

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A** For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

<b>B</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	<b>C</b> Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC. Doing Business As			<b>D</b> Employer identification number 52-0591483
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E</b> Telephone number (410) 578-8600
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21209			
	<b>F</b> Name and address of principal officer: <u>SHELDON STEIN</u> 1708 W. ROGERS AVENUE BALTIMORE, MD 21209			
<b>G</b> Gross receipts \$ <u>73,523,557.</u>				
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.MWPH.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: <u>1926</u>			<b>M</b> State of legal domicile: <u>MD</u>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>MT. WASHINGTON PEDIATRIC HOSPITAL IS DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE OF THE CHILDREN WE SERVE.</u>		
	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)	<b>3</b>	12.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	714.
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	112.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	1,010,418.	1,238,551.
	9	Program service revenue (Part VIII, line 2g)	58,569,033.	56,764,161.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	739,193.	844,705.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,199,631.	1,276,904.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,518,275.	60,124,321.
<b>Expenses</b>	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)	36,175,970.	38,314,447.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>184,945.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,412,611.	15,889,399.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,588,581.	54,203,846.
19	Revenue less expenses. Subtract line 18 from line 12	6,929,694.	5,920,475.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	105,229,167.	106,704,489.
	21	Total liabilities (Part X, line 26)	21,643,343.	21,220,149.
22	Net assets or fund balances. Subtract line 21 from line 20	83,585,824.	85,484,340.	

**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.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ ALFRED A PIETSCH Type or print name and title	TREASURER

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK GIARDINI	<i>Frank S. Giardini</i>	05/11/2017		P00532355
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558			
Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103		Phone no. 215-561-4200			

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2015)

# Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

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

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20\_\_\_\_ or

►  tax year beginning 07/01, 2015, and ending 06/30, 2016.

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

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

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

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

<b>Cumulative e-File History 2015</b>	
<b>FED</b>	
Locator:	4218CV
Taxpayer Name:	Mt. Washington Pediatric Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	10/10/2016 16:29:10
Acknowledgement Date:	10/10/2016 16:57:19
Status:	Accepted
Submission ID:	23695320162845000017

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

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

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

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

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

4 I request an additional 3-month extension of time until 05/15, 2017.

5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01, 2015, and ending 06/30, 2016.

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

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

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

**Signature and Verification must be completed for Part II only.**

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

Signature  Frank S. Grandin Title  TAX PRINCIPAL Date  01/31/2017

<b>Cumulative e-File History 2015</b>	
<b>FED</b>	
Locator:	4218CV
Taxpayer Name:	Mt. Washington Pediatric Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	01/31/2017 10:01:53
Acknowledgement Date:	01/31/2017 10:27:21
Status:	Accepted
Submission ID:	23695320170315000018

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code: ) (Expenses \$ 46,125,930. including grants of \$ ) (Revenue \$ 57,764,697. )

MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 22,347 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 47,755 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. APPROXIMATELY 80% OF INPATIENTS RECEIVED MEDICAL ASSISTANCE.

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

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

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

4e Total program service expenses 46,125,930.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 detailing various organizational requirements and their completion status.

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 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, address, and telephone number of the person who possesses the organization's books and records: S. MICHELLE LEE 250 W. PRATT STREET SUITE 1436 BALTIMORE, MD 21201 410-328-1376

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD B. CHAMBERS TRUSTEE	1.00 0.	X					0.	0.	0.	
(2) ROBERT A. CHRENCIK TRUSTEE	1.00 0.	X					0.	0.	0.	
(3) S. TRACY COSTER TRUSTEE	1.00 0.	X					0.	0.	0.	
(4) STEVEN J. CZINN, M.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
(5) GEORGE J. DOVER, M.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
(6) JOHN KELLY TRUSTEE	1.00 0.	X					0.	0.	0.	
(7) LAWRENCE C. PAKULA, M.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
(8) RONALD R. PETERSON TRUSTEE	1.00 0.	X					0.	0.	0.	
(9) DR. BERYL ROSENSTIEN TRUSTEE	1.00 0.	X					0.	0.	0.	
(10) G. DANIEL SHEALER, JR. ESQUIRE TRUSTEE	1.00 0.	X					0.	0.	0.	
(11) ROSLYN STOLER TRUSTEE	1.00 1.00	X					0.	0.	0.	
(12) FRED WOLF, III, ESQUIRE TRUSTEE	1.00 1.00	X					0.	0.	0.	
(13) SHELDON STEIN PRESIDENT CEO	40.00 0.			X			262,689.	0.	181,397.	
(14) ALFRED A. PIETSCH TREASURER	1.00 0.			X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MARY MILLER CFO / VP - FINANCE	40.00 0.			X				147,535.	0.	58,379.
16) THOMAS ELLIS VP - HUMAN RESOURCES	40.00 0.				X			139,166.	0.	67,600.
17) JENNIFER BOWIE VP - NURSING ADMIN	40.00 0.				X			152,199.	0.	23,348.
18) TIKEE APARECE ATTENDING PHYSICIAN	40.00 0.					X		165,022.	0.	3,836.
19) BRADFORD HARRIS ATTENDING PHYSICIAN	40.00 0.					X		207,536.	0.	21,656.
20) MONIQUE SATPUTE NATIONAL PROGRAM DIRECTOR	40.00 0.					X		196,235.	0.	25,919.
21) KAREN WILLING ATTENDING PHYSICIAN	40.00 0.					X		208,936.	0.	27,694.
22) STEPHEN NICHOLS M.D. ATTENDING PHYSICIAN	40.00 0.					X		219,920.	0.	44,590.
<b>1b Sub-total</b> .....								262,689.	0.	181,397.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								1,436,549.	0.	273,022.
<b>d Total (add lines 1b and 1c)</b> .....								1,699,238.	0.	454,419.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **21**

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

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **16**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	68,034.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	670,305.				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	500,212.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .						
	<b>h Total.</b> Add lines 1a-1f . . . . .			1,238,551.			
<b>Program Service Revenue</b>	<b>2a</b> <u>NET PATIENT REVENUE</u>			<b>Business Code</b>			
				900099	56,764,161.	56,764,161.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .				56,764,161.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .				557,929.		557,929.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				0.		
	<b>5</b> Royalties . . . . .				0.		
	<b>6a</b> Gross rents . . . . .			(i) Real			
	<b>b</b> Less: rental expenses . . . . .			(ii) Personal			
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .				0.		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .			(i) Securities			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			(ii) Other	13,446,250.		
	<b>c</b> Gain or (loss) . . . . .				13,159,474.		
	<b>d</b> Net gain or (loss) . . . . .				286,776.		286,776.
	<b>8a</b> Gross income from fundraising events (not including \$ <u>68,034.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .			<b>a</b>	516,130.		
	<b>b</b> Less: direct expenses . . . . .			<b>b</b>	239,762.		
	<b>c</b> Net income or (loss) from fundraising events . . . . .				276,368.		276,368.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .			<b>a</b>			
<b>b</b> Less: direct expenses . . . . .			<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .			<b>a</b>				
<b>b</b> Less: cost of goods sold . . . . .			<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0.			
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b> <u>MEDICAL RECORDS</u>				900099	12,095.	12,095.	
<b>b</b> <u>NET ASSETS RELEASED FOR OPERATING PURPOSE</u>				900099	569,346.	569,346.	
<b>c</b> <u>ALL OTHER REVENUE</u>				900099	419,095.	419,095.	
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .					1,000,536.		
<b>12 Total revenue.</b> See instructions. . . . .					60,124,321.	57,764,697.	1,121,073.

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	701,589.	596,351.	105,238.	
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 . . . . .	29,994,765.	25,495,550.	4,314,270.	184,945.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	579,405.	492,494.	86,911.	
9 Other employee benefits . . . . .	5,049,489.	4,292,066.	757,423.	
10 Payroll taxes . . . . .	1,989,199.	1,690,819.	298,380.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	26,511.	22,534.	3,977.	
c Accounting . . . . .	436,574.	371,088.	65,486.	
d Lobbying . . . . .	4,175.	3,549.	626.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	3,276,567.	2,785,082.	491,485.	
12 Advertising and promotion . . . . .	57,900.	49,215.	8,685.	
13 Office expenses . . . . .	1,133,196.	963,217.	169,979.	
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	816,552.	694,069.	122,483.	
17 Travel . . . . .	122,242.	103,906.	18,336.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	19,405.	16,494.	2,911.	
20 Interest . . . . .	80,454.	68,386.	12,068.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	3,069,541.	2,609,110.	460,431.	
23 Insurance . . . . .	237,762.	202,098.	35,664.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES</u> . . . . .	4,504,314.	3,828,667.	675,647.	
b <u>CLINICAL</u> . . . . .	673,585.	572,547.	101,038.	
c <u>BAD DEBT</u> . . . . .	351,077.	351,077.		
d <u>CAFE CATERING</u> . . . . .	327,421.	278,308.	49,113.	
e All other expenses . . . . .	752,123.	639,303.	112,820.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>54,203,846.</b>	<b>46,125,930.</b>	<b>7,892,971.</b>	<b>184,945.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments . . . . .	17,320,320.	<b>2</b>	15,939,710.
	<b>3</b> Pledges and grants receivable, net . . . . .	260,427.	<b>3</b>	244,003.
	<b>4</b> Accounts receivable, net . . . . .	7,701,680.	<b>4</b>	5,995,812.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	114,830.	<b>8</b>	120,850.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	28,667.	<b>9</b>	169,667.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 70,196,572.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 38,054,050.	26,746,162.	<b>10c</b> 32,142,522.
	<b>11</b> Investments - publicly traded securities . . . . .	29,952,014.	<b>11</b>	29,249,574.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	23,105,067.	<b>15</b>	22,842,351.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	105,229,167.	<b>16</b>	106,704,489.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	11,913,791.	<b>17</b>	11,991,092.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	99,805.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	5,700,000.	<b>20</b>	5,385,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	3,929,747.	<b>25</b>	3,844,057.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	21,643,343.	<b>26</b>	21,220,149.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	72,670,079.	<b>27</b>	74,640,440.
	<b>28</b> Temporarily restricted net assets . . . . .	10,090,574.	<b>28</b>	10,018,729.
	<b>29</b> Permanently restricted net assets . . . . .	825,171.	<b>29</b>	825,171.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	83,585,824.	<b>33</b>	85,484,340.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	105,229,167.	<b>34</b>	106,704,489.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	60,124,321.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	54,203,846.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,920,475.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	83,585,824.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,269,236.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,752,723.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	85,484,340.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		
<b>3b</b>		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 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**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

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

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Schedule of Contributors

2015

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

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

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

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

General Rule

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

Special Rules

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

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

<b>Name of organization</b> MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	<b>Employer identification number</b> 52-0591483
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**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	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 8,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number  
52-0591483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

52-0591483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 7,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Employer identification number**  
52-0591483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 5,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 48,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	<b>Employer identification number</b> 52-0591483
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**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	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____	\$ 29,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	<b>Employer identification number</b> 52-0591483
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**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	_____	\$ 670,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____	\$ 67,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

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

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



Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number  
52-0591483

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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

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

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

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

**4-Year Averaging Period Under section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## SCHEDULE C: LOBBYING ACTIVITIES

## PART II-B, 1I

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

52-0591483

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 columns: Question, Yes, No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	4,813,053.
(2) ECONOMIC INTEREST IN MWPF	16,726,921.
(3) OTHER	875,688.
(4) OTHER ACCOUNTS RECEIVABLE	426,689.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	22,842,351.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM 3RD PARTY PAYORS	3,844,057.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,844,057.

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



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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

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

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

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

**Part I**

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF (event type)	GALA (event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	94,255.	489,909.		584,164.
	<b>2</b> Less: Contributions . . . . .	22,100.	45,934.		68,034.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	72,155.	443,975.		516,130.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	43,943.	195,819.		239,762.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				239,762.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				276,368.

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>6b</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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			71,686.		71,686.	.13
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			71,686.		71,686.	.13
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			304,302.		304,302.	.56
<b>f</b> Health professions education (from Worksheet 5) . . . . .			510,515.		510,515.	.95
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			949,260.	441,103.	508,157.	.94
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			14,629.		14,629.	.03
<b>j Total.</b> Other Benefits . . . . .			1,778,706.	441,103.	1,337,603.	2.48
<b>k Total.</b> Add lines 7d and 7j. . . . .			1,850,392.	441,103.	1,409,289.	2.61

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

Schedule H (Form 990) 2015

JSA 5E1284 1.000

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			16,209.		16,209.	.03
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			5,559.		5,559.	.01
7 Community health improvement advocacy			36,758.		36,758.	.07
8 Workforce development						
9 Other						
10 Total			58,526.		58,526.	.11

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	2,470.
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) . . . . .	2,470.
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** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 MT. WASHINGTON PEDIATRIC HOSPITAL
1708 W. ROGERS AVENUE
BALTIMORE MD 21209
WWW.MWPH.ORG
30-026

Table with 10 rows and 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group.



Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding hospital facility licensing, CHNA, and implementation strategies.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.MWPH.ORG</u>		
<b>b</b>	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.MWPH.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

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

**Part V Facility Information** (continued)

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

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

**Policy Relating to Emergency Medical Care**

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

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

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

**Part V Facility Information** (continued)

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

MT. WASHINGTON PEDIATRIC HOSPITAL

SCHEDULE H, PART V, SECTION B

LINE 5

COMMUNITY PERSPECTIVE

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

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

THE RESULTS IDENTIFIED THE TOP FIVE HEALTH CONCERNS, TOP 5 BARRIERS TO HEALTH CARE, AND PRESENTED AN OPPORTUNITY FOR PARTICIPANTS TO PROVIDE RECOMMENDATIONS OR SOLUTIONS. THE TOP FIVE HEALTH CONCERNS IDENTIFIED WERE DIABETES (N=708), HIGH BLOOD PRESSURE/STROKE (N=669), HEART DISEASE

**Part V Facility Information** (continued)

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

(N=596), SMOKING/ALCOHOL/DRUG ABUSE (N=535), AND CANCER (N=515). ANALYSIS BY CBSA TARGETED ZIP CODES REVEALED THE SAME TOP HEALTH CONCERNS AND TOP HEALTH BARRIERS WITH LITTLE DEVIATION FROM THE OVERALL BALTIMORE CITY DATA.

THE TOP FIVE BARRIERS TO HEALTH CARE IDENTIFIED INCLUDED 'NO HEALTH INSURANCE' (N=833), 'TOO EXPENSIVE' (N=726), 'NO TRANSPORTATION' (N=446), 'LOCAL MDS NOT PART OF PLAN' (N=259), 'COULDN'T GET AN APPOINTMENT WITH DOCTOR' (N=138), 'DOCTOR TOO FAR AWAY' (N=125), AND '(MEDICAL) SERVICE NOT AVAILABLE IN THE CITY' (91). THERE WERE ALSO 103 INDIVIDUAL RESPONSES THAT PROVIDED ADDITIONAL INSIGHT INTO LOCAL HEALTH DISPARITIES.

ANALYSIS BY CBSA TARGETED ZIP CODES IDENTIFIED VERY SIMILAR HEALTH CONCERNS AND TOP HEALTH BARRIERS WITH LITTLE TO NO DEVIATION FROM OVERALL BALTIMORE CITY DATA, OR THE MWPB CHNA COMPLETED IN 2012.

**HEALTH EXPERTS**

THE COMMUNITY ADVOCACY TEAM FACILITATED FOCUS GROUP MEETINGS TO INCLUDES SPECIALTY CLINICAL STAFF; OUTPATIENT (PSYCHOLOGY, WEIGH SMART, SOCIAL WORK) [OCTOBER 7, 2014], TRAUMATIC BRAIN INJURY & RECREATIONAL THERAPY [SEPTEMBER 29, 2014] AS WELL AS MWPB EMPLOYEES WHO ENGAGE IN COMMUNITY AFFAIRS AND MWPB FAMILY ADVISORY COUNCIL [OCTOBER 24, 2014].

THERE WAS ALSO A TELEPHONE INTERVIEW CONDUCTED BALTIMORE CITY HEALTH DEPT. DIRECTOR OF CHRONIC DISEASE PREVENTION, AND FINALLY A THOROUGH REVIEW AND INCLUDE NATIONAL PREVENTION STRATEGY PRIORITIES, STATE HEALTH

**Part V Facility Information** (continued)

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

IMPROVEMENT PLAN (SHIP) INDICATORS , AND HEALTHY BALTIMORE 2015 PLAN FROM  
BCHD.

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

COMPARISON OF FEDERAL, STATE, AND LOCAL HEALTH PRIORITIES

NATIONAL PREVENTION STRATEGY:

2011 PRIORITY AREAS

- TOBACCO FREE LIVING
- PREVENTING DRUG ABUSE & EXCESSIVE ALCOHOL USE
- HEALTHY EATING
- ACTIVE LIVING
- INJURY & VIOLENCE FREE LIVING
- REPRODUCTIVE & SEXUAL HEALTH
- MENTAL & EMOTIONAL WELLBEING

MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) 2011

- HEALTHY BABIES
- HEALTHY SOCIAL ENVIRONMENTS

**Part V Facility Information** (continued)

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

-SAFE PHYSICAL ENVIRONMENTS

-INFECTIOUS DISEASES

-CHRONIC DISEASES

-HEALTHCARE ACCESS

HEALTHY BALTIMORE 2015

-PROMOTE ACCESS TO QUALITY HEALTH CARE FOR ALL

-BE TOBACCO FREE

-REDESIGN COMMUNITIES TO PREVENT OBESITY

-PROMOTE HEART HEALTH

-STOP THE SPREAD OF HIV & OTHER ST INFECTIONS

-RECOGNIZE & TREAT MENTAL HEALTH NEEDS

-REDUCE DRUG USE & ALCOHOL USE

-ENCOURAGE EARLY DETECTION OF CANCER

-PROMOTE HEALTHY CHILDREN & ADOLESCENTS

-CREATE HEALTH PROMOTING NEIGHBORHOODS

DURING THE TELEPHONE INTERVIEW LAURA FOX, MPH, DIRECTOR, OFFICE OF  
CHRONIC DISEASE PREVENTION, BALTIMORE CITY HEALTH DEPARTMENT (2/17/15).

MWPH WAS ABLE TO IDENTIFY THE TOP 4 HEALTH PROBLEMS PER BALTIMORE CITY

MAYOR'S HEALTH PRIORITIES:

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

**Part V Facility Information** (continued)

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

4. DIABETES - AS RELATED TO CVD AS A CO-MORBIDITY

TOP BARRIERS TO HEALTH IDENTIFIED ARE:

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

CONNECTORS AND/OR HEALTH NAVIGATORS

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

COMMUNITY LEADERS

MWPH FACILITATED A FOCUS GROUP IN THE PARK HEIGHTS COMMUNITY, WHICH IS LOCATED IN THE COMMUNITY BENEFIT SERVICE AREA OF THE HOSPITAL WHICH INCLUDED OVER 30 COMMUNITY PARTNERS FOCUS GROUP (OCTOBER 2014).

THE FOLLOWING NEEDS WERE DISCUSSED/IDENTIFIED DURING THIS MEETING:

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

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

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

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



**Part V Facility Information** (continued)

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

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

- SCREENINGS, HEALTH EDUCATION, COMMUNITY ENGAGEMENT, SET UP A 'GREEN'

NEIGHBORHOOD AS A MODEL, AND MENTAL HEALTH SERVICES.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

DEFINED BY THE WORLD HEALTH ORGANIZATION AS: THE CONDITIONS IN WHICH

PEOPLE ARE BORN, GROW, LIVE, WORK AND AGE

METHODS

REVIEWED DATA FROM IDENTIFIED 2011 BALTIMORE CITY HEALTH DEPARTMENT'S

BALTIMORE CITY NEIGHBORHOOD PROFILES, BALTIMORE CITY FOOD DESERT MAP

RESULTS

UTILIZING THE BALTIMORE CITY NEIGHBORHOOD PROFILES, THE COMMUNITY

ADVOCACY TEAM IDENTIFIED SDOHS FOR THE FOLLOWING ZIP CODES WITHIN THE

CBSA (COMMUNITY BENEFIT SERVICE AREA) UPTON/ DRUID HEIGHTS (21217), SW

BALTIMORE (21223), MONDAWMIN , PIMLICO/ ARLINGTON/ HILLTOP (21216 &

21215) HOWARD PARK/ W. ARLINGTON (21207), SOUTHERN PARK HEIGHTS (21215),

CLIFTON-BEREA (21206). THE TOP SDOHS IDENTIFIED WERE 'LOW EDUCATION

ATTAINMENT' (52.6% W/ LESS THAN HS DEGREE), 'HIGH POVERTY RATE' (15.7%),

'HIGH UNEMPLOYMENT RATE' (11%), VIOLENCE, AND POOR FOOD ENVIRONMENT.

HEALTH STATISTICS/INDICATORS

THE TEAM ALSO REGULARLY REVIEWED THE FOLLOWING LOCAL DATA SOURCES;

BALTIMORE CITY HEALTH STATUS REPORT, BALTIMORE HEALTH DISPARITIES REPORT

**Part V Facility Information** (continued)

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

CARD, AND THE BALTIMORE NEIGHBORHOOD PROFILES. NATIONAL TRENDS AND DATA SUCH AS THE 'HEALTHY PEOPLE 2015', 'CENTERS FOR DISEASE CONTROL REPORTS/UPDATES', AND 'F AS IN FAT: EXECUTIVE SUMMARY (RWJF)' WERE ALSO TAKEN INTO CONSIDERATION.

## RESULTS

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

## LINE 6A

THE MWPH WAS CONDUCTED WITH THE AFFILIATED BALTIMORE CITY HOSPITALS OF THE UNIVERSITY OF MD MEDICAL SYSTEM. SPECIFICALLY, THE UNIVERSITY OF MD MEDICAL CENTER AND UNIVERSITY OF MD MIDTOWN CAMPUS.

## LINE 6B

NO THE ONLY ORGANIZATION THAT ASSISTED IN CONDUCTING THE CHNA WERE THE AFOREMENTIONED HOSPITALS IN QUESTION PART V, QUESTION 6A.

## LINE 11

BASED ON THE CHNA, FINDINGS, AND PRIORITIES, THE MWPH AGREED TO INCORPORATE OUR IDENTIFIED PRIORITIES WITH MARYLAND'S STATE HEALTH IMPROVEMENT PLAN (SHIP). USING THE SHIP AS A FRAMEWORK, THE FOLLOWING

**Part V Facility Information** (continued)

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

MATRIX WAS CREATED TO SHOW THE INTEGRATION OF OUR IDENTIFIED PRIORITIES AND THEIR ALIGNMENT WITH THE SHIP'S VISION AREAS. MWPB 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 MWPB 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.

MWPB WILL PROVIDE LEADERSHIP AND SUPPORT WITHIN THE COMMUNITIES SERVED AT SUSTAINED AND STRATEGIC RESPONSE LEVELS.

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

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

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

**Part V Facility Information** (continued)

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

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 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.

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

**Part V Facility Information** (continued)

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

REHABILITATION, SOCIAL WORK AND MWPB EMPLOYEES WHO ENGAGE IN COMMUNITY AFFAIRS.

A PRIORITIZATION MEETING WAS HELD ON APRIL 30, 2015 WITH A CROSS SECTION OF CLINICIANS, COMMUNITY STAKEHOLDERS/ACTIVISTS, AS WELL AS COMMUNITY HEALTH EDUCATORS. PARTICIPANTS WERE PROVIDED ALL THE DATA COLLECTED FOR THE FISCAL YEAR CHNA WHICH INCLUDED THE COMMUNITY PERSPECTIVE, HEALTH EXPERTS/FOCUS GROUPS/INTERVIEWS, AS WELL AS NATIONAL AND LOCAL HEALTH PREVENTION STRATEGIES. THE GROUP WAS CHARGED WITH PRIORITIZING THE HEALTH NEEDS OF THE CBSA USING THE FOLLOWING CRITERIA:

- MAGNITUDE: THE NUMBER OF PEOPLE IMPACTED BY THE PROBLEM
- SEVERITY: THE RISK OF MORBIDITY AND MORTALITY WITH THE PROBLEM
- HISTORICAL TRENDS
- ALIGNMENT OF THE PROBLEM WITH THE MWPB'S STRENGTHS AND PRIORITIES
- IMPACT OF THE PROBLEM ON THE VULNERABLE POPULATIONS OF THE CBSA
- IMPORTANCE OF THE PROBLEM IN THE COMMUNITY
- RELATIONSHIP OF THE PROBLEM TO OTHER COMMUNITY ISSUES
- FEASIBILITY OF CHANGE, AVAILABILITY OF TESTED APPROACHES
- VALUE IF IMMEDIATE INTERVENTION VS. ANY DELAY, ESPECIALLY FOR LONG-TERM OR COMPLEX THREATS.

PARTICIPANTS WERE ASKED TO SELECT SIX PRIORITIES BASED ON THIS CRITERIA WHERE 1 IS THE MOST IMPORTANT/SIGNIFICANT AND 6 IS NOT AS URGENT AN NEED. AS A RESULT THERE WERE 15 DIFFERENT PRIORITIES IDENTIFIED. A MATRIX WAS

**Part V Facility Information** (continued)

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

THEN UTILIZED (SEE CHART BELOW) TO BETTER IDENTIFY IN WHAT ORDER WE WOULD PRIORITIZE OUR SERVICES AND/OR PROGRAMMING AND THE FEASIBILITY OF HAVING SO MANY.

MWPH PRIORITIES WERE IDENTIFIED AS FOLLOWS:

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

LINE 13H:

IN COMPLIANCE WITH THE NEW IRC SECTION 501(R) REGULATIONS MT. WASHINGTON PEDIATRIC HOSPITAL HAS UPDATED THEIR FINANCIAL ASSISTANCE POLICY TO ENSURE COMPLIANCE WITH IRS REGULATIONS.

LINE 22: DUE TO STATE REGULATIONS, CHARGES ARE NOT REDUCED FOR ANY PAYER, INCLUDING COMMERCIAL INSURANCE, GOVERNMENT PAYERS, OR UNINSURED PATIENTS. ALL CHARGES ARE GROSS CHARGES.

LINE 22D - ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF THEIR ABILITY TO PAY.

**Part V Facility Information** (continued)

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

LINE 24 - AS PREVIOUSLY DISCUSSED IN AN EARLIER SCHEDULE H NARRATIVE, THE STATE OF MARYLAND IS A UNIQUE STATE IN REGARD TO THE PROVISION OF HEALTH CARE SERVICES AND THEIR RELATED CHARGES BY HOSPITALS. ALL HOSPITAL CHARGES PROCESSED TO ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, ARE SET THROUGH MARYLAND'S HEALTH SERVICES COST COMMISSION. ACCORDINGLY, ALL HOSPITAL CHARGES ARE NOT GROSS CHARGES AS DEFINED BY THE IRS UNDER INTERNAL REVENUE CODE SECTION 501(R)(5)(B).

**Part V Facility Information** (continued)

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

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

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



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

## RELATED ORGANIZATION REPORT

SCHEDULE H, PART I, LINE 6A

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

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

## COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

SCHEDULE H, LINE 7A, COLUMN (D)

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

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

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

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

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

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

AT MWPH, THE COMMUNITY BUILDING ACTIVITIES HAVE BEEN PRIMARILY DEDICATED TO UTILIZING OUR STAFF; AT ALL LEVELS, SENIOR EXECUTIVES, MANAGERS, CLINICAL AND NON-CLINICAL TO ADVOCATE, EDUCATE, OR CREATE PROGRAMMING THE IS FOCUSED TO ALLEVIATE THE BURDENS AND DISPARITIES TO THE POPULATION WHO WE RECEIVE THE SPECIALTY CARE WE PROVIDE. AN EXAMPLE OF THIS, IS THE

**Part VI Supplemental Information**

Provide the following information.

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NATIONAL ADVOCACY DAYS WHEN THE HOSPITAL PROVIDES TRANSPORTATION AND LODGING FOR PARENTS AT THE HOSPITAL TO GO TO WASHINGTON, D.C. TO MEET WITH LEGISLATORS TO DISCUSS TOPICS THAT AFFECT THE PEDIATRIC SPECIAL HEALTH CARE NEED POPULATION DIRECTLY. ANOTHER EXAMPLE IS A PROGRAM CREATED BY THE FAMILY ADVISORY COUNCIL, FAMILY COMMUNITY DAY WHEN THE HOSPITAL TAKES FAMILIES WITH CHILDREN WHO HAVE SPECIAL CARE NEEDS ON A FIELD TRIP SOMEWHERE IN THE CITY SO THAT THE FAMILIES CAN FEEL MORE INCLUSIVE. THE IDEA IS TO HAVE A COMBINATION OF BOTH FAMILIES WITH SPECIAL HEALTH CARE NEEDS AND FAMILIES WHO HAVE CHILDREN THAT ARE DEVELOPING TYPICALLY HAVE FUN TOGETHER AND SHARE AN EXPERIENCE TO WORK TOGETHER TO REALIZE THEY HAVE MORE IN COMMON THAN NOT.

OTHER EXAMPLES ARE THE PARTNERSHIPS MWPB HAS DEVELOPED WITH THE BALTIMORE CITY POLICE DEPARTMENT TO IMPROVE THE RELATIONSHIP BETWEEN THE POLICE AND THE COMMUNITY AND ADDRESS ISSUES SUCH AS BULLYING AND VIOLENCE PREVENTION. OVER 90 CHILDREN, GRADES PRE-K THROUGH 5TH GRADE, SUCCESSFULLY COMPLETED THIS PROGRAM WITH A BETTER UNDERSTANDING ON HOW TO REDUCE VIOLENCE IN THEIR COMMUNITY AND MAKE A POSITIVE IMPACT ON IT.

**Part VI Supplemental Information**

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OTHER INITIATIVES INCLUDE OUR FINANCIAL SUPPORT OF PROGRAMS THAT SEND CHILDREN WITH SPECIAL NEEDS AWAY TO CAMP FOR FREE, AS WELL AS OTHER ORGANIZATIONS THAT SUPPORT THE INCLUSION, ADVANCEMENT, OR PROMOTION OF SERVICES FOR THIS GROUP.

BAD DEBT EXPENSE

SSCHEDULE H, PART III, LINES 2 AND 4

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

**Part VI Supplemental Information**

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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.

IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF:

1. REVENUE GROWTH PER CAPITA
2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY
3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY
4. MEDICARE READMISSION RATES

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5. HOSPITAL ACQUIRED CONDITION RATE

COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

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

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ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

MWPH MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO:

- SIGNAGE IN MAIN ADMITTING AREAS AND EMERGENCY ROOMS OF THE HOSPITAL
- MWPH WEBSITE
- PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS
- BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL PATIENT CARE AREAS
- PATIENT PLAIN LANGUAGE SHEETS - NEWLY REVISED IN JUNE 2016, THIS HANDOUT WAS REVISED AND IS AT THE 5TH GRADE READING LEVEL (AVAILABLE IN ENGLISH, SPANISH, FRENCH & CHINESE BASED ON TOP LANGUAGES SPOKEN BY UMMC PATIENTS)
- APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS



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## COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

MT. WASHINGTON PEDIATRIC HOSPITAL COMPLETED ITS COMMUNITY HEALTH NEEDS ASSESSMENT ON MAY 12, 2015, ON WHICH DATE IT WAS APPROVED BY THE BOARD OF DIRECTORS AND IMPLEMENTED. THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH TWO SURVEYS OFFERED TO THE PUBLIC DURING HEALTH FAIRS THROUGHOUT BALTIMORE CITY. A 6-ITEM SURVEY ASKED RESPONDENTS TO IDENTIFY THEIR TOP HEALTH CONCERNS AND THEIR TOP BARRIERS IN ACCESSING HEALTH CARE. A LONGER SURVEY WAS ALSO CREATED AND POSTED ONLINE ON THE PUBLIC WEBSITE. METHODS INCLUDED A 3-ITEM SURVEY DISTRIBUTED TO THE PUBLIC AT A VARIETY OF OUTREACH EVENTS IN FY'15 (SHORT FORM) AND MADE AVAILABLE IN MARYLAND MATTERS PUBLICATION (N=1,212). A 25-ITEM ONLINE SURVEY WAS ALSO POSTED TO THE SURVEY MONKEY AND WWW.UMM.EDU WEBSITE FOR COMMUNITY TO COMPLETE (LONG FORM). THE COMMUNITY ADVOCACY ACTIVELY ENGAGED COMMUNITY MEMBERS FROM ATTENDING AND PARTICIPATING IN SEVERAL NEIGHBORHOOD MEETINGS HOSTED BY BALTIMORE CITY HEALTH DEPARTMENT AND OTHER LOCAL COMMUNITY ORGANIZATIONS.

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

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

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CITY DATA, OR THE MWPB CHNA COMPLETED IN 2012.

HEALTH EXPERTS

THE COMMUNITY ADVOCACY TEAM FACILITATED FOCUS GROUP MEETINGS TO INCLUDES SPECIALTY CLINICAL STAFF; OUTPATIENT(PSYCHOLOGY, WEIGH SMART, SOCIAL WORK) [OCTOBER 7, 2014], TRAUMATIC BRAIN INJURY & RECREATIONAL THERAPY [SEPTEMBER 29, 2014] AS WELL AS MWPB EMPLOYEES WHO ENGAGE IN COMMUNITY AFFAIRS AND MWPB FAMILY ADVISORY COUNCIL [OCTOBER 24, 2014].

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

MWPB RESULTS INCLUDED UTILIZING THE FOLLOWING DATA TO CREATE DIRECTION AND A GUIDE FOR ALL FUTURE COMMUNITY BENEFIT INITIATIVES; THE NATIONAL

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PREVENTION STRATEGY (7 PRIORITY AREAS) AND THE SHIP'S (STATE HEALTH IMPROVEMENT PLAN) 39 OBJECTIVES IN 6 VISION AREAS FOR STATE, INCLUDES TARGETS FOR BALTIMORE CITY, AND HEALTHY BALTIMORE 2015 WHICH IDENTIFIED 10 PRIORITY AREAS.

COMPARISON OF FEDERAL, STATE, AND LOCAL HEALTH PRIORITIES

NATIONAL PREVENTION STRATEGY:

2011 PRIORITY AREAS

- TOBACCO FREE LIVING
- PREVENTING DRUG ABUSE & EXCESSIVE ALCOHOL USE
- HEALTHY EATING
- ACTIVE LIVING
- INJURY & VIOLENCE FREE LIVING
- REPRODUCTIVE & SEXUAL HEALTH
- MENTAL & EMOTIONAL WELL-BEING

MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) 2011

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-HEALTHY BABIES

-HEALTHY SOCIAL ENVIRONMENTS

-SAFE PHYSICAL ENVIRONMENTS

-INFECTIOUS DISEASES

-CHRONIC DISEASES

-HEALTHCARE ACCESS

HEALTHY BALTIMORE 2015

-PROMOTE ACCESS TO QUALITY HEALTH CARE FOR ALL

-BE TOBACCO FREE

-REDESIGN COMMUNITIES TO PREVENT OBESITY

-PROMOTE HEART HEALTH

-STOP THE SPREAD OF HIV & OTHER ST INFECTIONS

-RECOGNIZE & TREAT MENTAL HEALTH NEEDS

-REDUCE DRUG USE & ALCOHOL USE

-ENCOURAGE EARLY DETECTION OF CANCER

-PROMOTE HEALTHY CHILDREN

-CREATE HEALTH PROMOTING NEIGHBORHOODS

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DURING THE TELEPHONE INTERVIEW LAURA FOX, MPH, DIRECTOR, OFFICE OF  
CHRONIC DISEASE PREVENTION, BALTIMORE CITY HEALTH DEPARTMENT (2/17/15).

MWPH WAS ABLE TO IDENTIFY THE TOP 4 HEALTH PROBLEMS PER BALTIMORE CITY  
MAYOR'S HEALTH PRIORITIES:

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

TOP BARRIERS TO HEALTH IDENTIFIED ARE:

6. KNOWLEDGE DEFICIT WITH RESPECT TO HEALTH INSURANCE
7. PEOPLE DON'T KNOW HOW TO USE (NAVIGATE) THE SYSTEM- NEED CARE  
CONNECTORS AND/OR HEALTH NAVIGATORS
8. PEOPLE AREN'T SURE WHAT MCO'S WILL ACCEPT THEM
9. LIMITED MINUTES ON PHONE LIMITS CALLS FOR ASSISTANCE
10. GENERAL EDUCATION/LITERACY (SDOH)

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## COMMUNITY LEADERS

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

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

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

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

WE ALSO WERE MADE AWARE THAT 86.7% OF COMMUNITY GET THEIR HEALTH INFORMATION FROM FAMILY & FRIENDS, 63% FROM INTERNET, 60% FROM CHURCH. THE TOP 3 ACTION ITEMS FOR THIS MEETING THAT WERE DISCUSSED, MOBILE UNIT - SCREENINGS, HEALTH EDUCATION, COMMUNITY ENGAGEMENT, SET UP A 'GREEN'

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NEIGHBORHOOD AS A MODEL, AND MENTAL HEALTH SERVICES.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

DEFINED BY THE WORLD HEALTH ORGANIZATION AS: THE CONDITIONS IN WHICH

PEOPLE ARE BORN, GROW, LIVE, WORK AND AGE

METHODS

REVIEWED DATA FROM IDENTIFIED 2011 BALTIMORE CITY HEALTH DEPARTMENT'S

BALTIMORE CITY NEIGHBORHOOD PROFILES, BALTIMORE CITY FOOD DESERT MAP

RESULTS

UTILIZING THE BALTIMORE CITY NEIGHBORHOOD PROFILES, THE COMMUNITY

ADVOCACY TEAM IDENTIFIED SDOHS FOR THE FOLLOWING ZIP CODES WITHIN THE

CBSA (COMMUNITY BENEFIT SERVICE AREA) UPTON/ DRUID HEIGHTS (21217), SW

BALTIMORE (21223), MONDAWMIN/PIMLICO/ ARLINGTON/ HILLTOP (21216 & 21215)

HOWARD PARK/ W. ARLINGTON (21207), SOUTHERN PARK HEIGHTS (21215),

CLIFTON-BEREA (21206). THE TOP SDOHS IDENTIFIED WERE 'LOW EDUCATION



**Part VI** Supplemental Information

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'HIGH UNEMPLOYMENT RATE' (11%), VIOLENCE, AND POOR FOOD ENVIRONMENT.

## HEALTH STATISTICS/INDICATORS

THE TEAM ALSO REGULARLY REVIEWED THE FOLLOWING LOCAL DATA SOURCES;

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

## RESULTS

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

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## ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

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

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

DESCRIPTION OF HOW MWPH INFORMS PATIENTS OF THE CHARITY CARE POLICY NOTICES INFORMING THE PATIENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE HAVE BEEN POSTED IN CERTAIN LOCATIONS WITHIN THE HOSPITAL. NOTICES WERE POSTED ON THE OUTPATIENT REGISTRATION DESK AT ROGERS AVENUE, THE OUTPATIENT REGISTRATION DESK AT PG HOSPITAL, THE INPATIENT FAMILY

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WELCOME ROOM AT ROGERS AVENUE, AND THE INPATIENT NURSE'S STATION AT PG  
HOSPITAL. THE POSTED NOTICES STATE THE FOLLOWING:

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

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

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

THE INFORMATION SHEET INCLUDED THE FOLLOWING ITEMS:

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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.

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

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

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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. MT WASHINGTON PEDIATRIC HOSPITAL 5 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.

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 604 EMPLOYEES. WHERE MANY HOSPITALS DEFINE THEIR COMMUNITY BENEFIT SERVICE AREA (CBSA) 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

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NEIGHBORHOODS IN THE CITY, HOWEVER SURROUNDING THIS NEIGHBORHOOD, ARE SEVERAL OF THE UNHEALTHIEST NEIGHBORHOODS IN THE CITY AND STATE, ACCORDING THEIR HEALTH OUTCOMES AND SOCIAL DETERMINANTS OF HEALTH. AS PREVIOUSLY STATED, 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), UPTON DRUID HEIGHTS (UDH) 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. BNIA'S STATISTICAL INFORMATION FOR BALTIMORE CITY AND ITS NEIGHBORHOODS INDICATES SPH'S MEDIAN HOUSEHOLD INCOME WAS \$27,635, UDH'S WAS \$13,388, AND PAH'S \$29,031. IT SHOULD BE NOTED THAT NEARLY 50% OF THE PEOPLE LIVING IN THE UDH NEIGHBORHOOD MEET THE FEDERAL POVERTY GUIDELINE. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$30,078, WHICH BY COMPARISON IS SIGNIFICANTLY LOWER THAN THE MEDIAN INCOME OF OTHER COUNTIES IN THE STATE OF MARYLAND.

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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 'OTHER' FAMILIES WITH 1-5 CHILDREN; IN PAH THESE INDICATORS WERE 59% FOR MARRIED COUPLES AND 83% FOR 'OTHER' FAMILIES. THE UNEMPLOYMENT RATE FOR BALTIMORE CITY WAS 15.7 % WHILE UDH HAD AN UNEMPLOYMENT RATE OF 17.5% AND PAH 17.0%. SINCE MWPH'S LAST CHNA THERE HAS BEEN AN INCREASE OF PATIENTS COMING FROM OTHER PARTS OF THE CITY THAT ARE NOT IN THE NORTHWEST QUADRANT OF BALTIMORE CITY. THIS IS NOT NECESSARILY ATYPICAL BECAUSE, AS AFOREMENTIONED MWPH IS A SPECIALTY HOSPITAL AND DOES RECEIVE PATIENTS FROM ALL ACROSS THE CITY, ITS SURROUNDING COUNTIES, AND STATES. IT SHOULD ALSO BE NOTED THAT THIS MAY ALSO BE A RESULT OF

MWPH'S COAFFILIATION WITH JOHNS HOPKINS HOSPITALS AND UNIVERSITY OF MARYLAND MEDICAL SYSTEMS THAT OUR LARGEST PATIENT ADMISSIONS ARE FROM DIFFERENT PARTS OF THE CITY. SPECIFICALLY SPEAKING THE LARGEST INCREASE WAS SEEN IN TWO NEIGHBORHOODS THAT HAVE EQUALLY DISPARAGING HEALTH OUTCOMES, CLIFTON-BEREA (CFB) AND SOUTHWEST BALTIMORE (SWB). ACCORDING TO

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THE BALTIMORE HEALTHY NEIGHBORHOOD PROFILES CB'S THE PERCENT OF FAMILIES EARNING LESS THAN THE FEDERAL SELF-SUFFICIENCY STANDARD IN CFB AND SWB WAS 18.4% AND 26.2% RESPECTIVELY.

THE UNEMPLOYMENT RATE FOR BOTH NEIGHBORHOODS IS AROUND 20%, AND ALL OF THESE NEIGHBORHOODS HAVE HOMICIDE RATES NEARLY 30% OR MORE WITH CFB LEADING AT 61% (# OF HOMICIDES/PER 10,000 PEOPLE). THE SIX ZIP CODES THAT REPRESENT THE LARGEST NUMBER OF ADMISSIONS TO THE HOSPITAL IN CALENDAR YEAR 2011 ARE, IN DESCENDING ORDER OF ADMISSIONS 21215, 21217, 21207, 21216, 21223, 21206. THE BALTIMORE CITY HEALTH DEPARTMENT USES NEIGHBORHOOD HEALTH PROFILES (NHP) WHEN ANALYZING HEALTH OUTCOMES AND RISK FACTORS. THE NHPS ARE BASED ON CENSUS TRACK DATA AND DO NOT FOLLOW ZIP CODE BOUNDARIES.

MWPH IDENTIFIED THE NHP THAT ARE CONTAINED WITHIN THE ZIP CODES OF THE PRIMARY SERVICE AREA FOR MWPH. TWO OF THE ZIP CODES (21207 AND 21208) SPAN CITY/COUNTY LINES. BALTIMORE COUNTY DOES NOT PROVIDE NHP'S. THE DATA PROVIDED IN THE CHART BELOW FOR THE PRIMARY RACIAL COMPOSITION, MEDIAN



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INCOME AND HOUSEHOLDS BELOW POVERTY LEVEL WAS OBTAINED FROM THE US CENSUS BUREAU, BASED ON CENSUS DATA FROM 2010. THE LIFE EXPECTANCY DATA, UNLESS OTHERWISE NOTED, WAS OBTAINED FROM THE BALTIMORE CITY HEALTH DEPARTMENT'S 2011 NEIGHBORHOOD HEALTH PROFILES. \*THE LIFE EXPECTANCY PROVIDED FOR THE 21207 ZIP CODE IS NOT FOR THE ENTIRE ZIP CODE, BUT FOR THE CBSA HOWARD PARK/W. ARLINGTON, THE CITY SEGMENT OF THAT ZIP CODE. LIFE EXPECTANCY IS NOT AVAILABLE AT THE ZIP CODE LEVEL IN BALTIMORE COUNTY. THE RACIAL COMPOSITION AND INCOME DISTRIBUTION OF THESE ZIP CODES REFLECT THE SEGREGATION AND INCOME DISPARITY CHARACTERISTICS OF THE BALTIMORE METROPOLITAN REGION. AS INDICATED ABOVE, THOSE ZIP CODES THAT HAVE A PREDOMINANTLY AFRICAN AMERICAN POPULATION REFLECT THE RACIAL SEGREGATION AND POVERTY WITH REGARD TO HEALTH DISPARITIES AND POOR HEALTH OUTCOMES THAT ARE REFLECTIVE OF BALTIMORE CITY. THIS IS IN DIRECT CONTRAST TO NEIGHBORING BALTIMORE CITY/BALTIMORE COUNTY ZIP CODES (21208 & 21209) IN WHICH THE HOSPITAL IS LOCATED. THE MEDIAN HOUSEHOLD INCOME 2.5 TIMES HIGHER, AND IN THE POPULATION IS PREDOMINANTLY WHITE.

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PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

MWPH HAS MANY PROGRAMS THAT DEMONSTRATE HOW THE HOSPITAL IS PROMOTING HEALTH IN THE COMMUNITY. FOR EXAMPLE OUR 'SAFETY BABY SHOWERS' PARTNER WITH EXISTING AGENCIES IN COMMUNITY BENEFIT SERVICE AREA THAT ARE CURRENTLY PROVIDING SERVICES FOR PRE/POST NATAL WOMEN AND PROVIDE SAFETY BABY SHOWERS TO WOMEN AND/OR THEIR FAMILIES TO EDUCATE THEM ABOUT INJURY PREVENTION TOPICS SUCH AS CHOKING, POISONING, CHILD PASSENGER SAFETY, BURNING/SCALDING, INFANT SLEEP SAFETY AND FALLS AND OTHER RESIDENTIAL INJURIES.

THERE MWPH PROVIDES MATERIALS ON PROPER NUTRITION, PHYSICAL ACTIVITY, AND STRESS MANAGEMENT TO ENCOURAGE HEALTHY FULL-TERM PREGNANCIES. AT THE EVENT, TALKS ARE GIVEN ON BEHAVIOR MANAGEMENT, DEVELOPMENTALLY APPROPRIATE TOYS/PLAY, BABY SIGN LANGUAGE, AND A RESOURCE GUIDE TO PARENTS OF FREE RESOURCES IN THE COMMUNITY TO PROVIDE PARENTS WITH SKILLS AND TOOLS REQUIRED TO BE BETTER AND MORE ENGAGED PARENTS. PARTICIPANTS WERE EVALUATED BY PRE AND POST TESTS THAT FOCUSED ON VARIOUS INJURY

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PREVENTION TOPICS WHICH ALSO INCLUDED SAFE SLEEP AND SHAKEN BABY

SYNDROME. THE B'MORE HEALTHY PROGRAM PROVIDED PARENTS WITH A 15 MIN.

VIDEO ABOUT SLEEP SAFETY AND A TALK ABOUT NUTRITION PHYSICAL ACTIVITY AND

STRESS MANAGEMENT.

A TOTAL OF EIGHTEEN 2-HOUR TALKS WERE CONDUCTED WITH A TOTAL OF 196

PARTICIPANTS. ON THE PRE-TALK TEST, 80 OF THE PARTICIPANTS ANSWERED AT

LEAST ONE OF THE 12 QUESTIONS WRONG. 101 OF THE PARTICIPANTS ANSWERED

ENOUGH QUESTIONS CORRECTLY TO EARN A PASSING SCORE ON THE POST-TALK

SURVEY. 7 OF THE PARTICIPANTS ANSWERED FOUR OR FEWER QUESTIONS CORRECTLY.

ON THE POST-TALK TEST 199 OF THE PARTICIPANTS ANSWERED ALL 12 QUESTIONS

CORRECTLY AND 5 PERSON ANSWERED. 11 OF 12 CORRECTLY ALL PARTICIPANTS

EARNED A PASSING SCORE ON THE POST TEST.

SAFETY BASKETS PROVIDED WITH PREVENTION MATERIALS (LATCHES, BATH HOT

WATER THERMOMETERS, POISONING CONTROL MAGNETS) AND EDUCATIONAL MATERIALS

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ON HOW TO SAFETY PROOF HOME PROVIDED TO 123 FAMILIES AFTER PARTICIPATING  
IN TALK/PRESENTATION AT THE SHOWER. DINNER OR BREAKFAST WAS PROVIDED TO  
FAMILIES AS WELL (DEPENDING ON TIME OF THE EVENT), COSTING APPROXIMATELY  
\$15,000 TO SUPPORT THIS INITIATIVE.

ANOTHER EXAMPLE OF MWPH PROMOTING COMMUNITY HEALTH AND WELLNESS ARE THE  
WEIGH SMART AND WEIGH SMART JR. PROGRAMS. MEETING THE NATIONAL AND LOCAL  
IDENTIFIED NEED OF REDUCING THE PROPORTION OF YOUTH WHO ARE OBESE, AND  
INCREASING THE PROPORTION OF ADULTS WHO ARE AT A HEALTHY WEIGHT; THE  
WEIGH SMART PROGRAM INVESTIGATED DIET QUALITY BEFORE AND AFTER  
PARTICIPATION IN A PEDIATRIC WEIGHT MANAGEMENT PROGRAM BY IDENTIFYING  
POOR DIET QUALITY THAT IS ASSOCIATED WITH OBESITY SUCH AS INADEQUATE  
FRUIT AND VEGETABLE INTAKE, EXCESSIVE SUGAR-SWEETENED BEVERAGES (SSB) AND  
FAST FOOD INTAKE. AN INTER-PROFESSIONAL PSYCHO-EDUCATIONAL WEIGHT  
MANAGEMENT PROGRAM WAS FACILITATED INVOLVING MEDICINE, NUTRITION,  
PHYSICAL THERAPY, AND PSYCHOLOGY. THE PROGRAM ESTABLISHED A COORDINATED  
HOLISTIC APPROACH TO MANAGEMENT OF DIAGNOSES THAT HAVE A NUTRITIONAL  
COMPONENT.

**Part VI Supplemental Information**

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COORDINATORS ENGAGED TARGETED COMMUNITIES ON HEALTHY LIFESTYLES BY SPONSORING COMMUNITY MEETINGS, ADVOCATING FOR HEALTH POLICY AND LEGISLATION, PROVIDING FOOD NUTRITION LABEL READING SESSIONS, AND PROVIDING HEART HEALTHY COOKING DEMOS AND/OR TASTINGS.

TO REACH OUT TO COMMUNITIES IN THE CBSA, EDUCATIONAL MATERIALS WERE DEVELOPED AND DISTRIBUTED AT VARIOUS HEALTH FAIRS.

PROGRAM WAS EVALUATED BY CHILDREN'S DIETARY QUESTIONNAIRE (CDQ) WAS ADMINISTERED TO CAREGIVERS OF PATIENTS AGES 2-17 YEARS DURING INITIAL CONSULTATION. RESULTS INCLUDED CHANGE IN BODY COMPOSITION FOR PARTICIPANTS- WEIGHT, HEIGHT, BMI, BODY FATNESS, AS WELL AS A CHANGE IN QUALITY OF LIFE, CHANGE IN DIETARY QUALITY, AND CHANGE IN BEHAVIORS BY CHILD AND PARENT REPORT (ACCORDING TO PARENT AND CHILD SELF REPORT).

A TOTAL OF 3671 PARTICIPANTS, 78% SHOW DECREASED BODY MASS INDEX Z SCORE AT 1 YR, 21% DECREASED MEAN INSULIN LEVELS, 4% DECREASED MEAN CHOLESTEROL

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LEVEL, 14% DECREASED MEAN TRIGLYCERIDE LEVEL.

DIET CHANGES FRENCH FRIES DECREASED FROM 1.06 TO 0.49 (P=0.023) OVER LAST 7 DAYS, FAST FOOD DECREASED FROM 1.55 TO 0.75 (P=0.000) OVER LAST 7 DAYS, FRUIT JUICE/FRUIT DRINK DECREASED FROM 2.15 TO 1.53 (P=0.021) IN THE PAST 24 HOURS, SOFT DRINK/SWEET TEA/KOOLAID/LEMONADE (NOT DIET) DECREASED 1.77 TO 1.23 PER WK (P=0.073), POTATO CHIPS, OTHER CHIPS (E.G. FRITOS, DORITOS) OR CRACKERS DECREASED 1.49 TO 1.05 PER WK (P=0.096), ICE-CREAM/POPSICLES DECREASED 1.14 TO 0.69 PER WK (P=0.069).

ALSO STATISTICALLY SIGNIFICANT IMPROVEMENTS IN QUALITY OF LIFE MEASUREMENTS.

COMMUNITY ADVOCACY COORDINATOR 76 HEALTH FAIRS AND DISTRIBUTED MATERIALS AS WELL AS PROVIDED DEMONSTRATION OF PROPER FOOD PORTIONS WITH FOOD MODELS. THE TOTAL COST FOR THE PROGRAM IS \$1,321,302.

HEALTHY LIVING ACADEMY (HLA)

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THE AFTER-SCHOOL HEALTH PROGRAM KNOWN AS HEALTHY LIVING ACADEMY (HLA) CONCLUDED IN JULY 2012, HAVING ENROLLED 158 STUDENTS FROM FIVE BALTIMORE AREA SCHOOLS - MT WASHINGTON ELEMENTARY SCHOOL, ROBERT COLEMAN ELEMENTARY SCHOOL, ROSEMONT ELEMENTARY/MIDDLE SCHOOL, ST. FRANCIS ACADEMY, AND EDMONSON HIGH SCHOOL. THE CENTER'S PROGRAM PARTNER WAS BALTIMORE CITY COMMUNITY COLLEGE, WHERE STUDENTS FROM THE EDUCATION, COUNSELING, ALLIED HEALTH, NURSING, AND PHYSICAL EDUCATION PROGRAMS WERE RECRUITED TO TRAIN UNDER THE GUIDANCE OF CENTER STAFF AND BCCC FACULTY. HLA ALSO USED BCCC 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

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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 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 19 POINTS ON AVERAGE FROM PRE-TEST SCORES FOR CHILDREN IN THE FIRST SESSION AND 24 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



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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 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 142 FAMILIES ATTENDED FAMILY DAY EVENTS.

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THE DIRECTOR OF COMMUNITY RELATIONS FOR THE BALTIMORE RAVENS ACTED AS AN ADVISORY BOARD MEMBER AND ARRANGED FOR A RAVENS PLAYER TO APPEAR AT ONE OF THE FAMILY DAYS AND TALK TO THE AUDIENCE ABOUT IMPORTANCE OF GOOD NUTRITION AND A HEALTHY LIFESTYLE.

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 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 142 FAMILIES BY PROVIDING THEM WITH THE TOOLS AND RESOURCES TO SPREAD HEALTH MESSAGES TO THEIR COMMUNITIES AND

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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.

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.

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CHILD PASSENGER SAFETY/SEAT CHECKS AND TRANSPORTING CHILDREN WITH SPECIAL  
NEEDS EDUCATION & TRAINING (CHILD PASSENGER SAFETY TECHNICIANS)

AT MWP, 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  
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, MWP PROVIDES PARENTS AND

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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 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

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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.

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 (>5 UG/DL) ARE AT INCREASED RISK FOR COGNITIVE AND BEHAVIORAL PROBLEMS DURING DEVELOPMENT (CDC, 2012).

LEAD POISONING IS THE NUMBER ONE ENVIRONMENTAL HAZARD THREATENING CHILDREN THROUGHOUT THE UNITED STATES, AFFECTING AN ESTIMATED 310,000

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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 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

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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
- 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.



**Part VI Supplemental Information**

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (AUGUST 2012) REPORTED IN 2011, 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 2010 TO 347 CHILDREN LAST YEAR - 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

**Part VI Supplemental Information**

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PROGRAM HAS TREATED HUNDREDS OF CHILDREN.

LAST YEAR, MWPH CONDUCTED A TOTAL OF 125 CLINIC VISITS WITH OUR  
OUTPATIENT LEAD CLINIC PATIENTS. FROM THE 115 CLINIC VISITS 38 CHILDREN  
WITH ELEVATED LEAD LEVELS WERE SEEN. THE HOSPITAL TREATED AND FOLLOWED 19  
NEWLY REFERRED PATIENTS AND TREATED 14 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  
REPORTED LEAD SPECIALTY SERVICES IN THEIR AREA.

MWPH ADMITTED 17 CHILDREN TO OUR HOSPITAL FOR CHELATION THERAPY IN 2013.  
THE PATIENTS THAT WERE ADMITTED INPATIENT HAD LEAD LEVELS RANGING FROM 59  
AND 43. TWO 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

**Part VI Supplemental Information**

Provide the following information.

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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 MWPB THEY THEN ARE ADMITTED INTO THE OUTPATIENT LEAD CLINIC FOR FOLLOW-UP SERVICES. OFTEN CHILDREN COME TO MWPB FOR OTHER SERVICES AS A RESULT OF THE EFFECTS OF LEAD POISONING. THESE SERVICES CAN INCLUDE SPEECH, LANGUAGE, BEHAVIORAL PSYCHOLOGY, PSYCHIATRY, AND NEUROPSYCHOLOGY SERVICES.

IN AN EFFORT TO PREVENT FUTURE LEAD POISONING, MWPB LEAD TEAM MEMBERS BARBARA MOORE COLLABORATED WITH THE BALTIMORE CITY HEALTH DEPARTMENT LEAD POISONING PREVENTION PROGRAM AND TO PRODUCE A VIDEO ON LEAD SAFETY AVAILABLE TO THE PUBLIC VIA YOUTUBE WHICH HAS RECEIVED 1,990 VISITORS TO DATE.

HEALTH FAIRS

PROMOTING HEALTHY LIFESTYLE CHOICES IS THE CORNERSTONE OF OUR COMMUNITY

**Part VI Supplemental Information**

Provide the following information.

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BENEFIT PROGRAM AT MWP. THROUGHOUT THE YEAR, OUR CLINICAL PROFESSIONALS TAKE PART IN CONFERENCES AND HEALTH FAIRS AND SPEAK TO STUDENTS IN AREA SCHOOLS, IN ORDER TO PROVIDE FAMILIES WITH ESSENTIAL INFORMATION ON MAKING HEALTHY CHOICES IN THEIR LIVES. MATERIALS ARE PROVIDED ON SUCH TOPICS AS LEAD POISONING PREVENTION, PROPER NUTRITION, INFANT CARE, BURN PREVENTION, CHILD PASSENGER SAFETY, POISONING PREVENTION, RESIDENTIAL INJURIES, CRIB SAFETY, AND PARENTING SKILLS.

IN COLLABORATION WITH UMMS, MWP SPONSORED SUCH EVENTS AS B'MORE HEALTHY EXPO; TAKE A LOVED ONE TO THE DOCTOR, SPRING INTO GOOD HEALTH, AND FROM THE HEART. THE COMMUNITY ADVOCACY & INJURY PREVENTION COORDINATOR PARTICIPATED IN 76 EVENTS IN THE 2012-2013 FISCAL YEAR AND IMPACTED APPROXIMATELY 8,800 PEOPLE IN BALTIMORE CITY AND BALTIMORE COUNTY.

CAMP NOAH

TO ADDRESS THE COMMUNITY NEED IDENTIFIED BY THE MARYLAND HOSPITAL ASSOCIATION OF HAVING MORE NURSES AVAILABLE IN HOSPITALS, THE MWP HAS

**Part VI Supplemental Information**

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DEVELOPED CAMP N.O.A.H. (NURSING AND OTHER ALLIED HEALTH) PROGRAM TO SPARK INTEREST IN NURSING AND ALLIED HEALTH IN THE HIGH SCHOOL STUDENTS OF BALTIMORE CITY. THIS PROGRAM WAS ONE WEEK LONG, AND ITS TARGETED POPULATION IS HIGH SCHOOL STUDENTS, AGED 15-18, WHO ARE INTERESTED IN A HEALTH CAREER.

THIS PROGRAM PROVIDES PARTICIPANTS WITH EXPERIENCE AND THE OPPORTUNITY TO OBSERVE CARE PRACTICES WORKING DIRECTLY WITH PREMATURE INFANTS, TODDLERS & ADOLESCENTS, UNDER THE GUIDANCE OF RESPIRATORY THERAPISTS, AND CHILD LIFE SPECIALISTS. THIS PROGRAM IS AN EXCITING WAY FOR HIGH SCHOOL STUDENTS TO INTERACT WITH HEALTH CARE PROFESSIONALS WHILE GAINING REAL WORLD EXPERIENCES. ALL STUDENTS RECEIVE EDUCATION IN FIRST AID & CPR, NURSING OBSERVATION EXPERIENCES, AND ALL NECESSARY EQUIPMENT SUCH AS STETHOSCOPES, SCRUBS, AND BREAKFAST AND LUNCH PROVIDED BY THE HOSPITAL.

SIBSHOPS OF MARYLAND

**Part VI Supplemental Information**

Provide the following information.

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

MWPH IS PROUD TO BE THE LEAD AGENCY FOR SIBSHOPS OF MARYLAND, AN INTERAGENCY EFFORT THAT INCLUDES LOCATIONS IN BALTIMORE CITY, AND BALTIMORE, HARFORD, MONTGOMERY, HOWARD, ANNE ARUNDEL COUNTIES.

SIBSHOPS SEEK TO PROVIDE SIBLINGS WITH OPPORTUNITIES FOR PEER SUPPORT. BECAUSE SIBSHOPS ARE DESIGNED (PRIMARILY) FOR SCHOOL-AGE CHILDREN, PEER SUPPORT IS PROVIDED WITHIN A LIVELY, RECREATIONAL CONTEXT THAT EMPHASIZES A KIDS'-EYE-VIEW. SIBSHOPS ARE NOT THERAPY, GROUP OR OTHERWISE, ALTHOUGH THEIR EFFECT MAY BE THERAPEUTIC FOR SOME CHILDREN. SIBSHOPS ACKNOWLEDGE THAT MOST BROTHERS AND SISTERS OF PEOPLE WITH SPECIAL NEEDS, LIKE THEIR PARENTS, ARE DOING WELL, DESPITE THE CHALLENGES OF AN ILLNESS OR DISABILITY.

CONSEQUENTLY, WHILE SIBSHOP FACILITATORS ALWAYS KEEP AN EYE OPEN FOR PARTICIPANTS WHO MAY NEED ADDITIONAL SERVICES, THE SIBSHOP MODEL TAKES A WELLNESS APPROACH. SIBSHOP WAS ORIGINALLY DEVELOPED FOR EIGHT-TO THIRTEEN-YEAR-OLD SIBLINGS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES; THE SIBSHOP MODEL IS EASILY ADAPTED FOR SLIGHTLY YOUNGER AND OLDER

**Part VI Supplemental Information**

Provide the following information.

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CHILDREN. IT HAS BEEN ADAPTED FOR BROTHERS AND SISTERS OF CHILDREN WITH OTHER SPECIAL NEEDS, INCLUDING CANCER, HEARING IMPAIRMENTS, EPILEPSY, EMOTIONAL DISTURBANCES, AND HIV-POSITIVE STATUS. SIBSHOPS HAS ALSO BEEN ADAPTED FOR USE WITH CHILDREN WHO HAVE LOST A FAMILY MEMBER. EACH SESSION INCLUDES HIGH-ENERGY GAMES AND A CHANCE TO CONNECT WITH OTHER CHILDREN IN SIMILAR FAMILY SITUATIONS.

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

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).

STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART VI, LINE 7

MARYLAND

**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" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7**  Yes  No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8**  Yes  No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

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

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

Schedule J (Form 990) 2015



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHELDON STEIN PRESIDENT CEO	(i)	167,620.	95,069.	0.	160,295.	22,243.	445,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MARY MILLER CFO / VP - FINANCE	(i)	119,485.	28,050.	0.	29,060.	30,359.	206,954.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 THOMAS ELLIS VP - HUMAN RESOURCES	(i)	122,286.	16,880.	0.	46,498.	22,179.	207,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 TIKEE APARECE ATTENDING PHYSICIAN	(i)	165,022.	0.	0.	3,836.	535.	169,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 BRADFORD HARRIS ATTENDING PHYSICIAN	(i)	207,536.	0.	0.	9,464.	13,246.	230,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MONIQUE SATPUTE NATIONAL PROGRAM DIRECTOR	(i)	196,235.	0.	0.	8,501.	18,511.	223,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 KAREN WILLING ATTENDING PHYSICIAN	(i)	208,936.	0.	0.	11,453.	17,107.	237,496.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 STEPHEN NICHOLS M.D. ATTENDING PHYSICIAN	(i)	219,920.	0.	0.	15,271.	30,358.	265,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JENNIFER BOWIE VP - NURSING ADMIN	(i)	130,455.	21,744.	0.	15,919.	8,577.	176,695.	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

**2015**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

**Part I Bond Issues**

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

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired								
<b>2</b> Amount of bonds legally defeased	7,585,000.							
<b>3</b> Total proceeds of issue								
<b>4</b> Gross proceeds in reserve funds								
<b>5</b> Capitalized interest from proceeds								
<b>6</b> Proceeds in refunding escrows								
<b>7</b> Issuance costs from proceeds								
<b>8</b> Credit enhancement from proceeds								
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds								
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	1985							
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a current refunding issue?		X						
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X						
<b>16</b> Has the final allocation of proceeds been made?	X							
<b>17</b> 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
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		X						

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

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

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



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

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**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

**2015**

**Open to Public  
Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6 AND 7A

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

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

FORM 990, PART VI, LINE 19

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

REQUESTS FOR FORM 990 AND FORM 1023:

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

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

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

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

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

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

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9

UNRESTRICTED:

UNREALIZED GAINS (LOSS)- OTHER THAN TRADING SECURITIES	(286,776)
CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLAN	(989,519)
CHANGE IN ECONOMIC INTEREST- MWPF UNRESTRICTED	(743,973)
NET ASSETS RELEASED FOR PURCHASE OF EQUIPMENT	130,786

RESTRICTED:

CHANGE IN ECONOMIC INTEREST- MWPF RESTRICTED	(89,507)
NET ASSETS RELEASED FOR OPERATIONS	(642,948)
NET ASSETS RELEASED FOR PURCHASE OF EQUIPMENT	(130,786)

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TOTAL (2,752,723)

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WHITING TURNER CONTRACTING P.O. BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	6,712,671.
PHARMASOURCE HEALTHCARE INC P.O. BOX 632849 CINCINNATI, OH 45263-2849	PHARMACY	3,607,611.
JOHNS HOPKINS UNIVERSITY 600 NORTH WOLF STREET BALTIMORE, MD 21287	PHYSICIAN	1,384,052.
SLEEP SERVICES OF AMERICA, INC. P.O. BOX 198320 ATLANTA, GA 30384	NEUROLOGY	1,133,111.
UNIVERSITY OF MARYLAND MEDICAL 737 WEST LOMBARD STREET BALTIMORE, MD 20201	PHYSICIAN	444,690.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

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Employer identification number

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MWPCH 38-3987088 1708 W. ROGERS AVENUE BALTIMORE, MD 21209	HEALTHCARE	MD	2,471.	3,250.	MWPH
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MOUNT WASHINGTON PEDIATRIC FOUNDATION 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) 2015

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MT. WASHINGTON PEDIATRIC FOUNDATION	C	670,305.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			



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

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

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

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**Part VII** **Supplemental Information**

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

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