFICIT DISORDER
- SPEECH DELAY
- HEARING LOSS
- SLOWED OR REDUCED GROWTH
- BEHAVIORAL PROBLEMS
- VIOLENT OR AGGRESSIVE BEHAVIOR

HIGH LEVEL POISONING CAN RESULT IN: SERVE COGNITIVE DISABILITIES, COMA AND DEATH.

THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (AUGUST 2010) REPORTED IN 2009, 347 CHILDREN - OR 1.8 % OF THE 19,043 CHILDREN TESTED IN BALTIMORE CITY - HAD ELEVATED BLOOD LEAD LEVELS (AT LEAST 10 MICROGRAMS PER DECILITER). THIS REPRESENTS A 26% DECREASE FROM THE NUMBER OF CHILDREN WITH ELEVATED BLOOD LEVELS IN 2008.

OVER THE PAST DECADE, THE NUMBER OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS HAS FALLEN FROM 2,189 CHILDREN IN 2000 TO 347 CHILDREN LAST YEAR -

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

A DECREASE OF 84%. DESPITE THE DECLINE, BALTIMORE CITY CONTINUES TO HAVE THE HIGHEST RATES OF CHILDREN WITH LEAD POISONING THAN ANY OTHER COUNTY IN MARYLAND, MORE THAN DOUBLING THE RATE OF MOST COUNTIES.

THIS HOSPITAL'S LEAD TREATMENT TEAM IS STRIVING TO INCREASE AWARENESS OF THE RISKS OF LEAD POISONING, TO ENCOURAGE ALL PARENTS TO HAVE THEIR CHILDREN TREATED 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. SINCE ITS INCEPTION, THE PROGRAM HAS TREATED HUNDREDS OF CHILDREN.

LAST YEAR, MWPH CONDUCTED A TOTAL OF 136 CLINIC VISITS WITH OUR OUTPATIENT LEAD CLINIC PATIENTS. FROM THE 136 CLINIC VISITS 43 CHILDREN WITH ELEVATED LEAD LEVELS WERE SEEN. THE HOSPITAL TREATED AND FOLLOWED 20 NEWLY REFERRED PATIENTS AND TREATED 15 PREVIOUSLY REFERRED PATIENTS. DEPENDING ON A CHILD'S LEAD LEVEL, THE FOLLOW-UP APPOINTMENT WILL VARY FROM 4 TO 8 WEEKS. WE HAVE ONE PATIENT AND HIS FAMILY TRAVELING FROM SOUTHEAST DISTRICT AREA OF PENNSYLVANIA TO ATTEND MWPH AS THERE ARE NO

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REPORTED LEAD SPECIALTY SERVICES IN THEIR AREA.

MWPH ADMITTED 9 CHILDREN TO OUR HOSPITAL FOR CHELATION THERAPY IN 2011.

THE PATIENTS THAT WERE ADMITTED INPATIENT HAD LEAD LEVELS RANGING FROM 59 AND 43. THREE OF THE PATIENTS HAD TO HAVE A RE-ADMISSION FOR A SECOND ROUND OF CHELATION THERAPY. A CHILD TYPICALLY MUST HAVE A LEAD LEVEL OF 45 OR HIGHER BEFORE THEY ARE CANDIDATES FOR ADMISSION FOR INPATIENT TREATMENT. CHELATION THERAPY IS THE FORM OF TREATMENT A CHILD RECEIVES TO DECREASE THE LEAD LEVELS. THIS IS DONE OVER A COURSE OF NINETEEN DAYS.

SOME CHILDREN WITH HIGHER LEAD LEVELS WILL OFTEN NEED TWO OR MORE CYCLES OF TREATMENT OF CHELATION THERAPY. THIS WILL TYPICALLY RESULT IN MULTIPLE ADMISSIONS FOR THAT CHILD AND FAMILY. ONCE THE CHILD IS DISCHARGED FROM MWPH THEY THEN ARE ADMITTED INTO THE OUTPATIENT LEAD CLINIC FOR FOLLOW-UP SERVICES. OFTEN CHILDREN COME TO MWPH FOR OTHER SERVICES AS A RESULT OF THE EFFECTS OF LEAD POISONING. THESE SERVICES CAN INCLUDE SPEECH, LANGUAGE, BEHAVIORAL PSYCHOLOGY, PSYCHIATRY, AND NEUROPSYCHOLOGY SERVICES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

IN 2006, IN AN UNPRECEDENTED COLLABORATION, MARYLAND'S LEADING ACADEMIC MEDICAL SYSTEMS - THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) AND JOHNS HOPKINS HEALTH SYSTEM (HOPKINS) - AGREED TO SHARE EQUAL INTERESTS IN MWPH. WHILE MWPH REMAINS FINANCIALLY SELF-SUFFICIENT, THE PRESENCE OF UMMS AND HOPKINS MEDICAL EXPERTS AND OTHER RESOURCES AT MWPH HAS CREATED A SYNERGY THAT HAS ENABLED THE HOSPITAL TO STRENGTHEN ITS POSITION AS A LEADER IN PEDIATRIC SPECIALTY CARE AND SERVE MANY OF THE YOUNGEST, MOST VULNERABLE MEMBERS OF OUR COMMUNITY. A PHYSICIANS LEADERSHIP GROUP MEETS REGULARLY WITH THE MEDICAL DIRECTOR OF MWPH, AS WELL AS, THE CEO. REPORTS ARE PRESENTED FROM THIS LEADERSHIP GROUP TO THE BOARD OF TRUSTEES AND ARE FUNDAMENTAL IN DETERMINING THE NEEDS OF OUR COMMUNITY ON A REGIONAL AND NATIONAL LEVEL. WITH A STAFF OF NEARLY 500, MWPH IS FIRMLY COMMITTED TO ITS MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR REGIONS CHILDREN.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MT. WASHINGTON PEDIATRIC HOSPITAL 2

SCHEDULE H, PART V, SECTION B, 21

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

INCLUDING COMMERCIAL INSURANCE, GOVERNMENT PAYERS, OR UNINSURED PATIENTS.

ALL CHARGES ARE GROSS CHARGES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

STATE FILING OF COMMUNITY BENEFIT REPORT

MD,

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Questions Regarding Compensation

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account

- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

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

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

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHELDON STEIN	(i)	233,194.	80,500.	2,141.	12,662.	14,111.	342,608.	0
	(ii)	0	0	0	0	0	0	0
2 SHARON KELLY	(i)	145,281.	17,361.	1,911.	8,216.	7,818.	180,587.	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS ELLIS	(i)	130,932.	19,686.	1,022.	8,262.	19,169.	179,071.	0
	(ii)	0	0	0	0	0	0	0
4 AJOKI AJAYI AKINTADE MD	(i)	174,775.	0	321.	8,812.	1,050.	184,958.	0
	(ii)	0	0	0	0	0	0	0
5 KATHERINE ALTER MD	(i)	223,095.	0	897.	12,521.	12,571.	249,084.	0
	(ii)	0	0	0	0	0	0	0
6 ROBERT BLAKE	(i)	199,729.	0	252.	9,628.	8,773.	218,382.	0
	(ii)	0	0	0	0	0	0	0
7 PATRICIA QUIGLEY MD	(i)	183,316.	0	359.	10,984.	13,228.	207,887.	0
	(ii)	0	0	0	0	0	0	0
8 STEPHEN NICHOLS MD	(i)	168,763.	0	141.	9,460.	19,099.	197,463.	0
	(ii)	0	0	0	0	0	0	0
9 MARY MILLER	(i)	120,486.	20,140.	344.	6,576.	19,152.	166,698.	0
	(ii)	0	0	0	0	0	0	0
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

NON FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

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

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Bond Issues

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

Part II Proceeds

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

Part III Private Business Use

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

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

Schedule K (Form 990) 2011

Part III Private Business Use (Continued)

MARYLAND HEALTH & HIGHER EDUCATIONAL FACILITIES

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?	X							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6 AND 7A

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

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT THORNTON. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON TAX ORGANIZER. WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO GRANT THORNTON FOR IMPORTATION INTO THEIR TAX SOFTWARE. AT THIS POINT, GRANT THORNTON STAFF MEMBERS REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF NEEDED AND PREPARE THE TAX RETURN. EACH RETURN IS REVIEWED AT SEVERAL LEVELS AT GRANT THORNTON INCLUDING THE TAX PARTNER. AFTER THEIR REVIEW PROCESS, A DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT UMMS FOR AN IN-HOUSE REVIEW.

UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO THE ATTENTION OF THE BOARD. NOTWITHSTANDING THE ABOVE, A BOARD RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM 990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION.

A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

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

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

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION: ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER 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.

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

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

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A AND 15B

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

REGULATIONS: EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A

COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE

NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY

MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED

EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S

PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION

MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED

MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING. THE COMMITTEE

SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS

INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE

COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT

LEVEL AND UP.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS

DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER,

Name of the organization

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SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZATION'S IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED.

IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION. THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

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CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

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

RECONCILIATION OF NET ASSETS

RECONCILIATION OF NET ASSETS - OTHER CHANGES (LINE 5)

UNRESTRICTED:

UNREALIZED LOSS- OTHER THAN TRADING SECURITIES	(761,680)
CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLAN	(957,962)
CHANGE IN ECONOMIC INTEREST- MWPf UNRESTRICTED	(147,323)
	<hr/>
	(1,866,965)

RESTRICTED:

CHANGE IN ECONOMIC INTEREST- MWPf RESTRICTED	(1,860,898)
NET ASSETS RELEASED FOR OPERATIONS	(447,181)
	<hr/>
	(2,308,079)

TOTAL CHANGE TO NET ASSETS	(4,175,044)
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Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
SHELDON STEIN PRESIDENT CEO	1.00
MARY MILLER CFO/ VP FINANCE	1.00

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PHARMASOURCE P.O. BOX 632849 CINCINNATI, OH 45263	PHARMACY	2,760,752.
WHITING TURNER CONTRACTING P.O. BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	2,605,640.
SLEEP SERVICES OF AMERICA INC. P.O. BOX 198320 ATLANTA, GA 30384	NEUROLOGY SERVICES	1,196,695.
JOHNS HOPKINS UNIVERSITY 600 NORTH WOLF STREET BALTIMORE, MD 21287	PHYSICIAN SERVICES	1,243,687.
MARYLAND GENERAL HOSPITAL 827 LINDEN AVENUE BALTIMORE, MD 21201	LAB SERVICES	295,900.
TOTAL COMPENSATION		<u>8,102,674.</u>

ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
	64,091.
TOTAL	<u>64,091.</u>

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483**ATTACHMENT 4****FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES**

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSE	187,426.
TOTALS	<u>187,426.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

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

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

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

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

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

Schedule R (Form 990) 2011

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MT. WASHINGTON PEDIATRIC FOUNDATION	C	2,219,494.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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