

Cumulative e-File History 2017	
FED	
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Taxpayer Name:	Mt. Washington Pediatric Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
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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 (MWPB) 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 \$ 50,905,942. including grants of \$ 0.) (Revenue \$ 62,903,406.)

MWPB OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 21,162 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 51,810 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMICALLY DISADVANTAGED CHILDREN. 75-80% OF OUR INPATIENTS RECEIVE MEDICAID.

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 50,905,942.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, and Yes/No boxes. Includes questions 1a-14b regarding IRS filings, Form 990, and tax compliance.

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 (14), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ED WUENSCHHELL 900 ELKRIDGE LANDING ROAD - 3 EAST LINTHICUM, MD 21090 443-462-5811

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRED WOLF III, ESQUIRE CHAIRPERSON	1.00 0.	X		X				0.	0.	0.
(2) DR. BERYL ROSENSTEIN, M.D. VICE CHAIRPERSON	1.00 0.	X		X				0.	0.	0.
(3) EDWARD B. CHAMBERS TRUSTEE	1.00 0.	X						0.	0.	0.
(4) TINA CHENG, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(5) ROBERT A. CHRENCIK TRUSTEE	1.00 0.	X						0.	0.	0.
(6) S. TRACY COSTER TRUSTEE	1.00 0.	X						0.	0.	0.
(7) STEVEN J. CZINN, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(8) DAVID HACKAM, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(9) JOHN KELLY TRUSTEE	1.00 0.	X						0.	0.	0.
(10) LAWRENCE C. PAKULA, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(11) RONALD R. PETERSON TRUSTEE	1.00 0.	X						0.	0.	0.
(12) G. DANIEL SHEALER, JR. TRUSTEE	1.00 0.	X						0.	0.	0.
(13) ROSLYN STOLER TRUSTEE	1.00 2.00	X						0.	0.	0.
(14) GERALD WOLLMAN TRUSTEE	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) SHELDON STEIN PRESIDENT AND CEO	40.00 0.			X				1,351,293.	0.	179,623.
(16) MARY MILLER VP FINANCE AND CFO	40.00 0.			X				318,789.	0.	70,716.
(17) ALFRED A. PIETSCH TREASURER	1.00 0.			X				0.	0.	0.
(18) THOMAS ELLIS VP HUMAN RESOURCES	40.00 0.				X			425,034.	0.	76,672.
(19) JENNIFER BOWIE VP NURSING ADMIN	40.00 0.				X			223,000.	0.	32,904.
(20) JILL FEINBERG VP FUND DEVELOPMENT	40.00 0.				X			143,817.	0.	15,031.
(21) JUSTINA STAROBIN VP OUTPATIENT SVCS	40.00 0.				X			199,936.	0.	34,908.
(22) TIKEE APARECE ATTENDING PHYSICIAN	40.00 0.					X		198,788.	0.	9,834.
(23) BRADFORD HARRIS ATTENDING PHYSICIAN	40.00 0.					X		204,913.	0.	16,671.
(24) AJOKE AKINTADE NEONATAL PROGRAM DIRECTOR	40.00 0.					X		196,896.	0.	14,375.
(25) KAREN WILLING ATTENDING PHYSICIAN	40.00 0.					X		207,384.	0.	24,806.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,686,491.	0.	519,006.
d Total (add lines 1b and 1c)								3,686,491.	0.	519,006.

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 **32**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **26**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	373,908.					
	d Related organizations	1d	648,862.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	997,950.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			2,020,720.				
Program Service Revenue	2a NET PATIENT REVENUE	Business Code	900099	62,581,997.	62,581,997.			
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			62,581,997.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			161,223.			161,223.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		10,146,123.						
		b Less: cost or other basis and sales expenses		9,409,857.				
		c Gain or (loss)		736,266.				
	d Net gain or (loss) ▶			736,266.			736,266.	
	8a Gross income from fundraising events (not including \$ 373,908. of contributions reported on line 1c). See Part IV, line 18	a		213,858.				
		b Less: direct expenses	b	235,529.				
		c Net income or (loss) from fundraising events. ▶			-21,671.			-21,671.
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue			Business Code					
11a SCHOOL FOR THE BLIND			900099	313,321.	313,321.			
	b MEDICAL RECORDS		900099	9,178.			9,178.	
	c OTHER FEES		900099	8,088.	8,088.			
	d All other revenue							
e Total. Add lines 11a-11d ▶				330,587.				
12 Total revenue. See instructions. ▶				65,809,122.	62,903,406.		884,996.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,661,869.	2,315,826.	346,043.	
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	29,021,203.	25,248,447.	3,772,756.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,334,660.	1,161,154.	173,506.	
9 Other employee benefits	4,960,891.	4,315,975.	644,916.	
10 Payroll taxes	2,153,501.	1,873,546.	279,955.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	33,599.		33,599.	
c Accounting	693,736.		693,736.	
d Lobbying	1,515.		1,515.	
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.)	4,733,326.	4,117,994.	615,332.	
12 Advertising and promotion	91,742.	79,816.	11,926.	
13 Office expenses	508,909.	442,751.	66,158.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	762,217.	663,129.	99,088.	
17 Travel	143,654.	124,979.	18,675.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	18,121.	15,765.	2,356.	
20 Interest	121,266.	105,501.	15,765.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,678,036.	3,199,891.	478,145.	
23 Insurance	-117,374.	-127,975.	10,601.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	5,322,775.	4,630,814.	691,961.	
b BAD DEBT	571,860.	497,518.	74,342.	
c REPAIRS/MAINTENANCE	643,906.	560,198.	83,708.	
d MINOR EQUIPMENT	205,343.	178,648.	26,695.	
e All other expenses	1,726,397.	1,501,965.	224,432.	
25 Total functional expenses. Add lines 1 through 24e	59,271,152.	50,905,942.	8,365,210.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	17,210,443.	1	17,532,135.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	140,414.	3	750,000.
	4 Accounts receivable, net	6,227,829.	4	6,350,125.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	130,649.	8	170,900.
	9 Prepaid expenses and deferred charges	9,500.	9	216,783.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 80,137,106.		
	b Less: accumulated depreciation	10b 45,039,490.	34,354,092.	10c 35,097,616.
	11 Investments - publicly traded securities	32,637,513.	11	35,768,678.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	27,153,770.	15	31,619,515.
16 Total assets. Add lines 1 through 15 (must equal line 34)	117,864,210.	16	127,505,752.	
Liabilities	17 Accounts payable and accrued expenses	12,366,986.	17	12,197,360.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	5,060,000.	20	4,715,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,826,482.	25	3,574,033.
	26 Total liabilities. Add lines 17 through 25	21,253,468.	26	20,486,393.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	83,235,642.	27	90,999,450.
	28 Temporarily restricted net assets	12,549,929.	28	15,194,738.
	29 Permanently restricted net assets	825,171.	29	825,171.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	96,610,742.	33	107,019,359.
	34 Total liabilities and net assets/fund balances	117,864,210.	34	127,505,752.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	65,809,122.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,271,152.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,537,970.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,610,742.
5	Net unrealized gains (losses) on investments	5	1,229,324.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,641,323.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	107,019,359.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Schedule of Contributors

2017

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

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC	Employer identification number 52-0591483
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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	_____	\$ 23,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 7,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 5,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 7,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 7,540.	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
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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
7	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 7,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 10,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 15,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 5,510.	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
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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
13	_____ _____ _____	\$ 10,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 20,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 45,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 5,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 7,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 5,510.	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
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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
19	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 5,800.	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
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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	_____	\$ 11,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____	\$ 5,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____	\$ 5,000.	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.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC	Employer identification number 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	_____	\$ 29,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____	\$ 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
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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
37	_____	\$ 648,862.	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.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC

Employer identification number

52-0591483

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

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

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

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1,515.
j Total. Add lines 1c through 1i			1,515.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C: LOBBYING ACTIVITIES

PART II-B, 1I

THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 6.6% AND 22.98% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

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.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

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 on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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Schedule D (Form 990) 2017

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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? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c 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:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,587,397.		1,587,397.
b Buildings		55,776,837.	26,448,527.	29,328,310.
c Leasehold improvements		263,509.	235,069.	28,440.
d Equipment		20,878,032.	17,809,031.	3,069,001.
e Other		1,631,331.	546,863.	1,084,468.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,097,616.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, 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)		
Total. (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) ECONOMIC INTEREST IN MWPF	21,433,730.
(2) ASSETS LIMITED AS TO USE	8,718,958.
(3) OTHER ACCOUNTS RECEIVABLE	1,415,519.
(4) OTHER	51,308.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	31,619,515.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM 3RD PARTY PAY	3,574,033.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,574,033.

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

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

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 TOURNAMENT (event type)	STORYBOOK GALA (event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	73,323.	514,443.	587,766.	
	2	Less: Contributions	46,025.	327,883.	373,908.	
	3	Gross income (line 1 minus line 2)	27,298.	186,560.	213,858.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	27,456.	208,073.	235,529.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				235,529.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-21,671.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2017

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC

Employer identification number

52-0591483

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			74,563.		74,563.	.13
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			74,563.		74,563.	.13
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			261,123.		261,123.	.44
f Health professions education (from Worksheet 5)			430,293.		430,293.	.73
g Subsidized health services (from Worksheet 6)			906,501.	487,250.	419,251.	.71
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			15,189.		15,189.	.03
j Total Other Benefits			1,613,106.	487,250.	1,125,856.	1.91
k Total . Add lines 7d and 7j.			1,687,669.	487,250.	1,200,419.	2.04

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Schedule H (Form 990) 2017

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AMENDED 2017

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			3,413.		3,413.	.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			1,680.		1,680.	
7 Community health improvement advocacy			17,679.		17,679.	.03
8 Workforce development			16,008.		16,008.	.03
9 Other						
10 Total			38,780.		38,780.	.07

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)	18,872.
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)	18,872.
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 (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

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.MWPH.ORG/COMMUNITY</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.MWPH.ORG/COMMUNITY</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

Schedule H (Form 990) 2017

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MWPH COMMUNITY PERSPECTIVE

SCHEDULE H, PART V, SECTION B, LINE 5

THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH TWO SURVEYS OFFERED TO THE PUBLIC DURING HEALTH FAIRS THROUGHOUT BALTIMORE CITY. A SIX-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 THREE-ITEM SURVEY DISTRIBUTED TO THE PUBLIC AT A VARIETY OF OUTREACH EVENTS IN FY18 (SHORT FORM) AND MADE AVAILABLE IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) PUBLICATION 'MARYLAND'S HEALTH MATTERS' (N=1,212). A 25-ITEM ONLINE SURVEY WAS ALSO POSTED TO THE SURVEY MONKEY AND AT WWW.UMM.EDU FOR THE 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

- 1) SUBSTANCE ABUSE (N=2743),
- 2) DIABETES (N=1715),
- 3) MENTAL HEALTH (N=1720),
- 4) SMOKING (N=1265),

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

5) OBESITY (N=1600), AND

6) HEART DISEASE/BLOOD PRESSURE (N=1321)

THE TOP FIVE BARRIERS TO HEALTHCARE WERE IDENTIFIED AS

1) TRANSPORTATION,

2) COST,

3) UNINSURED,

4) INSURANCE NOT ACCEPTED, AND

5) UNDERINSURED

THERE WERE ALSO 103 INDIVIDUAL RESPONSES THAT PROVIDED ADDITIONAL INSIGHT INTO LOCAL HEALTH DISPARITIES. ANALYSIS BY COMMUNITY BENEFIT SERVICE AREA (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 2015.

MWPB HEALTH EXPERT INTERVIEWS & CLINICAL FOCUS GROUPS

MWPB COMMUNITY ADVOCACY TEAM FACILITATED FOCUS GROUP MEETINGS TO INCLUDE THE LOCAL SCHOOL OF MEDICINE, MWPB NURSING, RECREATIONAL THERAPY, PSYCHOLOGY, REHABILITATION SERVICES, SOCIAL WORK AND OTHER EMPLOYEES WHO ENGAGE IN COMMUNITY AFFAIRS.

ADDITIONALLY, MWPB COMMUNITY BENEFIT TEAM CONDUCTED A TELEPHONE INTERVIEW WITH BALTIMORE CITY HEALTH DEPARTMENT COMMISSIONER, DR. LEANA WEN.

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REVIEW OF THE NATIONAL PREVENTION STRATEGY PRIORITIES, STATE HEALTH IMPROVEMENT PLAN (SHIP) INDICATORS, AND HEALTH BALTIMORE 2020 PLAN FROM BCHD WAS ALSO CONDUCTED.

RESULTS WERE BASED ON THE FOLLOWING:

- NATIONAL PREVENTION STRATEGY - 7 PRIORITY AREAS
- SHIP: 39 OBJECTIVES IN 6 VISION AREAS FOR STATE, INCLUDES TARGETS FOR BALTIMORE CITY
- HEALTHY BALTIMORE 2020 A BLUEPRINT FOR HEALTH: HEALTH EQUITY OBJECTIVES AND STRATEGIC PRIORITIES

BCHD LOCAL HEALTH IMPROVEMENT COMMITTEE/ INTERVIEW WITH HEALTH COMMISSIONER (2/15/18).

METHOD: INTERVIEW, DR. LEANA WEN, MPH, MSC, OFFICE OF CHRONIC DISEASE PREVENTION, BALTIMORE CITY HEALTH DEPARTMENT (2/15/18)

RESULTS WERE AS FOLLOWS:

IDENTIFIED THE TOP FOUR (4) HEALTH PROBLEMS PER BALTIMORE CITY MAYOR'S HEALTH PRIORITIES:

1. BEHAVIORAL HEALTH - (OPIOID OVERDOSE DEATHS)
2. VIOLENCE PREVENTION - (YOUTH HOMICIDES, HIGH SCHOOL ABSENCES, AND CHILD DEATHS)
3. CHRONIC DISEASE - (OBESITY, FOOD INSECURITY, CHILD LEAD POISONING)

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

4. LIFE COURSE AND CORE SERVICES - (LIFE EXPECTANCY AND INFANT MORTALITY)

TOP BARRIERS TO HEALTH:

-RACE, EQUITY AND INCLUSION

-FOCUS ON WELL-BEING (CYCLICAL NATURE OF TRAUMA)

-HEALTH-IN-ALL-POLICIES (HEALTH IMPACTS ALL POLICIES WHETHER IT IS

EDUCATION, LABOR, OR TRANSPORTATION, HEALTH MUST BE A PART OF THE

CONVERSATION. "A SICK CHILD CANNOT GO TO SCHOOL AND A SICK ADULT CANNOT

WORK")

-KNOWLEDGE DEFICIT WITH RESPECT TO HEALTH INSURANCE

-LACK OF CARE CONNECTORS AND/OR HEALTH NAVIGATORS

-FAMILIES EXPERIENCE DIFFICULTY UNDERSTANDING MEDICAID AND MCOS

-GENERAL EDUCATION/LITERACY (SDOH)

ON THE STATUS OF PEDIATRIC HEALTH AND WELLNESS IN BALTIMORE CITY, THE

FOLLOWING WERE IDENTIFIED:

-VERY DIVERGENT BY INCOME; HEALTH DETERMINED BY INCOME

-PIMLICO AND PARK HEIGHTS ARE NOT WEALTHY; HAVE POOR HEALTH OUTCOMES;

THERE IS A CORRELATION BETWEEN RACE, INCOME AND THOSE OUTCOMES.

-ACCESS TO HEALTHCARE

-ACCESS TO GOOD EMPLOYMENT, ROLE MODELS, AND SCHOOLS- NEIGHBORHOOD

HAVE LOST THEIR CORE

-MARYLAND IS VERY GOOD AT PROVIDING COVERAGE- OTHER SOCIAL ISSUES

PREVENT POSITIVE HEALTH OUTCOMES. PROVIDING CONNECTIONS TO THESE (SOCIAL)

SERVICES FOR CHILDREN IS HARD. IT SEEMS AS IF THERE ARE MORE SOCIAL

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ISSUES OTHER THAN NUMBER OF PHYSICIANS AVAILABLE.

MENTAL/BEHAVIORAL HEALTH

-WITH BEHAVIORAL HEALTH, THE LAW REQUIRES THAT PATIENTS MUST RECEIVE SERVICES IN A REGULATED FACILITY BEFORE REIMBURSEMENT CAN BE MADE. IN MOST CASES, THERE ARE NO INCENTIVES IN THE COMMUNITY FOR BEHAVIORAL HEALTH.

-CHRONIC PAIN MANAGEMENT - SUBSTANCE ABUSE CONCERNS

-PROVIDERS UNDERSTANDING ALL RESOURCES THAT ARE AVAILABLE FOR NAS BABIES

-UNDIAGNOSED TRAUMA/NEED TO SELF-MEDICATE

-THE EPIDEMIC OF SUBSTANCE ABUSE IN BALTIMORE CITY PLAYS A ROLE IN HEALTHCARE AND CHILD CARE

-INSURANCE NOT COVERING NEEDED SERVICES LIKE GROUP THERAPY

-PARAPROFESSIONALS NEEDED FOR BETTER COORDINATED SERVICES AND CARE

-EDUCATION (SCHOOL SYSTEM), SCHOOL-BASED MENTAL HEALTH SERVICES

-LACK OF PEDIATRIC SPECIALTY SERVICES IN RURAL AREAS

-HEALTH LITERACY- PARENTS ABILITY TO UNDERSTAND THE COMPLEXITY OF TREATMENT/DIAGNOSES

TRAUMA

-CHILDREN WITH AUTISM HAD ACCESS TO SERVICES IN THE HOME WHERE TBI PATIENTS DID NOT HAVE THAT ADDITIONAL SUPPORT (PARAPROFESSIONALS)

SDOH/ENVIRONMENTAL

-THE GAPS IN CARE WHEN A WOMAN BECOMES PREGNANT- IT USUALLY TAKES 6-8

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WEEKS TO BE ELIGIBLE FOR INSURANCE. THIS OFTEN DELAYS WOMEN RECEIVING CARE UNTIL THEIR SECOND TRIMESTER.

-AFFORDABLE RELIABLE CHILD CARE- MANY PARENTS DO NOT MEET THE INCOME REQUIREMENTS FOR EARLY EDUCATION PROGRAMS/AFTERCARE SUCH AS HEAD START.

LANGUAGE BARRIERS

-FINDING PRIMARY CARE IS CHALLENGING FOR FAMILIES WHO DO NOT USE ENGLISH AS A PRIMARY LANGUAGE.

-TRANSITION FROM MWPH TO A PRIMARY CARE PROVIDER IS OFTEN DELAYED BECAUSE THE PRIMARY PROVIDERS THAT PROVIDE SERVICES TO CHILDREN WITH COMPLEX MEDICAL NEEDS OFTEN WILL NOT ACCEPT THE PATIENT IF NO ONE SPEAKS ENGLISH BECAUSE THEY DON'T HAVE THE ABILITY TO PROVIDE TRANSLATION SERVICES.

HEALTHY PEOPLE 2020

DATA IS AVAILABLE FOR THE FOLLOWING HEALTHY PEOPLE (HP 2020) DISABILITY AND HEALTH OBJECTIVES:

OBJECTIVE DH-5: INCREASE THE PROPORTION OF YOUTH WITH SPECIAL HEALTHCARE NEEDS WHOSE HEALTHCARE PROVIDED HAS DISCUSSED TRANSITION PLANNING FROM PEDIATRIC TO ADULT HEALTHCARE

PROGRESS TOWARD THIS OBJECTIVE CONTINUES TO BE ADDRESSED. THIS OBJECTIVE PRESENTS GREATER DISPARITIES WHEN ADJUSTED FOR RACE AND ETHNICITY. AT BASELINE, THE BEST GROUP RATE FOR THIS OBJECTIVE, 46.5 PERCENT, 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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ATTAINED BY THE WHITE ONLY, NOT HISPANIC OR LATINO POPULATION. THE HISPANIC OR LATINO POPULATION ATTAINED THE WORST GROUP RATE FOR THIS OBJECTIVE AT 26.3 PERCENT, AT BASELINE.

DATA REVIEWED FOR THE FOLLOWING MATERNAL, INFANT, AND CHILD HEALTH OBJECTIVES:

OBJECTIVE MICH-29: INCREASE OF THE PROPORTION OF YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD) AND OTHER DEVELOPMENTAL DELAYS THAT ARE SCREENED, EVALUATED, AND ENROLLED IN EARLY INTERVENTION SERVICES IN A TIMELY MANNER.

-MICH-29: INCREASE THE PROPORTION OF CHILDREN (AGES 10-35 MONTHS) WHO HAVE BEEN SCREENED FOR ASD AND OTHER DEVELOPMENTAL DELAYS

PROGRESS IN SCREENING FOR ASD AND OTHER DEVELOPMENTAL DELAYS IS MOVING IN THE RIGHT DIRECTION.

MICH-30.2: INCREASE THE PROPORTION OF CHILDREN, INCLUDING THOSE WITH SPECIAL HEALTHCARE NEEDS, WHO HAVE ACCESS TO A MEDICAL HOME.

-MICH - 30.2: INCREASE THE PROPORTION OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS WHO HAVE ACCESS TO A MEDICAL HOME.

PROGRESS TOWARD THE TARGET LEVEL HAS DECREASED SINCE BASELINE. ACTIVITIES INFORMING PROVIDERS AND CAREGIVERS OF THE IMPORTANCE OF A MEDICAL HOME ARE NEEDED. THIS OBJECTIVE PRESENTS GREATER DISPARITIES WHEN ADJUSTED FOR

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RACE AND ETHNICITY. AT BASELINE THE BEST GROUP RATE FOR THIS OBJECTIVE, 52.8 PERCENT, WAS ATTAINED BY THE WHITE ONLY, NOT HISPANIC OR LATINO POPULATION. THE HISPANIC OR LATINO POPULATION ATTAINED THE WORST GROUP RATE FOR THIS OBJECTIVE, 32.2 PERCENT, FOLLOWED BY BLACK OR AFRICAN AMERICAN (36.0 PERCENT) AT BASELINE.

HEALTHY BALTIMORE 2020

CURRENT SNAPSHOT OF HEALTH IN BALTIMORE CITY

BEHAVIORAL HEALTH:

1. OVER 10% OF RESIDENTS IN THE BALTIMORE METRO AREA AGE 12 AND UP ARE ESTIMATED TO HAVE A DRUG OR ALCOHOL ABUSE DISORDER. NEARLY 20,000 PEOPLE ARE ESTIMATED TO USE HEROIN.

2. 30 PERCENT OF CHILDREN IN BALTIMORE, COMPARED TO 19 PERCENT STATEWIDE, HAVE ADVERSE CHILDHOOD EXPERIENCE (ACE) SCORES OF 2 OR MORE, MEANING THAT THEY HAVE EXPERIENCED MORE THAN TWO INCIDENCES OF EVENTS SUCH AS DOMESTIC VIOLENCE, LIVING WITH SOMEONE WITH AN ALCOHOL/DRUG PROBLEM, THE DEATH OF A PARENT, OR BEING A VICTIM/WITNESS OF NEIGHBORHOOD VIOLENCE.

VIOLENCE:

1. BALTIMORE CITY EXPERIENCED 344 HOMICIDES IN 2015, THE 3RD HIGHEST MURDER RATE IN THE NATION AND HIGHEST RATE PER CAPITA IN BALTIMORE'S HISTORY.

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ADDITIONAL DATA SOURCE

DATA WAS ALSO OBTAINED FROM THE FOLLOWING SOURCES:

- MCDD NEEDS ASSESSMENT
- MARYLAND TITLE V AGENCY 2015 NEEDS ASSESSMENT
- PPMD/MARYLAND PARENT SURVEY 2018/MARYLAND CONSORTIUM OF CARE
- MARYLAND STATE DEPARTMENT OF EDUCATION PARENT SURVEY
- MARYLAND RESOURCE HEALTH COMMISSION (MRHC)
- MWPB FOCUS GROUP SESSIONS
- OTHER COMMUNITY MEETINGS: MWPB PARTICIPATED IN THE BALTIMORE CITY COUNCIL EDUCATION AND YOUTH COMMITTEE MEETING, PUBLIC SAFETY MEETING, LOCAL HEALTH IMPROVEMENT COALITION ANALYSIS LHIC STEERING COMMITTEE MEETINGS, NEIGHBORHOOD ASSOCIATION MEETINGS FOR CSAS.
- WHAT IS HEALTHY PEOPLE 2020 TELLING US IN 2018?
- STATE HEALTH IMPROVEMENT PROCESS (SHIP)
- HEALTHY BALTIMORE 2020
- A CALL TO ACTION ON BEHALF OF MD CHILDREN AND YOUTH WITH SPECIAL CARE NEEDS
- COUNTY RANKINGS COUNTY HEALTH RANKINGS AND ROADMAPS DRIVE HEALTH OUTCOMES. THE DATA PROVIDES A STARTING POINT FOR COMMUNITIES AS THEY WORK TO IMPROVE HEALTH AND WELLNESS OF THEIR CITIZENS
- OTHER AVAILABLE: DATA COLLECTED THROUGH COMMUNITY MEETINGS, REPORTS, AND SURVEY FINDINGS BY PARTNER ORGANIZATIONS PROVIDED A HOLISTIC VIEW OF THE NEEDS OF THE POPULATION. THIS DATA, AVAILABLE AT DIFFERENT LEVELS-LOCAL, STATE, AND NATIONAL WAS ANALYZED.

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHNA CONDUCTED WITH OTHER HOSPITAL FACILITIES

PART V, SECTION B, LINE 6A

THE MWPH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED WITH THE AFFILIATED BALTIMORE CITY HOSPITALS OF UMMS, SPECIFICALLY, UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) AND UNIVERSITY OF MD MIDTOWN CAMPUS (MARYLAND GENERAL HOSPITAL, MGH).

SIGNIFICANT NEEDS ADDRESSED IN CHNA

PART V, SECTION B, LINE 11

BASED ON THE DATA REVIEWED AND THE MEETINGS ATTENDED IN THE COMMUNITIES, PRIORITIZATION, OF IDENTIFIED NEEDS INCLUDED SEVERAL CONSIDERATIONS. EACH PRIORITY WAS CONSIDERED USING THE FOLLOWING CRITERIA:

-COMMUNITY INPUT/NATIONAL/STATE PRIORITIES: DOES THE IDENTIFIED NEED ALIGN WITH NATIONAL AND STATE PRIORITIES, SUCH AS HEALTHY PEOPLE 2020 OBJECTIVES, MATERNAL AND CHILD HEALTH BUREAU PERFORMANCE MEASURES, AND COMMUNITY INPUT FROM PUBLIC MEETINGS?

-RESPONSIBILITY/CAPACITY: DOES THE IDENTIFIED NEED FIT WITHIN THE MISSION AND CAPACITY OF MWPH?

-AVAILABILITY OF RESOURCES /FEASIBILITY: DOES MWPH AND PARTNER AGENCIES HAVE ADEQUATE RESOURCES AVAILABLE AND KNOWLEDGE TO ADDRESS THE IDENTIFIED NEED?

-MAGNITUDE/SEVERITY: BY ADDRESSING THE IDENTIFIED NEED, IS THERE AN IMPACT ON THE WELL-BEING OF THE COMMUNITY? HOW DO THE DATA AND INDICATORS OF THE IDENTIFIED NEED COMPARE OF THOSE OF THE NATION AND OTHER STATES?

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIORITIZE COMMUNITY HEALTH ISSUES: ON APRIL 30, 2018, A COMMUNITY STAKEHOLDER MEETING WAS HELD TO DETERMINE THE MOST PRESSING COMMUNITY HEALTH NEEDS. ATTENDEES INCLUDED COMMUNITY MEMBERS, COMMUNITY LEADERS, HOSPITAL MANAGEMENT AND EXECUTIVE BOARD, AND MEMBERS OF THE HOSPITAL AND FOUNDATION BOARD.

THE CRITERIA FOR PRIORITIZATION:

- MAGNITUDE OF THE PROBLEM
- SEVERITY OF THE PROBLEM
- NEED AMONG VULNERABLE POPULATIONS
- ABILITY TO HAVE A MEASURABLE IMPACT ON THE ISSUE
- EXISTING INTERVENTIONS FOCUSED ON THE ISSUE
- WHETHER THE ISSUE IS A ROOT CAUSE OF OTHER PROBLEMS
- TRENDING HEALTH CONCERNS IN THE COMMUNITY
- ALIGNMENT WITH MWPB'S EXISTING PRIORITIES AND WHETHER FINANCES/RESOURCES TO ADDRESS THE HEALTH CONCERN
- POTENTIAL BARRIERS OR CHALLENGES TO ADDRESSING THE NEED

SOCIAL DETERMINANTS OF HEALTH IDENTIFIED AS PRIORITIES/UNMET COMMUNITY HEALTH NEEDS: THERE WERE SEVERAL SOCIAL DETERMINANTS OF HEALTH OR EXTERNAL FACTORS IDENTIFIED AS "PRIMARY NEEDS" OR "ROOT CAUSES" IN THE PRIORITIZATION PROCESS. THESE INCLUDED: HEALTH EQUITY, POVERTY/UNEMPLOYMENT, AND HOUSING. THESE PRIORITIES WILL BE IDENTIFIED IN THE IMPLEMENTATION PLAN AS "COMMUNITY SUPPORT SERVICES". IT IS

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IMPRACTICAL FOR MWPH TO PRIORITIZE THESE ADDITIONAL CONSIDERATIONS AS PART OF THE CHNA, GIVEN THE INABILITY TO MAKE A SIGNIFICANT IMPACT IN A 3-YEAR PERIOD.

THE DATA PRESENTED WERE COLLECTED, REVIEWED, AND ANALYZED BY MULTIPLE STAKEHOLDERS. THE TOP PRIORITY AREAS WERE:

- HEALTH LITERACY & CHRONIC DISEASE PREVENTION EDUCATION
- VIOLENCE & CHILD MALTREATMENT
- TRANSPORTATION
- BEHAVIORAL HEALTH & SUBSTANCE ABUSE
- ACCESS TO HEALTH CARE
- MENTAL HEALTH
- OBESITY AND ACCESS TO HEALTHY FOODS

ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

SCHEDULE H, PART V, LINE 13B

THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOSPITAL EFFORTS BEFORE INITIATING ACTION

SCHEDULE H, PART V, LINE 20C

IN THE CASE OF AN INCOMPLETE FAP APPLICATION, PATIENTS ARE NOT
AUTOMATICALLY DENIED. A LETTER IS MAILED TO THE PATIENT REQUESTING THE
MISSING DOCUMENTATION, AND FAP APPLICATIONS ARE APPROVED ONCE THE MISSING
DOCUMENTATION IS PROVIDED.

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.

CRITERIA FOR FREE OR DISCOUNTED CARE

SCHEDULE H, PART I, LINE 3C

MWPH IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION.

THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

ANNUAL COMMUNITY BENEFIT REPORT

SCHEDULE H, PART I, LINE 6B

THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC. THE REPORT CAN BE FOUND AT [HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX](https://hscrc.state.md.us/pages/init_cb.aspx).

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.
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COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

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.

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

SCHEDULE H, PART II

AS A SPECIALTY HOSPITAL SERVING CHILDREN WITH MEDICALLY COMPLEX CONDITIONS, MWPH RECOGNIZES THAT UNINSURED AND UNDERSERVED INDIVIDUALS EXPERIENCE MORE HEALTH DISPARITIES THAN THEIR WEALTHIER COUNTERPARTS. TO MAKE AN IMPACT ON IMPROVING HEALTH EQUITY AND PROVIDING MORE PATIENT-CENTERED CARE, MWPH AIMS TO BETTER UNDERSTAND AND ADDRESS THE UNDERLYING CAUSES OF POOR HEALTH THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES.

THESE ACTIVITIES INCLUDE A UNIQUE COLLABORATION BETWEEN MWPH SENIOR LEADERSHIP, PHYSICIANS, NURSES AND ASSOCIATES WITH GOVERNMENT AGENCIES, PUBLIC SCHOOL DISTRICTS, HEAD START PROGRAMS, AND COMMUNITY ENGAGEMENT GROUPS, TO ADDRESS THE TRUE DRIVERS OF HEALTH, INCLUDING SOCIOECONOMIC FACTORS, HEALTH BEHAVIORS AND THE PHYSICAL ENVIRONMENT THAT IMPACT THE QUALITY OF LIFE OF CHILDREN IN BALTIMORE CITY, BALTIMORE COUNTY AND SURROUNDING AREAS. THE FOCUS IS TO ALLEVIATE THE BURDENS AND DISPARITIES OF THE POPULATION WHO RECEIVE THE SPECIALTY CARE PROVIDED BY MWPH.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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EXAMPLES OF THESE ACTIVITIES INCLUDE THE FORMATION OF THE MWPB FAMILY ADVISORY COUNCIL. THE COUNCIL BEGAN UNDER THE LEADERSHIP OF THE MWPB SENIOR EXECUTIVES AND MEDICAL STAFF WITH PARTICIPATION FROM FORMER PATIENT PARENTS, COMMUNITY LEADERS AND ADVOCACY GROUPS WITH THE GOAL OF IMPROVING PATIENT EXPERIENCE AND IMPROVING ACCESS TO RESOURCES FOR MWPB PATIENT AND COMMUNITY MEMBERS. LAST YEAR, THE COUNCIL FOCUSED ON MWPB COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES OF 1) CHRONIC DISEASE PREVENTION EDUCATION, 2) VIOLENCE & CHILD MALTREATMENT, 3) TRANSPORTATION, AND 4) OBESITY AND ACCESS TO HEALTHY FOODS.

ONE OF THE ACTIVITIES TARGETING THESE PRIORITIES INCLUDE THE NATIONAL ADVOCACY DAY. MWPB ORGANIZED AN OPPORTUNITY FOR PATIENT PARENTS TO ATTEND A LEGISLATORS' DISCUSSION IN WASHINGTON D.C. THE HOSPITAL PROVIDED EDUCATION, RESOURCES, TRANSPORTATION AND LODGING FOR PATIENT PARENTS AND COMMUNITY MEMBERS INTERESTED IN ATTENDING. PATIENT PARENTS, ALONG WITH HOSPITAL LEADERSHIP, MET WITH LEGISLATORS TO DISCUSS TOPICS THAT AFFECT THE COMPLEX PEDIATRIC SPECIALTIES SUCH AS HIGH COST OF CARE, DEPLETING

Part VI Supplemental Information

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RESOURCES AND FUNDING FOR LOCAL PROGRAMS TO NAME A FEW.

CHILDREN FACING COMPLEX HEALTH CONDITIONS SUCH AS SCOLIOSIS, NEUROMUSCULAR DISEASE, CEREBRAL PALSY, GAIT ABNORMALITIES AND OTHERS, CAN OFTEN FEEL LIKE AN OUTLIER AS THE COMMUNITY MAY LACK KNOWLEDGE SURROUNDING THE CONDITION. THE MWPH PATIENT ADVISORY COUNCIL ALONG WITH A TEAM OF PROVIDERS WORKED WITH IN-PATIENT AND OUTPATIENT CHILDREN AND FAMILIES WITH COMPLEX DEVELOPMENTAL DISABILITIES, TO PROVIDE QUARTERLY FIELD TRIPS TO UNIQUE LOCATIONS IN THE COMMUNITY WHERE THEY CAN INTERACT WITH OTHER COMMUNITY CHILDREN. THE EXPERIENCE ALLOWS BOTH THOSE WITH DISABILITIES AND NOT, TO LEARN AND PLAY TOGETHER-ALLOWING THEM TO BUILD RELATIONSHIPS AND IMPROVE COMMUNICATION AND UNDERSTANDING.

IN ADDITION TO THESE ACTIVITIES, MWPH ALSO PARTICIPATES AND MAINTAINS OPEN DIALOGUE WITH MULTIPLE COMMUNITY ADVOCACY ORGANIZATIONS; INCLUDING THE BALTIMORE CITY'S COMMISSION FOR WOMEN'S HEALTH EDUCATION AND EQUITY COMMITTEE, THE SAFE KIDS BALTIMORE COALITION, MARYLAND KIDS IN SAFETY SEATS, THE Y HEAD START BALTIMORE COUNTY AND BALTIMORE CITY HEALTHCARE

Part VI Supplemental Information

Provide the following information.

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ADVISORY COMMITTEE AND THE ARLINGTON ELEMENTARY/MIDDLE AND PAMLICO
ELEMENTARY/MIDDLE HEALTH ADVOCACY COMMITTEES AS WELL AS THE BALTIMORE
CITY/ BALTIMORE COUNTY HEALTH DEPARTMENTS, FAITH-BASED ORGANIZATIONS, AND
COMMUNITY RESOURCE CENTERS.

BAD DEBT EXPENSE REPORTING IN MARYLAND

SCHEDULE H, PART III, LINES 2 AND 3

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

Part VI Supplemental Information

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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.
2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY
 3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY
 4. MEDICARE READMISSION RATES
 5. HOSPITAL ACQUIRED CONDITION RATE

BECAUSE OF THIS SYSTEM, THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP.

FOOTNOTE FOR BAD DEBT EXPENSE IN AUDITED FINANCIAL STATEMENTS

SCHEDULE H, PART III, LINE 4

THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE. REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE. AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE.

Part VI Supplemental Information

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

FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS

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WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE
REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH
SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY
COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT
PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS
HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO
NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY
RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS
COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS
CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

THE ORGANIZATION FILES ANNUALLY A COMMUNITY BENEFIT REPORT WITH THE STATE
OF MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE HSCRC,
WHICH OPERATES UNDER A MEDICARE WAIVER, DOES NOT CONSIDER MEDICARE
SHORTFALL AS COMMUNITY BENEFIT. THE COSTING METHODOLOGY USED BY THE
ORGANIZATION IS A COST-TO-CHARGE RATIO.

Part VI Supplemental Information

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COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.

PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE

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APPLICATION PROCESS. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

TO FOCUS THE ORGANIZATION'S EFFORTS AROUND COMMUNITY HEALTH IMPROVEMENT AND PROVIDE STRUCTURE FOR ADDRESSING THE DETERMINANTS OF HEALTH AND ILLNESS IN THE COMMUNITY, MWPB UTILIZED THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 6-STEP COMMUNITY HEALTH ASSESSMENT PROCESS IN CONDUCTING THE 2018 CHNA. THE UMMS COMMUNITY BENEFIT TEAM (CBT) SERVED AS THE LEAD TEAM TO CONDUCT THE CHNA WITH INPUT FROM OTHER UMMS BALTIMORE CITY-BASED HOSPITALS, COMMUNITY LEADERS, THE ACADEMIC COMMUNITY, THE

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PUBLIC, HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH DEPARTMENT (BCHD).

MWPH ADOPTED THE FOLLOWING ACHI 6-STEP PROCESS: ESTABLISHING THE ASSESSMENT INFRASTRUCTURE, DEFINING THE PURPOSE AND SCOPE, COLLECTING AND ANALYZING DATA, SELECTING PRIORITIES, DOCUMENTING AND COMMUNICATING RESULTS AND PLANNING FOR ACTION AND MONITORING PROGRESS.

DATA WAS COLLECTED FROM AREAS ILLUSTRATED BELOW TO COMPLETE A COMPREHENSIVE ASSESSMENT OF THE COMMUNITY'S NEEDS. THE CHNA WAS COMPRISED OF BOTH QUANTITATIVE AND QUALITATIVE RESEARCH COMPONENTS.

A BRIEF SYNOPSIS OF THE RESEARCH COMPONENTS IS INCLUDED BELOW WITH FURTHER DETAILS PROVIDED BY THE DOCUMENT:

-AN ONLINE COMMUNITY SURVEY: CONDUCTED FROM LATE SEPTEMBER 2017 THROUGH LATE MARCH 2018 IN COLLABORATION WITH THE BCHD, UMMS, JOHNS HOPKINS UNIVERSITY, MERCY HOSPITAL, MEDSTAR HEALTH, AND LIFEBRIDGE HEALTH. ALL HOSPITALS PARTICIPATED IN DATA COLLECTION.

-SUMMARIZED RESULTS IN TABLES TO FOLLOW

-4,755 RESPONSES FROM BALTIMORE CITY RESIDENTS

Part VI Supplemental Information

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-1,236 RESPONSES FROM MWPB (241 STAFF, 881 COMMUNITY-BASED SURVEYS,
114 PATIENT FAMILIES)

-2016-17 PARENTS PLACE OF MARYLAND (PPMD) PARENT CALLS: DATA WAS
COLLECTED ON DEMOGRAPHIC AND OTHER RELEVANT INFORMATION FOR CALLS
RECEIVED BY PPMD JULY 2016 THROUGH JUNE 2017 (N=2,266).

-AVERAGE OF 188 CALLS/MONTH

-PARENTS SEEKING INFORMATION OR SERVICES FOR CHILDREN OR YOUTH WITH
SPECIAL HEALTH CARE NEEDS (CYSCHN).

-DEMOGRAPHIC DATA INCLUDED CHILD'S AGE, GENDER, ETHNICITY, COUNTY OF
RESIDENCE, DISABILITY AND INSURANCE TYPE, AS WELL AS THE PARENT'S REASON
FOR CALLING AND SERVICES PROVIDED.

-MARYLAND PARENT SURVEY (2014 & 2017): SURVEYS WERE CONDUCTED BY PPMD IN
PARTNERSHIP WITH MDH OFFICE FOR GENETICS AND PEOPLE WITH SPECIAL HEALTH
CARE NEEDS (OGPSHCN) AND BLOOMBERG SCHOOL OF PUBLIC HEALTH, JOHNS HOPKINS
UNIVERSITY.

-PAPER AND ELECTRONIC VERSIONS MADE AVAILABLE TO FAMILIES.

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-SURVEYS EXPLORED A VARIETY OF HEALTH ISSUES RELATED TO ACCESS TO HEALTH CARE FOR CYSCHN.

-DIAGNOSES SKEWED TOWARDS CHILDREN WITH VARIETY OF DEVELOPMENTAL DISABILITIES AND ASSOCIATED HEALTH PROBLEMS.

-RESULTS

-839 RESPONDENTS IN 2017

-1090 RESPONDENTS IN 2014

-FOCUS GROUP DISCUSSIONS: A COMMUNITY LEADER AND STAKEHOLDER FOCUS GROUP MEETING WAS HELD ON NOVEMBER 2, 2017. THERE WERE 30 LEADERS/STAKEHOLDERS WHO PARTICIPATED INCLUDING REPRESENTATIVES FROM THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN DISABILITIES ASSOCIATION, AND GREEN & HEALTHY HOMES INITIATIVE. THE PURPOSE OF THE FOCUS GROUP WAS TO GATHER EXPERT-LEVEL, QUALITATIVE FEEDBACK FROM A VARIETY OF HEALTH AND SOCIAL SERVICE PROVIDERS, WITH AN ACTIVE ROLE AND A BROAD UNDERSTANDING OF THE HEALTH CARE SYSTEM AND HEALTH NEEDS OF BALTIMORE CITY RESIDENTS AND PARENTS OF CYSCHN.

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COMMUNITY PERSPECTIVE

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

METHODS INCLUDED A THREE-ITEM SURVEY DISTRIBUTED TO THE PUBLIC AT A VARIETY OF OUTREACH EVENTS IN FY18 (SHORT FORM) AND MADE AVAILABLE IN THE UMMS PUBLICATION MARYLAND'S HEALTH MATTERS (N=1,212). A 25-ITEM ONLINE SURVEY WAS ALSO POSTED TO THE SURVEY MONKEY AND AT WWW.UMM.EDU FOR THE 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

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HEALTH CARE, AND PRESENTED AN OPPORTUNITY FOR PARTICIPANTS TO PROVIDE RECOMMENDATIONS OR SOLUTIONS. THE TOP FIVE HEALTH CONCERNS IDENTIFIED WERE

- 1) SUBSTANCE ABUSE (N=2743),
- 2) DIABETES (N=1715),
- 3) MENTAL HEALTH (N=1720),
- 4) SMOKING (N=1265),
- 5) OBESITY (N=1600), AND
- 6) HEART DISEASE/BLOOD PRESSURE (N=1321).

THE TOP FIVE BARRIERS TO HEALTHCARE WERE IDENTIFIED AS

- 1) TRANSPORTATION,
- 2) COST,
- 3) UNINSURED,
- 4) INSURANCE NOT ACCEPTED, AND
- 5) UNDERINSURED.

THERE WERE ALSO 103 INDIVIDUAL RESPONSES THAT PROVIDED ADDITIONAL INSIGHT

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INTO LOCAL HEALTH DISPARITIES. ANALYSIS BY COMMUNITY BENEFIT SERVICE AREA (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 2015.

MWPB HEALTH EXPERT INTERVIEWS & CLINICAL FOCUS GROUPS

MWPB COMMUNITY ADVOCACY TEAM FACILITATED FOCUS GROUP MEETINGS TO INCLUDE THE LOCAL SCHOOL OF MEDICINE, MWPB NURSING, RECREATIONAL THERAPY, PSYCHOLOGY, REHABILITATION SERVICES, SOCIAL WORK AND OTHER EMPLOYEES WHO ENGAGE IN COMMUNITY AFFAIRS.

ADDITIONALLY, MWPB COMMUNITY BENEFIT TEAM CONDUCTED A TELEPHONE INTERVIEW WITH BALTIMORE CITY HEALTH DEPARTMENT COMMISSIONER, DR. LEANA WEN.

REVIEW OF THE NATIONAL PREVENTION STRATEGY PRIORITIES, SHIP INDICATORS, AND HEALTHY BALTIMORE 2020 PLAN FROM BCHD WAS ALSO CONDUCTED.

RESULTS WERE BASED ON THE FOLLOWING:

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-NATIONAL PREVENTION STRATEGY - 7 PRIORITY AREAS

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

BALTIMORE CITY

-HEALTHY BALTIMORE 2020 A BLUEPRINT FOR HEALTH: HEALTH EQUITY OBJECTIVES

AND STRATEGIC PRIORITIES

BCHD LOCAL HEALTH IMPROVEMENT COMMITTEE/ INTERVIEW WITH HEALTH

COMMISSIONER (2/15/18).

METHOD: INTERVIEW, DR. LEANA WEN, MPH, MSC, OFFICE OF CHRONIC DISEASE

PREVENTION, BALTIMORE CITY HEALTH DEPARTMENT (2/15/18)

RESULTS WERE AS FOLLOWS:

IDENTIFIED THE TOP FOUR (4) HEALTH PROBLEMS PER BALTIMORE CITY MAYOR'S

HEALTH PRIORITIES:

1. BEHAVIORAL HEALTH - (OPIOID OVERDOSE DEATHS)
2. VIOLENCE PREVENTION - (YOUTH HOMICIDES, HIGH SCHOOL ABSENCES, AND

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CHILD DEATHS)

3. CHRONIC DISEASE - (OBESITY, FOOD INSECURITY, CHILD LEAD POISONING)
4. LIFE COURSE AND CORE SERVICES - (LIFE EXPECTANCY AND INFANT MORTALITY)

TOP BARRIERS TO HEALTH:

- RACE, EQUITY AND INCLUSION
- FOCUS ON WELL-BEING (CYCLICAL NATURE OF TRAUMA)
- HEALTH-IN-ALL-POLICIES (HEALTH IMPACTS ALL POLICIES WHETHER IT IS EDUCATION, LABOR, OR TRANSPORTATION, HEALTH MUST BE A PART OF THE CONVERSATION. "A SICK CHILD CANNOT GO TO SCHOOL AND A SICK ADULT CANNOT WORK"
- KNOWLEDGE DEFICIT WITH RESPECT TO HEALTH INSURANCE
- LACK OF CARE CONNECTORS AND/OR HEALTH NAVIGATORS
- FAMILIES EXPERIENCE DIFFICULTY UNDERSTANDING MEDICAID AND MCOS
- GENERAL EDUCATION/LITERACY (SDOH)

ON THE STATUS OF PEDIATRIC HEALTH AND WELLNESS IN BALTIMORE CITY, THE FOLLOWING WERE IDENTIFIED:

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-VERY DIVERGENT BY INCOME; HEALTH DETERMINED BY INCOME

-PIMLICO AND PARK HEIGHTS ARE NOT WEALTHY; HAVE POOR HEALTH OUTCOMES;

THERE IS A CORRELATION BETWEEN RACE, INCOME AND THOSE OUTCOMES.

-ACCESS TO HEALTHCARE

-ACCESS TO GOOD EMPLOYMENT, ROLE MODELS, AND SCHOOLS-NEIGHBORHOOD HAVE
LOST THEIR CORE

-MARYLAND IS VERY GOOD AT PROVIDING COVERAGE - OTHER SOCIAL ISSUES
PREVENT POSITIVE HEALTH OUTCOMES. PROVIDING CONNECTIONS TO THESE (SOCIAL)
SERVICES FOR CHILDREN IS HARD. IT SEEMS AS IF THERE ARE MORE SOCIAL
ISSUES OTHER THAN NUMBER OF PHYSICIANS AVAILABLE.

MENTAL/BEHAVIORAL HEALTH

-WITH BEHAVIORAL HEALTH, THE LAW REQUIRES THAT PATIENTS MUST RECEIVE
SERVICES IN A REGULATED FACILITY BEFORE REIMBURSEMENT CAN BE MADE. IN
MOST CASES, THERE ARE NO INCENTIVES IN THE COMMUNITY FOR BEHAVIORAL
HEALTH.

-CHRONIC PAIN MANAGEMENT - SUBSTANCE ABUSE CONCERNS

-PROVIDERS UNDERSTANDING ALL RESOURCES THAT ARE AVAILABLE FOR NAS BABIES

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-UNDIAGNOSED TRAUMA/NEED TO SELF-MEDICATE

-THE EPIDEMIC OF SUBSTANCE ABUSE IN BALTIMORE CITY PLAYS A ROLE IN
HEALTHCARE AND CHILD CARE

-INSURANCE NOT COVERING NEEDED SERVICES LIKE GROUP THERAPY

-PARAPROFESSIONALS NEEDED FOR BETTER COORDINATED SERVICES AND CARE

-EDUCATION (SCHOOL SYSTEM), SCHOOL-BASED MENTAL HEALTH SERVICES

-LACK OF PEDIATRIC SPECIALTY SERVICES IN RURAL AREAS

-HEALTH LITERACY- PARENTS ABILITY TO UNDERSTAND THE COMPLEXITY OF
TREATMENT/DIAGNOSES

TRAUMA

-CHILDREN WITH AUTISM HAD ACCESS TO SERVICES IN THE HOME WHERE TBI
PATIENTS DID NOT HAVE THAT ADDITIONAL SUPPORT (PARAPROFESSIONALS)

SDOH/ENVIRONMENTAL

-THE GAPS IN CARE WHEN A WOMAN BECOMES PREGNANT. IT USUALLY TAKES USUALLY
6-8 WEEKS TO BE ELIGIBLE FOR INSURANCE. THIS OFTEN DELAYS WOMEN RECEIVING
CARE UNTIL THEIR SECOND TRIMESTER.

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-AFFORDABLE RELIABLE CHILD CARE. MANY PARENTS DO NOT MEET THE INCOME REQUIREMENTS FOR EARLY EDUCATION PROGRAMS/AFTERCARE SUCH AS HEAD START.

LANGUAGE BARRIERS

-FINDING PRIMARY CARE IS CHALLENGING FOR FAMILIES WHO DO NOT USE ENGLISH AS A PRIMARY LANGUAGE.

-TRANSITION FROM MWPH TO A PRIMARY CARE PROVIDER IS OFTEN DELAYED BECAUSE THE PRIMARY PROVIDERS THAT PROVIDE SERVICES TO CHILDREN WITH COMPLEX MEDICAL NEEDS OFTEN WILL NOT ACCEPT THE PATIENT IF NO ONE SPEAKS ENGLISH BECAUSE THEY DON'T HAVE THE ABILITY TO PROVIDE TRANSLATION SERVICES.

HEALTHY PEOPLE 2020

DATA IS AVAILABLE FOR THE FOLLOWING HEALTHY PEOPLE (HP 2020) DISABILITY AND HEALTH OBJECTIVES:

OBJECTIVE DH-5: INCREASE THE PROPORTION OF YOUTH WITH SPECIAL HEALTHCARE NEEDS WHOSE HEALTHCARE PROVIDED HAS DISCUSSED TRANSITION PLANNING FROM

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PEDIATRIC TO ADULT HEALTHCARE

PROGRESS TOWARD THIS OBJECTIVE CONTINUES TO BE ADDRESSED. THIS OBJECTIVE PRESENTS GREATER DISPARITIES WHEN ADJUSTED FOR RACE AND ETHNICITY. AT BASELINE, THE BEST GROUP RATE FOR THIS OBJECTIVE, 46.5 PERCENT, WAS ATTAINED BY THE WHITE ONLY, NOT HISPANIC OR LATINO POPULATION. THE HISPANIC OR LATINO POPULATION ATTAINED THE WORST GROUP RATE FOR THIS OBJECTIVE AT 26.3 PERCENT, AT BASELINE.

DATA REVIEWED FOR THE FOLLOWING MATERNAL, INFANT, AND CHILD HEALTH OBJECTIVES:

OBJECTIVE MICH-29: INCREASE OF THE PROPORTION OF YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD) AND OTHER DEVELOPMENTAL DELAYS THAT ARE SCREENED, EVALUATED, AND ENROLLED IN EARLY INTERVENTION SERVICES IN A TIMELY MANNER.

-MICH-29. INCREASE THE PROPORTION OF CHILDREN (AGES 10-35 MONTHS) WHO HAVE BEEN SCREENED FOR ASD AND OTHER DEVELOPMENTAL DELAYS.

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PROGRESS IN SCREENING FOR ASD AND OTHER DEVELOPMENTAL DELAYS IS MOVING IN THE RIGHT DIRECTION.

MICH-30.2 INCREASE THE PROPORTION OF CHILDREN, INCLUDING THOSE WITH SPECIAL HEALTHCARE NEEDS, WHO HAVE ACCESS TO A MEDICAL HOME.

-MICH - 30.2. INCREASE THE PROPORTION OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS WHO HAVE ACCESS TO A MEDICAL HOME.

PROGRESS TOWARD THE TARGET LEVEL HAS DECREASED SINCE BASELINE. ACTIVITIES INFORMING PROVIDERS AND CAREGIVERS OF THE IMPORTANCE OF A MEDICAL HOME ARE NEEDED. THIS OBJECTIVE PRESENTS GREATER DISPARITIES WHEN ADJUSTED FOR RACE AND ETHNICITY. AT BASELINE THE BEST GROUP RATE FOR THIS OBJECTIVE, 52.8 PERCENT, WAS ATTAINED BY THE WHITE ONLY, NOT HISPANIC OR LATINO POPULATION. THE HISPANIC OR LATINO POPULATION ATTAINED THE WORST GROUP RATE FOR THIS OBJECTIVE, 32.2 PERCENT, FOLLOWED BY BLACK OR AFRICAN AMERICAN (36.0 PERCENT) AT BASELINE.

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HEALTHY BALTIMORE 2020

CURRENT SNAPSHOT OF HEALTH IN BALTIMORE CITY

BEHAVIORAL HEALTH:

1. OVER 10% OF RESIDENTS IN THE BALTIMORE METRO AREA AGE 12 AND UP ARE ESTIMATED TO HAVE A DRUG OR ALCOHOL ABUSE DISORDER. NEARLY 20,000 PEOPLE ARE ESTIMATED TO USE HEROIN
2. 30 PERCENT OF CHILDREN IN BALTIMORE, COMPARED TO 19 PERCENT STATEWIDE, HAVE ADVERSE CHILDHOOD EXPERIENCE (ACE) SCORES OF 2 OR MORE, MEANING THAT THEY HAVE EXPERIENCED MORE THAN TWO INCIDENCES OF EVENTS SUCH AS DOMESTIC VIOLENCE, LIVING WITH SOME WITH AN ALCOHOL/DRUG PROBLEM, THE DEATH OF PARENT, OR BEING A VICTIM/WITNESS OF NEIGHBORHOOD VIOLENCE.

VIOLENCE:

1. BALTIMORE CITY EXPERIENCED 344 HOMICIDES IN 2015, THE 3RD HIGHEST MURDER RATE IN THE NATION AND HIGHEST RATE PER CAPITA IN BALTIMORE'S HISTORY.

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ADDITIONAL DATA SOURCE

DATA WAS ALSO OBTAINED FROM THE FOLLOWING SOURCES:

- MCDD NEEDS ASSESSMENT
- MARYLAND TITLE V AGENCY 2015 NEEDS ASSESSMENT
- PPMD/MARYLAND PARENT SURVEY 2018/MARYLAND CONSORTIUM OF CARE
- MARYLAND STATE DEPARTMENT OF EDUCATION PARENT SURVEY
- MARYLAND RESOURCE HEALTH COMMISSION (MRHC)
- MWPB FOCUS GROUP SESSIONS
- OTHER COMMUNITY MEETINGS: MWPB PARTICIPATED IN THE BALTIMORE CITY COUNCIL EDUCATION AND YOUTH COMMITTEE MEETING, PUBLIC SAFETY MEETING, LOCAL HEALTH IMPROVEMENT COALITION ANALYSIS LHIC STEERING COMMITTEE MEETINGS, NEIGHBORHOOD ASSOCIATION MEETINGS FOR CSAS.
- WHAT IS HEALTHY PEOPLE 2020 TELLING US IN 2018?
- STATE HEALTH IMPROVEMENT PROCESS (SHIP)
- HEALTHY BALTIMORE 2020
- A CALL TO ACTION ON BEHALF OF MD CHILDREN AND YOUTH WITH SPECIAL CARE

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.
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NEEDS

-COUNTY RANKINGS COUNTY HEALTH RANKINGS AND ROADMAPS DRIVE HEALTH OUTCOMES. THE DATA PROVIDES A STARTING POINT FOR COMMUNITIES AS THEY WORK TO IMPROVE HEALTH AND WELLNESS OF THEIR CITIZENS

-OTHER AVAILABLE: DATA COLLECTED THROUGH COMMUNITY MEETINGS, REPORTS, AND SURVEY FINDINGS BY PARTNER ORGANIZATIONS PROVIDED A HOLISTIC VIEW OF THE NEEDS OF THE POPULATION. THIS DATA, AVAILABLE AT DIFFERENT LEVELS-LOCAL, STATE, AND NATIONAL WAS ANALYZED.

ELIGIBILITY EDUCATION & FINANCIAL ASSISTANCE

SCHEDULE H, PART VI, LINE 3

MWPH MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION

AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO:

- THE ORGANIZATION'S WEBSITE
- PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS
- BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL PATIENT CARE AREAS
- PATIENT PLAIN LANGUAGE (AVAILABLE IN ENGLISH, AS WELL AS LANGUAGES

Part VI Supplemental Information

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SPOKEN BY UMMS PATIENTS WITH LIMITED ENGLISH PROFICIENCY)

-APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

THE LICENSED BED DESIGNATION OF MWPB IS 102, WHICH INCLUDES PEDIATRIC SPECIALTY, PEDIATRIC CHRONIC ILLNESS, AND NEONATAL TRANSITIONAL CARE. INPATIENT ADMISSIONS FOR FY 17 WERE 636. MEDICAID PATIENTS ACCOUNTED FOR 81% OF THE TOTAL MWPB ADMISSIONS AND 5% OF THESE MEDICAID PATIENTS LIVE IN THE 21215 ZIP CODE (WHICH IS THE TARGET OF THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA). MWPB IS LOCATED IN THE NORTHWEST QUADRANT OF BALTIMORE CITY, SERVING BOTH ITS IMMEDIATE NEIGHBORS AND OTHERS FROM THROUGHOUT BALTIMORE CITY, BALTIMORE COUNTY AND SURROUNDING REGIONS.

THERE ARE APPROXIMATELY 1.3 MILLION CHILDREN IN MARYLAND AND THE HEALTHCARE PROVIDER MARKET HAS LARGELY CONSOLIDATED INTO THREE MAJOR SYSTEMS: UMMS, JOHNS HOPKINS MEDICINE AND MEDSTAR HEALTH.

Part VI Supplemental Information

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MWPH SERVES A LARGE PORTION OF BALTIMORE COUNTY AND BALTIMORE CITY. MWPH
DRAWS 59% OF DISCHARGES FROM A DEFINED MARKET AREA WITH FOUR SUB-AREAS
WITHIN THE BALTIMORE COUNTY AND BALTIMORE CITY. MWPH'S CORE MARKET IS
DEFINED AS 13 CONTIGUOUS ZIP CODES IN BALTIMORE CITY FROM WHICH MWPH
DRAWS 54% OF DISCHARGES. THESE 13 TARGETED ZIP CODES INCLUDE: 21222,
21220, 21206, 21215, 21213, 21061, 21221, 21205, 21217, 21224, 21227,
21225, 21037. HOWEVER, BECAUSE MWPH IS A SPECIALTY PEDIATRIC FACILITY,
MWPH PATIENT'S RESIDENCE SPAN THE STATE OF MARYLAND AND MANY MORE FROM
OUT OF STATE. MWPH DETERMINED THAT THE SPECIFIC ZIP CODES OF 21215 &
21216 (SOUTHERN PARK HEIGHTS-SPH AND PIMLICO/ARLINGTON/HILTOP-PAH) DEFINE
THE HOSPITAL'S CBSA.

DEMOGRAPHICS OF THE COMMUNITY

MWPH SERVES CHILDREN, ADOLESCENTS, AND YOUNG ADULTS PRIMARILY FROM
MARYLAND, BUT ALSO MANY STATES IN THE NORTHEAST REGION. MWPH HAS TWO
LOCATIONS, ONE IN NORTHWEST BALTIMORE CITY AND THE OTHER IN PRINCE
GEORGE'S COUNTY AT UM CAPITAL REGIONAL HOSPITAL. DATA ANALYZED DURING THE

Part VI Supplemental Information

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LAST THREE FISCAL YEARS - 2015, 2016, AND 2017 - INDICATE THAT 93% OF ALL INPATIENTS AND OUTPATIENTS SERVED BY THE MWPH ARE MARYLAND RESIDENTS, WITH PATIENTS FROM NEARLY EVERY COUNTY ACROSS THE STATE.

MWPH RECEIVES PATIENTS FROM ACROSS THE STATE DUE TO LIMITED ACCESS TO PEDIATRIC SPECIALISTS IN RURAL PARTS OF MARYLAND. ACCORDING TO THE 2017 MARYLAND PARENT SURVEY, 73% OF PARENTS WITH CYSCHN REPORTED DRIVING 25 OR MORE MILES FOR PEDIATRIC SPECIALTY CARE, WITH 25% REPORTING THAT THEY HAD TO DRIVE 100+ MILES ROUNDTRIP. IN ORDER TO MAKE THE COMMUNITY PROGRAMMING IMPACTFUL, MWPH FURTHER DEFINED ITS COMMUNITY BY LOOKING AT THE TOP 60% OF INPATIENT ADMISSIONS AND OUTPATIENT VISITS.

MWPH'S SERVICE COMMUNITY DEMOGRAPHIC CONSTITUTE AN AREA THAT IS PREDOMINANTLY AFRICAN AMERICAN WITH BELOW AVERAGE MEDIAN FAMILY INCOME, BUT ABOVE AVERAGE RATES FOR UNEMPLOYMENT, AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH.

APPROXIMATELY 48% OF MWPH SERVICE COMMUNITY ARE BLACK OR AFRICAN

Part VI Supplemental Information

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AMERICAN, 39% ARE CAUCASIAN, 4% OF PATIENTS ARE LATINO OR HISPANIC AND 4% IDENTIFIED AS ASIAN. APPROXIMATELY 3% IDENTIFIED AS OTHER/BIRACIAL. MORE FEMALE THAN MALE CONSTITUTE THE SERVICE COMMUNITY POPULATION WITH 30% BETWEEN THE AGES OF 0-17 YEARS OF AGE, 4.3% AT 18-24 YRS, 10.6% AT 24-44 YRS, 15.9% AT 45-64 YRS AND 13.4% AT 65+ RESPECTIVELY.

IN ADDITION, RELYING ON DATA FROM THE AMERICAN COMMUNITY SURVEY, SPH MEDIAN HOUSEHOLD INCOME WAS \$26,015 AND PAH MEDIAN HOUSEHOLD WAS \$32,410. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$41,819 IN 2014.

IN ADDITION, MEDICAID PATIENTS ACCOUNTED FOR 79.11% OF THE TOTAL MWPB ADMISSIONS IN FY17. FIVE-PERCENT (5%) OF THESE MEDICAID PATIENTS LIVE IN THE 21215 ZIP CODE WHICH IS A TARGET AREA OF THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA.

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PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

MWPH COMMUNITY EMPOWERMENT TEAM REVIEWED THE DATA FROM THE COMMUNITIES SERVED BY THE HOSPITAL AS WELL AS THE MARYLAND'S SHIP AND IDENTIFIED 1) VIOLENCE PREVENTION AND CHILD MALTREATMENT, 2) ACCESS TO HEALTHCARE AND 3) OBESITY AND ACCESS TO HEALTHY FOODS AS THE THREE AREAS OF FURTHERING THE CAUSE OF HEALTH PROMOTION IN THE COMMUNITY SERVICES BY MWPH. BELOW INITIATIVE DESCRIBE THE ACTIVITIES AND OUTLINE THE CHNA PRIORITIES AND OUTCOMES.

INITIATIVE I

PREP - PROGRAM (PROVIDING RESOURCES TO EMPOWER PARENTS)

CHNA PRIORITIES: ACCESS TO HEALTH SERVICES (INSURANCE AND PARTICIPATING PCPS), FOOD SAFETY, HEALTH -RELATED QUALITY OF LIFE AND WELL-BEING, IMMUNIZATION AND INFECTIOUS DISEASE, INJURY PREVENTION, MATERNAL FETAL HEALTH, MENTAL HEALTH AND MENTAL DISORDERS, NUTRITION AND WEIGHT STATUS,

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SLEEP HEALTH, SOCIAL DETERMINANTS OF HEALTH, SUBSTANCE ABUSE, TOBACCO
USE, ASTHMA, LEAD POISONING, MEDICATION SAFETY.

OBJECTIVE: PROGRAM AIMS TO PROVIDE PATIENT PARENTS, FAMILY MEMBERS AND
COMMUNITY RESOURCES, SUPPORT AND ADVOCACY TO UNDERSERVED FAMILIES WHOSE
CHILDREN HAVE COMPLEX MEDICAL CONDITIONS.

TARGET POPULATION: NEW AND RETURNING PATIENT PARENTS OF MWPH. PARENTS AND
FAMILIES OF CHILDREN RECEIVING POST-ACUTE CARE. PREDOMINATELY FEMALES IN
LATE TEENS TO 40 YEARS OF AGE FROM UNDERSERVED AREAS OF BALTIMORE CITY,
BALTIMORE COUNTY AND RURAL MARYLAND.

OF PEOPLE REACHED: 204

INTERVENTION: CHRONIC CONDITION-BASED INTERVENTION/PREVENTION, ACUTE
CONDITION-BASED INTERVENTION/PREVENTION, COMMUNITY ENGAGEMENT
INTERVENTION, SOCIAL DETERMINANTS OF HEALTH INTERVENTION

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COMMUNITY PARTNERS: MARYLAND POISON CONTROL, SAFE KIDS, KISS/CAR SEAT

SAFETY, SHARE BABY

OUTCOMES: 95% OF ATTENDEES SURVEYED FOUND THE RESOURCES HELPFUL IN
LEARNING HOW TO BETTER NAVIGATE THE HEALTHCARE SYSTEM AND CARE FOR THEIR
CHILD. INCLUDING, UNDERSTANDING DEVELOPMENT MILESTONES, MEDICATION
DOSAGE, INFECTION PREVENTION, BONDING AND ATTACHMENT, ENVIRONMENT SAFETY,
FEEDING, AND HOW TO ORGANIZE THEIR CHILDREN'S MEDICAL INFORMATION.

INITIATIVE 2

FITNESS CAN BE FUN

CHNA PRIORITIES: ADOLESCENT HEALTH, DIABETES, DISABILITY AND HEALTH,
HEALTH-RELATED QUALITY OF LIFE AND WELL-BEING, HEART DISEASE AND STROKE,
MENTAL HEALTH AND MENTAL DISORDERS, NUTRITION AND WEIGHT STATUS, PHYSICAL
ACTIVITY.

Part VI Supplemental Information

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OBJECTIVE: EDUCATE PATIENT FAMILIES AND COMMUNITY MEMBERS WITH DEVELOPMENTAL AND PHYSICAL DISABILITIES THAT FITNESS IS POSSIBLE AT ALL LEVELS, NO MATTER THE DISABILITY OR BARRIER. THE PROGRAM AIMED TO INSTILL FIVE PILLARS OF FITNESS: PRECISION, ABILITY, POWER, FLEXIBILITY AND BALANCE. IN ADDITION THE PROGRAM ALSO AIMED TO INTRODUCE AND PROVIDE RESOURCES TO UNDERSERVED COMMUNITY ON NUTRITION, FITNESS, SAFETY AND WELLNESS.

TARGET POPULATION: CHILDREN AGES 2 TO 17 YEARS OF AGE (SCHOOL AGE CHILDREN) WITH PHYSICAL AND/OR DEVELOPMENTAL DISABILITY. BOTH ACTIVE PATIENTS OF MWPH AS WELL AS COMMUNITY MEMBERS WHO ARE NOT PATIENTS OF MWPH (WITH AND WITHOUT DEVELOPMENTAL DISABILITY). MANY OF THE PATIENT AND COMMUNITY MEMBERS OF LOW SOCIO-ECONOMIC STATUS AND/OR ARE WITHIN THE UNDERSERVED POPULATION IN THE MWPH SERVICE AREA. PROGRAM TARGETED CHILDREN WITH BMI IN THE OVERWEIGHT AND OBESE RANGE (ABOVE 95%).

OF PEOPLE REACHED: 1500

Part VI Supplemental Information

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INTERVENTION: CHRONIC-CONDITION-BASED INTERVENTION: PREVENTION, SOCIAL
DETERMINANTS OF HEALTH INTERVENTION, COMMUNITY ENGAGEMENT INTERVENTION

COMMUNITY PARTNERS: BALTIMORE CITY COMMUNITY COLLEGE PHYSICAL THERAPISTS
ASSISTANT PROGRAM. BALTIMORE CITY HEALTH DEPT.

OUTCOMES: NEARLY 100 CHILDREN WITH DEVELOPMENTAL DISABILITIES WERE ABLE
TO INTERACT WITH COMMUNITY CHILDREN AND RECEIVE EDUCATION AND RESOURCES
ON WEIGHT MANAGEMENT, NUTRITION, FITNESS, WELLNESS AND MENTAL HEALTH.
PROGRAM WAS ABLE TO INSTALL HEALTHIER HABITS WHILE PROVIDING A SAFE PLACE
FOR COMMUNITY MEMBERS TO HAVE FUN.

INITIATIVE 3

PARENT MENTOR PROGRAM

CHNA PRIORITIES: DISABILITY AND HEALTH, HEALTH-RELATED QUALITY OF LIFE
AND WELL-BEING, INJURY PREVENTION, MATERNAL AND INFANT HEALTH, MENTAL

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HEALTH AND MENTAL DISORDERS, NUTRITION AND WEIGHT STATUS, SLEEP HEALTH,
SOCIAL DETERMINANTS OF HEALTH, SUBSTANCE ABUSE.

OBJECTIVE: PRIMARY OBJECTIVE OF THE INITIATIVE IS TO PROVIDE PEER SUPPORT
FOR PATIENT FAMILIES BY MENTORS (FORMER PARENT) WHO HAVE BEEN THROUGH
SIMILAR EXPERIENCES. MENTORS ASSIST PATIENT PARENTS NAVIGATE THROUGH
THEIR LOVED ONE'S CARE BY PROVIDING HOSPITAL AND COMMUNITY RESOURCES TO
ASSIST WITH PHYSICAL, MENTAL, EMOTIONAL, FINANCIAL AND PSYCHOLOGICAL
STRESSORS.

TARGET POPULATION: NEW AND/OR RETURNING PATIENT PARENTS. PARENTS AND
FAMILIES OF CHILDREN RECEIVING POST-ACUTE CARE. COMMUNITY MEMBERS
IMPACTED BY TRAUMA OR DISTRESS. APPROX. 52% OF PARENTS WERE OF LOW-INCOME
AND/OR UNDERSERVED FAMILIES.

OF PEOPLE REACHED: 204

INTERVENTION: SOCIAL DETERMINANTS OF HEALTH, ADVOCACY, FINANCIAL SUPPORT,

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TRANSITION TO DAILY LIVING, STRESS MANAGEMENT AND COMMUNITY RESOURCES.

COMMUNITY PARTNERS: WIC, BALTIMORE DEPARTMENT OF SOCIAL SERVICES, BCHD,
KISS, SAFE KIDS.

OUTCOMES: FROM ITS LAUNCH IN OCTOBER 2017, THE PARENT MENTOR PROGRAM HAS
HELPED 63 FAMILIES. FEEDBACK RECEIVED INCLUDE 98% OF PATIENT PARENTS FEEL
CONNECTING WITH A PARENT MENTOR GAVE THEM A SENSE OF HOPE, ENCOURAGEMENT,
AND VALIDATED THEIR FEELINGS.

ADDITIONAL INITIATIVES

MWPH DO-GOODERS: EMPOWERING THE COMMUNITY THROUGH ADVOCACY AND EDUCATION

SINCE 2010, MWPH'S COMMUNITY ADVOCACY PROGRAM HAS TAKEN A PROACTIVE
APPROACH TO CHILD INJURY PREVENTION AND SAFETY AWARENESS EDUCATION. THE
PROGRAM ESTABLISHES AND MAINTAINS RELATIONSHIPS WITH COMMUNITY LEADERS
AND GOVERNMENT AGENCIES THAT HELP CREATE AND PROMOTE PROGRAMS THAT

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ADVOCATE FOR SAFETY AWARENESS AND INJURY PREVENTION; EDUCATE FAMILIES,
PROVIDERS, AND COMMUNITIES ON SAFETY AND BEST PRACTICES; FOSTER NEW
PARTNERSHIPS AND COALITIONS; IMPROVE ORGANIZATIONAL PRACTICES AND
INFLUENCE POLICY AND LEGISLATION.

MWPH'S COMMUNITY ADVOCACY PROGRAM MANAGER IS RESPONSIBLE FOR OVERALL
MANAGEMENT OF THE DO-GOODERS PROGRAM, MONITORS LEGISLATIVE ACTIVITIES
RELATING TO CHILDREN'S HEALTH CARE ISSUES AND SERVICES AS THE LIAISON
BETWEEN THE HOSPITALS AND COLLABORATING COMMUNITY ORGANIZATIONS.

END OF YEAR OUTCOMES # OF PEOPLE IMPACTED: 31,773 HIGHLIGHTS:

-PARTICIPATED IN 37 CHILD SAFETY SEAT CHECKS, UP FROM 22 LAST YEAR.
ONSITE SURVEYS INDICATE AN AVERAGE OF 89% MISUSE RATE FOR PARTICIPATING
FAMILIES. THIS PROGRAM ENSURES THAT 100% OF THE SEATS ARE INSTALLED
SAFELY AND CORRECTLY.

-HELD 12 SAFETY BABY SHOWERS THAT PROVIDED SAFETY KITS AND EDUCATIONAL

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.

TALKS ON INJURY PREVENTION TO 137 PEOPLE AND AN AUDIENCE THAT INCLUDED PARENTS AND GRANDPARENTS. ONSITE SURVEYS INDICATE A 50% INCREASE IN INJURY PREVENTION KNOWLEDGE FOLLOWING THE EVENT.

-PARTICIPATED IN 36 COMMUNITY HEALTH FAIRS AND EVENTS, MORE THAN TWICE THE STATED GOAL, MEETING LOCAL BUSINESSES AND RESIDENTS WHERE THEY ARE.

-PROVIDED 7 PRESENTATIONS AND TALKS ON TOPICS SUCH AS PREVENTABLE INJURIES, ASTHMA, LEAD POISONING, OBESITY PREVENTION, AND SAFE SLEEP.

-MORE THAN 120 CHILDREN COMPLETED SECOND BULLY & VIOLENCE PREVENTION PROGRAM, UP FROM 90 LAST YEAR. THE CONCEPT IS TO EMPOWER CHILDREN TO BE AN ADVOCATE AND TO HELP THEM UNDERSTAND THAT THERE IS POWER IN THEIR WORDS AND ACTIONS.

-PROVIDED 15 CLASSES TO PARENTS AT RISK FOR CHILD MALTREATMENT AT ST. JEROME'S HEAD START AND BALTIMORE CITY HEAD START PROGRAMS. THE PROGRAM WAS INITIALLY OFFERED AT THE ST. JEROME'S AND BALTIMORE CITY HEAD START

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.

PROGRAMS, AND THEN EXPANDED TO INCLUDE ST. VINCENT DEPAUL, UNION BAPTIST, AND ST. BERNADINE'S AND DAYSRING HEAD START PROGRAMS.

-DEVELOPED CUSTOM TRAINING AND EDUCATIONAL MATERIALS FOR SEVERAL SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS. THIS TARGETED PEDESTRIAN, POISONING AND FAIR SAFETY, FOR INSTANCE, AS WELL AS DIABETES AND WEIGHT MANAGEMENT, BULLYING PREVENTION AND AUTISM AWARENESS.

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

MWPH IS A PRIVATE, NOT-FOR-PROFIT CORPORATION PROVIDING COMPREHENSIVE HEALTHCARE SERVICES THROUGH AN INTEGRATED REGIONAL NETWORK OF HOSPITALS AND RELATED CLINICAL ENTERPRISES. UMMS WAS CREATED IN 1984 WHEN ITS FOUNDING HOSPITAL WAS PRIVATIZED BY THE STATE OF MARYLAND. OVER ITS 30-YEAR HISTORY, UMMS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING PRIMARILY ACROSS MARYLAND.

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.

AS PART OF UMMS, MWPH UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IT SERVES. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. IN DOING SO, MWPH ASSESSES THE COMMUNITY'S HEALTH NEEDS, IDENTIFIES KEY PRIORITIES, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES WHICH MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH IMPROVEMENT COUNCIL COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS.

MWPH IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND ENGAGING PROGRAMS WHICH FOCUS ON HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING HEALTH CARE DISPARITIES IN BALTIMORE CITY, BALTIMORE COUNTY AND SURROUNDING AREAS.

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.

STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART VI, LINE 7

AS REQUIRED BY MARYLAND STATUTE FOR ALL HOSPITALS, MWPB FILES AN ANNUAL

COMMUNITY BENEFIT REPORT WITH MARYLAND'S HEALTH SERVICES COST REVIEW

COMMISSION (HSCRC) BY DECEMBER 15TH EACH YEAR.

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

OMB No. 1545-0047

2017

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 (such as, maid, chauffeur, chef) |

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

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

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

Only section 501(c)(3), 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?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

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

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.

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 AND CEO	(i)	378,978.	96,539.	875,776.	151,646.	27,977.	1,530,916.	690,625.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	MARY MILLER VP FINANCE AND CFO	(i)	180,600.	26,036.	112,153.	37,607.	33,109.	389,505.	91,140.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	THOMAS ELLIS VP HUMAN RESOURCES	(i)	166,182.	21,503.	237,349.	51,893.	24,779.	501,706.	188,525.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	JENNIFER BOWIE VP NURSING ADMIN	(i)	174,981.	17,245.	30,774.	19,396.	13,508.	255,904.	37,550.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	JILL FEINBERG VP FUND DEVELOPMENT	(i)	129,582.	13,800.	435.	13,072.	1,959.	158,848.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	JUSTINA STAROBIN VP OUTPATIENT SVCS	(i)	147,263.	17,988.	34,685.	15,950.	18,958.	234,844.	29,015.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	TIKEE APARECE ATTENDING PHYSICIAN	(i)	198,716.	0.	72.	8,366.	1,468.	208,622.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	BRADFORD HARRIS ATTENDING PHYSICIAN	(i)	204,491.	0.	422.	8,668.	8,003.	221,584.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	AJOKE AKINTADE NEONATAL PROGRAM DIRECTOR	(i)	196,194.	0.	702.	11,366.	3,009.	211,271.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	KAREN WILLING ATTENDING PHYSICIAN	(i)	206,973.	0.	411.	9,322.	15,484.	232,190.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	STEPHEN NICHOLS, M.D. ATTENDING PHYSICIAN	(i)	216,340.	0.	301.	12,759.	30,707.	260,107.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DURING THE FISCAL YEAR-ENDED JUNE 30, 2018, CERTAIN OFFICERS PARTICIPATED IN THE MWPB SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN THE REPORTING TAX YEAR, THEREFORE THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F).

SHELDON STEIN - \$869,345

MARY MILLER - \$111,436

THOMAS ELLIS - \$ 235,450

JENNIFER BOWIE - \$30,040

JUSTINA STAROBIN - \$33,959

DURING THE FISCAL YEAR ENDED JUNE 30, 2018, CERTAIN OFFICERS AND KEY

Part III Supplemental Information

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

EMPLOYEES PARTICIPATED IN THE MWPB SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION:

JILL FEINBERG

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

2017

**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.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MT. WASHINGTON PEDIATRIC HOSPITAL, INC

Employer identification number
52-0591483

Part I Bond Issues

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

Part II Proceeds

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

Part III Private Business Use

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

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

Part III Private Business Use (Continued)	MARYLAND HEALTH & HIGHER EDUCATIONAL FACILITIES							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a 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?								

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KELLY & ASSOCIATES INSURANCE GROUP	SEE PART V	155,861.	SEE PART V		X
(2) DR. TERI KAHN	SEE PART V	113,523.	SEE PART V		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV, LINE 1

JOHN KELLY IS A PRINCIPAL AT KELLY & ASSOCIATES INSURANCE GROUP, INC AND IS A BOARD MEMBER OF THE FILING ORGANIZATION. KELLY & ASSOCIATES GROUP PROVIDES SERVICES TO THE FILING ORGANIZATION AT OR BELOW FAIR MARKET VALUE.

SCHEDULE L, PART IV, LINE 2

DR. TERI KAHN IA A FAMILY MEMBER OF STEVEN J. CZINN, MD, A DIRECTOR OF THE FILING ORGANIZATION. DR. TERI KAHN IS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF THE FILING ORGANIZATION.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC

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.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

52-0591483

AMENDED 2017 FORM 990

AN AMENDED FORM 990 IS FILED FOR MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

TO INCLUDE THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AS AN

ATTACHMENT.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINES 6 AND 7A

JOHNS HOPKINS HEALTH SYSTEM (JHHS) AND UMMS ARE EQUAL MEMBERS OF MWPB.

JHHS AND UMMS EACH ELECT AN EQUAL NUMBER OF MEMBERS TO THE BOARD OF MWPB.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

UMMS ENGAGES THE ACCOUNTING FIRM GRANT THORNTON TO PREPARE AND REVIEW THE

IRS FORM 990 FOR UMMS AND ITS AFFILIATES. INFORMATION NEEDED TO COMPLETE

THE RETURN IS GATHERED BY ACCOUNTING PERSONNEL IN THE FINANCE SHARED

SERVICES DEPARTMENT UNDER THE SUPERVISION OF THE UMMS TAX DIRECTOR AND

PROVIDED TO GRANT THORNTON.

ONCE A DRAFT RETURN IS PREPARED, IT UNDERGOES MULTIPLE LEVELS OF REVIEW

BOTH INTERNALLY BY UMMS TAX & FINANCE PERSONNEL, AND EXTERNALLY BY GRANT

THORNTON, INCLUDING AT THE PARTNER LEVEL. FOLLOWING ANY NECESSARY CHANGES

TO THE RETURN, A FINAL DRAFT IS REVIEWED BY EACH AFFILIATE'S VICE

PRESIDENT OF FINANCE AND/OR CFO.

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC	Employer identification number 52-0591483
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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. ALL BOARD MEMBERS ARE 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 AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION.

A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF UMMS REVIEWS THE RESPONSES FOR UMMS AND CERTAIN OTHER AFFILIATES. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UMMS SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

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

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC	Employer identification number 52-0591483
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WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.

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

ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

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

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:

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

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

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

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
FORM 990, PART VI, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MARYLAND VIA THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM.

RECONCILIATION OF NET ASSETS
FORM 990, PART XI, LINE 9

RESTRICTED CHANGE IN ECONOMIC INTEREST IN FOUNDATION \$ 1,865,344

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

UNRESTRICTED CHANGE IN ECONOMIC INTEREST IN THE FOUNDATION	\$	540,977
UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION	\$	234,861
NET ASSETS RELEASED FROM RESTRICTIONS	\$	141

TOTAL	\$	2,641,323

=====

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>
COMPREHENSIVE PHARMACY SERVICES, LLC P.O. BOX 638316 CINCINNATI, OH 45263-8316	PHARMACY	3,930,842.
WHITING TURNER CONTRACTING P.O. BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	3,447,247.
JOHNS HOPKINS 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	PHYSICIAN SERVICES	1,551,313.
SLEEP SERVICES OF AMERICA, INC. P.O. BOX 198320 ATLANTA, GA 30384-8320	NEUROLOGY SERVICES	1,486,463.
OWENS & MINOR, INC. P.O. BOX 79171 BALTIMORE, MD 21279-0171	SUPPLIES	576,439.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC

Employer identification number

52-0591483

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MWP COMMUNITY HEALTH SERVICES 38-3987088 1708 W. ROGERS AVENUE BALTIMORE, MD 21209	HEALTHCARE	MD	22,342.	110,844.	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)	12A	MWPH	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MOUNT WASHINGTON PEDIATRIC FOUNDATION	C	648,862.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.



**MT. WASHINGTON PEDIATRIC HOSPITAL, INC.
AND SUBSIDIARIES**

Consolidated Financial Statements and Schedules

June 30, 2018 and 2017

(With Independent Auditors' Report Thereon)

**MT. WASHINGTON PEDIATRIC HOSPITAL, INC.
AND SUBSIDIARIES**

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KPMG LLP
750 East Pratt Street, 18th Floor
Baltimore, MD 21202

Independent Auditors' Report

The Board of Trustees

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries:

We have audited the accompanying consolidated financial statements of Mt. Washington Pediatric Hospital, Inc. and Subsidiaries (the Corporation), which comprise the consolidated balance sheets as of June 30, 2018 and 2017, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mt. Washington Pediatric Hospital, Inc. and Subsidiaries as of June 30, 2018 and 2017, and the results of their operations and change in net assets, and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.



Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information in Schedules 1–4 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Baltimore, Maryland
October 26, 2018

**MT. WASHINGTON PEDIATRIC HOSPITAL, INC.
AND SUBSIDIARIES**

Consolidated Balance Sheets

June 30, 2018 and 2017

Assets	2018	2017
Current assets:		
Cash and cash equivalents	\$ 21,837,485	19,037,440
Current portion of assets limited as to use	92,341	97,630
Patient accounts receivable, less allowance for doubtful accounts of \$2,277,315 and \$2,266,542, respectively	7,100,125	6,227,829
Other accounts receivable	1,415,519	1,426,238
Inventories of supplies	170,900	130,649
Prepaid expenses and other current assets	265,832	50,273
Total current assets	30,882,202	26,970,059
Investments	35,145,266	33,780,923
Assets limited as to use, less current portion:		
Board-designated funds	4,011,089	4,006,089
Eliasberg construction fund	1,249,449	1,249,449
Funds restricted by donor	13,744,598	11,079,009
Self-insurance trust funds	6,122,964	5,375,965
	25,128,100	21,710,512
Property and equipment, net	35,097,615	34,354,091
Other assets	1,376,586	1,132,459
Total assets	\$ 127,629,769	117,948,044
Liabilities and Net Assets		
Current liabilities:		
Current portion of long-term debt	\$ 354,930	339,930
Trade accounts payable	4,507,298	4,966,669
Accrued payroll benefits	4,710,922	3,986,457
Advances from third-party payors	3,574,033	3,826,482
Current portion of malpractice liabilities	92,341	97,630
Due to affiliates	408,856	704,184
Long-term debt subject to short-term remarketing arrangements	4,308,762	—
Total current liabilities	17,957,142	13,921,352
Malpractice liabilities	2,300,000	2,011,131
Accrued pension obligations	353,268	741,188
Long-term debt, less current portion	—	4,663,631
Total liabilities	20,610,410	21,337,302
Net assets:		
Unrestricted	90,999,450	83,235,642
Temporarily restricted	15,194,738	12,549,929
Permanently restricted	825,171	825,171
Total net assets	107,019,359	96,610,742
Total liabilities and net assets	\$ 127,629,769	117,948,044

See accompanying notes to consolidated financial statements.

**MT. WASHINGTON PEDIATRIC HOSPITAL, INC.
AND SUBSIDIARIES**

Consolidated Statements of Operations and Changes in Net Assets

Years ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Unrestricted revenue, gains, and other support:		
Patient service revenue (net of contractual adjustments)	\$ 62,581,998	57,893,074
Provision for bad debts	<u>(571,860)</u>	<u>(396,879)</u>
Net patient service revenue	62,010,138	57,496,195
Other revenue	<u>331,678</u>	<u>518,423</u>
Total unrestricted revenue, gains, and other support	<u>62,341,816</u>	<u>58,014,618</u>
Operating expenses:		
Salaries, wages, and benefits	40,143,225	37,530,808
Purchased services and supplies	14,767,907	14,294,054
Interest expense	121,266	105,103
Depreciation and amortization	<u>3,678,036</u>	<u>3,224,371</u>
Total operating expenses	<u>58,710,434</u>	<u>55,154,336</u>
Operating income	3,631,382	2,860,282
Nonoperating income and expenses, net:		
Contributions	636,114	757,334
Investment income	1,684,711	1,446,384
Other income and expenses, net	11,101	(38,304)
Change in unrealized gains of trading securities	<u>1,229,324</u>	<u>2,380,720</u>
Excess of revenues over expenses	7,192,632	7,406,416
Net unrealized gains on other-than-trading securities	336,315	580,031
Change in funded status of defined benefit plan	<u>234,861</u>	<u>608,755</u>
Increase in unrestricted net assets	<u>7,763,808</u>	<u>8,595,202</u>
Changes in temporarily restricted net assets:		
Contributions	779,465	1,145,275
Investment income, net	1,293,356	721,192
Net unrealized gains on temporarily restricted investments	571,988	972,725
Net assets released from restrictions used for operations	<u>—</u>	<u>(307,992)</u>
Increase in temporarily restricted net assets	<u>2,644,809</u>	<u>2,531,200</u>
Total increase in net assets	10,408,617	11,126,402
Net assets, beginning of year	<u>96,610,742</u>	<u>85,484,340</u>
Net assets, end of year	<u>\$ 107,019,359</u>	<u>96,610,742</u>

See accompanying notes to consolidated financial statements.

**MT. WASHINGTON PEDIATRIC HOSPITAL, INC.
AND SUBSIDIARIES**

Consolidated Statements of Cash Flows

Years ended June 30, 2018 and 2017

	2018	2017
Cash flows from operating activities:		
Increase in net assets	\$ 10,408,617	11,126,402
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	3,678,036	3,224,371
Amortization of debt issue costs	5,131	5,131
Provision for bad debts	571,860	396,879
Net realized gains and change in value of trading securities	(3,861,825)	(4,230,086)
Restricted contributions and investment income	(2,072,821)	(1,866,466)
Net unrealized gains on other-than-trading securities	(908,303)	(1,552,756)
Increase in funded status of defined benefit plan	(234,861)	(608,755)
Changes in operating assets and liabilities:		
Net patient accounts receivable	(1,444,156)	(628,896)
Other accounts receivable	10,719	(59,549)
Inventories of supplies	(40,251)	(9,799)
Prepaid expenses and other current assets	(215,559)	158,454
Other long-term assets	(244,127)	(74,338)
Amounts due to affiliates	(295,328)	198,787
Trade accounts payable	(459,371)	1,782,950
Accrued payroll benefits	724,465	(1,087,951)
Advances from third-party payors	(252,449)	(17,575)
Other liabilities	130,521	(71,351)
Net cash provided by operating activities	5,500,298	6,685,452
Cash flows from investing activities:		
Purchases of property and equipment	(4,421,560)	(5,435,941)
Purchases and sales of investments and assets limited to use, net (trading)	(297,192)	(443,724)
Purchases of investments and assets limited to use (other-than-trading)	(9,855,445)	(10,513,797)
Sales/Maturities of investments and assets limited to use (other-than-trading)	10,146,123	11,422,619
Net cash used in investing activities	(4,428,074)	(4,970,843)
Cash flows from financing activities:		
Repayment of long-term debt	(345,000)	(325,000)
Restricted contributions and investment income	2,072,821	926,466
Net cash provided by financing activities	1,727,821	601,466
Increase in cash and cash equivalents	2,800,045	2,316,075
Cash and cash equivalents at beginning of year	19,037,440	16,721,365
Cash and cash equivalents at end of year	\$ 21,837,485	19,037,440
Supplemental disclosure of cash flow information:		
Cash paid during the year for interest	\$ 117,145	100,696

See accompanying notes to consolidated financial statements.

**MT. WASHINGTON PEDIATRIC HOSPITAL, INC.
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements and Schedules

June 30, 2018 and 2017

(1) Organization

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

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

The Corporation incurred expenses of \$501,703 and \$475,926 for the years ended June 30, 2018 and 2017, respectively, for administrative services provided by UMMS. The Corporation is managed by UMMS, and accordingly, the results of the Corporation's operations and its financial condition could be different if it were autonomous.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

(b) Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with maturities of three months or less from date of purchase, excluding amounts presented within investments and assets limited as to use.

(c) Inventories

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

(d) Investments and Assets Limited as to Use

The Hospital participates in an investment pool of one of its owners, UMMS. The UMMS investment pool (investment pool) is classified as a trading portfolio. Each participating member of the investment pool has an undivided interest in the investment pool. The Hospital's percentage interest in the assets of the investment pool was approximately 4% at June 30, 2018 and 2017. Investment income and administrative expenses relating to the investment pool are allocated to the individual members based on this percentage.

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The Hospital's investment portfolio is classified as trading, and is reported at fair value, based on quoted market prices, at June 30, 2018 and 2017. Investment income, including realized gains and losses, is included in nonoperating income in the accompanying consolidated statements of operations and changes in net assets.

The Foundation's investment portfolio is classified as other-than-trading and is reported in the consolidated balance sheets at its fair value, based on quoted market prices. Changes in fair value of securities with readily determinable market values below their recorded basis are recognized in the consolidated statements of operations and changes in net assets as realized losses and as investment income (other-than-trading), which is included in nonoperating income in the accompanying consolidated statements of operations and changes in net assets. Unrealized gains on investments in securities with readily determinable market values are recognized as a component of net assets.

The Foundation does not have any alternative investments in its investment portfolio. However, the Hospital has alternative investments in assets limited as to use for self-insurance and the investment pool. Alternative investments are recorded under the equity method of accounting. Underlying securities of these alternative investments may include certain debt and equity securities that are not readily marketable. Because certain investments are not readily marketable, their fair value is subject to additional uncertainty, and therefore, values realized upon disposition may vary significantly from current reported values.

Assets limited as to use include investments set aside at the discretion of the board of trustees for the replacement or acquisition of property and equipment over which the board of trustees retains control and may at its discretion use for other purposes, self-insurance trust arrangements, and assets whose use is restricted by donors. Such investments are stated at fair value. Amounts required to meet current liabilities have been included in current assets in the consolidated balance sheets. Declines in fair value of these unrestricted investments below their cost basis are recognized in nonoperating income and expense. Changes in fair value of these unrestricted investments above their cost basis are recognized as unrealized gains on investments and are included in other changes in net assets. Changes in fair values of donor-restricted investments are recorded in unrestricted net assets unless otherwise required by the donor or state law to be included in restricted net assets.

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

(e) Fair Value Measurements

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

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

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

- Level I inputs are quoted market prices (unadjusted) in active markets for identical assets or liabilities that the Corporation has the ability to access at the measurement date.
- Level II inputs are inputs other than quoted market prices including within Level I that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level II input must be observable for substantially the full term of the asset or liability.
- Level III inputs are unobservable inputs for the asset or liability.

Assets and liabilities classified as Level I are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Corporation uses techniques consistent with the market approach and the income approach for measuring fair value of its Level II and Level III assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

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

As of June 30, 2018 and 2017, the Level II assets and liabilities listed in the fair value hierarchy tables below utilize the following valuation techniques and inputs:

(i) Cash Equivalents

The fair value of investments in cash equivalent securities, with maturities within three months of the date of purchase, are determined using techniques that are consistent with the market approach. Significant observable inputs include reported trades and observable broker/dealer quotes.

(ii) U.S. Government and Agency Securities

The fair value of investments in U.S. government, state, and municipal obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads.

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(iii) Corporate Bonds

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

(iv) Collateralized Corporate Obligations

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

(f) Self-Insurance

Under the Corporation's self-insurance programs (general and professional liability and employee health benefits), claims are reflected as a present value liability based upon actuarial estimates, including both reported and incurred but not reported claims taking into consideration the severity of incidents and the expected timing of claim payments.

(g) Property and Equipment

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

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

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

(h) Deferred Financing Costs

Costs incurred related to the issuance of long-term debt are deferred and are amortized over the life of the related debt using the straight-line method, which approximates the effective-interest method. Accumulated amortization of such costs amounted to \$54,730 and \$49,599 for the years ended June 30, 2018 and 2017, respectively. Deferred financing costs are presented as a component of long-term debt in the accompanying consolidated balance sheets.

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(i) Impairment of Long-Lived Assets

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

In estimating the future cash flows for determining whether an asset is impaired, the Corporation groups its assets at the lowest level for which there are identifiable cash flows independent of other groups of assets. If such costs are impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. There were no impairments in the years ended June 30, 2018 and 2017.

(j) Net Assets

The Corporation classifies net assets based on the existence or absence of donor-imposed restrictions. Unrestricted net assets represent contributions, gifts, and grants, which have no donor-imposed restrictions or which arise as a result of operations. Temporarily restricted net assets are subject to donor-imposed restrictions that must or will be met either by satisfying a specific purpose and/or passage of time. Permanently restricted net assets are subject to donor-imposed restrictions that must be maintained in perpetuity. Generally, the donors of these assets permit the use of all or part of the income earned on related investments for specific purposes. The restrictions associated with these net assets generally pertain to patient care, specific capital projects, and funding of specific hospital operations and community outreach programs.

(k) Net Patient Service Revenue and Provision for Uncollectible Accounts

Net patient service revenue reflects actual charges to patients based on rates established by the State of Maryland Health Services Cost Review Commission (HSCRC) in effect during the period in which the services are rendered, net of contractual adjustments. Contractual adjustments represent the difference between amounts billed as patient service revenue and amounts allowed by third-party payors. Such adjustments include discounts on charges as permitted by the HSCRC.

The Hospital records revenues and accounts receivable from patients and third-party payors at their estimated net realizable value. Revenue is reduced for anticipated discounts under contractual arrangements and for charity care. An estimated provision for bad debts is recorded in the period the related services are provided based upon anticipated uncompensated care, and is adjusted as additional information becomes available.

The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical collection and write-off experience by payor category. The results of this review are then used to make modifications to the provision for bad

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debts and to establish an allowance for uncollectible receivables. After collection of amounts due from insurers, the Hospital follows internal guidelines for placing certain past-due balances with collection agencies.

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for bad debts, allowance for contractual adjustments, provision for bad debts, and contractual adjustments on accounts for which the third-party payor has not yet paid or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely. For receivables associated with self-pay patients or with balances remaining after the third-party coverage has already paid, the Hospital records a significant provision for bad debts in the period of service on the basis of its historical collections, which indicates that many patients ultimately do not pay the portion of their bill for which they are financially responsible. The difference between the discounted rates and the amounts collected after all reasonable collection efforts have been exhausted is charged off against the allowance for bad debts. The change in the allowance for bad debts was as follows during the years ended June 30:

	2018	2017
Beginning bad debt allowance	\$ 2,266,542	2,132,758
Plus provision for bad debt	571,860	396,879
Less bad debt write-offs	(561,087)	(263,095)
Ending bad debt allowance	\$ 2,277,315	2,266,542

The change in the allowance for bad debts during 2018 is attributable to trends experienced in the collection of the related patient receivables.

As of June 30, 2018 and 2017, the Corporation's bad debt allowance was approximately 24.3% and 26.7%, respectively, as a percentage of patient accounts receivable, net of contractual allowances. The Corporation's provision for bad debts represents 0.9% and 0.7% of net patient service revenue for the years ended June 30, 2018 and 2017, respectively.

(l) Charity Care

The Hospital provides charity care to patients who are unable to pay or who meet certain criteria under its charity care policy. Such patients are identified based on information obtained from the patient and subsequent analysis. Because the Hospital does not expect collection of amounts determined to qualify as charity care, such amounts are not reported as revenue. Costs incurred are estimated based on the cost-to-charge ratio for the hospital and applied to charity care charges. Since the Hospital does not pursue collection of amounts determined to meet the criteria under the charity care policy, such amounts are not reported as net patient service revenue. The amounts reported as charity care represent the cost of rendering such services. The Hospital estimates the total direct and indirect costs to provide charity care were to \$86,541 and \$382,465 in the years ended June 30, 2018 and 2017, respectively.

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(m) Nonoperating Income and Expenses, Net

Other activities that are largely unrelated to the Corporation's primary mission are recorded as nonoperating income and expenses, and include investment income, change in fair value of investments and general donations, and fund-raising activities.

(n) Excess of Revenues over Expenses

The consolidated statement of operations and changes in net assets includes a performance indicator, the excess of revenues over expenses. Changes in unrestricted net assets that are excluded from the excess of revenues over expenses, consistent with industry practice, include the change in unrealized gains on investments (other-than-trading securities), contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets), pension-related changes other than net periodic pension costs and other items which are required by generally accepted accounting principles to be reported separately.

(o) Income Tax Status

The Hospital is a not-for-profit corporation as described under Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Foundation is a not-for-profit corporation formed under the laws of the state of Maryland, organized for charitable purposes and recognized by the Internal Revenue Service as a tax-exempt organization under Section 501(c)(3) of the Code.

The Corporation follows a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. Management does not believe that there are any unrecognized tax benefits that should be recognized.

On December 22, 2017, the President signed into law H.R.1, originally known as the Tax Cuts and Jobs Act. The new law includes several provisions that result in substantial changes to the tax treatment of tax-exempt organizations and their donors, as such the Corporation's effective tax rate was reduced from 35% to 21% during the fiscal year 2018. The Company has reviewed these provisions and the potential impact and has concluded the enactment of H.R.1 will not have a material effect on the operations of the organization

(p) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the promise becomes unconditional. Contributions are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is satisfied, temporarily restricted net assets are reclassified as unrestricted net assets and either reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions for operations as net assets released from restrictions for property and equipment. Donor-restricted contributions for operations whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements. Revenue earned from contributed assets is considered unrestricted unless specifically restricted by the donor.

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

The Corporation follows accounting guidance for classifying the net assets associated with donor-restricted endowment funds held by organizations that are subject to an enacted version of the Uniform Prudent Management Institutional Funds Act of 2006 (UPMIFA).

(g) New Accounting Pronouncements

The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This ASU establishes principles for reporting useful information to users of financial statements about the nature, amount, timing, and uncertainty of revenue and cash flows arising from the entity's contracts with customers. The ASU requires that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. ASU No. 2014-09 is effective for fiscal year 2019. The Corporation expects to record a decrease in net patient service revenue and a corresponding decrease in bad debt expense upon the adoption of the standard. The Corporation adopted ASU No. 2014-09 on July 1, 2018 and as a result, substantially all amounts that were previously presented as provision for bad debts in the Corporation's consolidated statements of operations is considered an implicit price concession resulting in a reduction in patient service revenue net of contractual adjustments. Other than described above, the Corporation is currently finalizing their assessment of the impact on the Corporation's consolidated balance sheets, results of operations or cash flows. However, expanded disclosures will be required.

The FASB issued ASU No. 2016-02, *Leases (Topic 842)*, which will require lessees to recognize most leases on the balance sheet, increasing their reported assets and liabilities – sometimes very significantly. This update was developed to provide financial statement users with more information about an entity's leasing activities, and will require changes in processes and internal controls. The adoption of ASU No. 2016-02 is effective fiscal year 2020, and will require application of the new guidance at the beginning of the earliest comparable period presented. Early adoption is permitted. The Corporation is in the process of assessing the impact the adoption of this standard will have on the consolidated financial statements.

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The FASB issued ASU No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*, to improve the current net asset classification requirements and information presented in financial statements and notes about a not-for-profit entity's liquidity, financial performance, and cash flows. This update requires not-for-profit entities to present two classes of net assets (net assets with donor restrictions and net assets without donor restrictions), rather than the three classes of net assets currently required, and other qualitative information regarding the entity's liquidity, financial performance, and cash flows. The amendments in this update are effective for annual financial statements issued for fiscal years beginning after December 15, 2017 and for interim periods within fiscal years beginning after December 15, 2018. Early adoption is permitted. The Corporation is in the process of assessing the impact the adoption of this standard will have on the consolidated financial statements.

In March 2017, the FASB issued ASU No. 2017-07, *Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*. This guidance amends ASC Topic 715, *Compensation – Retirement Benefits*, to require employers that present a measure of operating income in their statements of operations to include only the service cost component of net periodic pension cost and net periodic postretirement benefit cost in operating expenses (together with other employee compensation costs). The other components of net benefit cost, including amortization of prior service cost/credit and settlement and curtailment effects, are to be included in nonoperating expenses. Employers are required to include all other components of net benefit cost in a separate line item(s). The line item(s) in which the components of net benefit cost other than the service cost are included need to be identified as such on the income statement or in the disclosures. The standard also stipulates that only the service cost component of net benefit cost is eligible for capitalization. This guidance is effective for the Corporation as of July 1, 2019, with early adoption permitted. Early adoption was elected and the impact of the early adoption is presented in note 5.

From time to time, new accounting guidance is issued by the FASB or other standard setting bodies that is adopted by the Corporation as of the effective date or, in some cases where early adoption is permitted, in advance of the effective date. The Corporation has assessed the recently issued guidance that is not yet effective and, unless otherwise indicated above, believes the new guidance will not have a material impact on our consolidated financial position, results of operations, or cash flows.

(r) Going Concern

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

(s) Use of Estimates

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

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(t) Reclassifications

Certain prior year amounts have been reclassified to conform to the 2018 presentation of ASU No. 2017-07, *Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*.

(3) Investments and Assets Limited as to Use

The carrying value of assets limited or restricted as to use is summarized as follows at June 30:

	<u>2018</u>	<u>2017</u>
Cash and cash equivalents	\$ 1,127,067	184,173
Corporate obligations	3,010,153	3,180,968
Foreign bonds	198,456	—
Common stocks	10,669,460	8,969,406
UMMS investment pool	4,000,000	4,000,000
Self insurance trust funds – MMCIP	<u>6,215,305</u>	<u>5,473,595</u>
Total assets limited or restricted as to use	25,220,441	21,808,142
Less amounts available for current liabilities	<u>(92,341)</u>	<u>(97,630)</u>
Total assets limited as to use, less current portion	<u>\$ 25,128,100</u>	<u>21,710,512</u>

Board-designated assets represent assets designated by the Hospital's board of trustees for future capital improvements and expansion. The board retains control of these assets and may, at its discretion, subsequently use them for other purposes. The assets consist primarily of cash and cash equivalents, fixed-income securities, equity instruments, and the Hospital's allocation of the UMMS investment pool.

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

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The composition and carrying value of investments were as follows at June 30:

	<u>2018</u>	<u>2017</u>
Corporate obligations	\$ 732,382	1,348,139
Foreign bonds	48,285	—
Common stocks	2,595,921	3,801,360
UMMS investment pool	<u>31,768,678</u>	<u>28,631,424</u>
	<u>\$ 35,145,266</u>	<u>33,780,923</u>

The composition and carrying value of total cash and investments held in the UMMS investment pool as of June 30 are as follows:

	<u>2018</u>	<u>2017</u>
Cash and cash equivalents	\$ 35,752,037	12,324,206
Corporate bonds	55,661,123	49,349,529
Collateralized corporate obligations	26,880,451	17,163,682
U.S. government and agency securities	29,389,685	22,025,595
Common stocks	206,592,817	193,174,597
Alternative investments	<u>514,973,310</u>	<u>490,822,909</u>
	<u>\$ 869,249,423</u>	<u>784,860,518</u>
Hospital's allocation (investments)	\$ 31,768,678	28,631,424
Hospital's allocation (assets limited as to use)	4,000,000	4,000,000

Investment income and realized and unrealized gains (losses) for investments limited or restricted as to use and other long-term investments are summarized as follows for the years ended June 30:

	<u>2018</u>	<u>2017</u>
Interest and dividend income, net of fees	\$ 345,566	318,209
Net realized gains on investments and assets limited to use	2,632,501	1,849,367
Change in unrealized gains of trading securities	1,229,324	2,380,720
Net unrealized gains on temporarily restricted investments	571,988	972,725
Net unrealized gains on other-than-trading securities	<u>336,315</u>	<u>580,031</u>
	<u>\$ 5,115,694</u>	<u>6,101,052</u>

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Total investment return is classified in the consolidated statements of operations and changes in net assets, for the years ended June 30, as follows:

	2018	2017
Nonoperating investment income	\$ 1,684,711	1,446,384
Investment income on restricted net assets	1,293,356	721,192
Net realized gains on restricted net assets	571,988	972,725
Change in unrealized gains of trading securities	1,229,324	2,380,720
Net unrealized gains on other-than-trading securities	336,315	580,031
	\$ 5,115,694	6,101,052

The following table presents assets and liabilities that are measured at fair value on a recurring basis, excluding alternative investments in the amount of \$18,767,337 for investments and \$2,369,738 for assets limited as to use, which are accounted for under the equity method, as of June 30, 2018:

	Level I	Level II	Level III	Total
Investments:				
Corporate obligations	\$ 732,382	—	—	732,382
Common stocks	2,595,921	—	—	2,595,921
Foreign bonds	—	48,285	—	48,285
UMMS investment pool	10,626,226	2,375,115	—	13,001,341
Subtotal	13,954,529	2,423,400	—	16,377,929
Assets limited as to use:				
Cash and cash equivalents	1,127,067	—	—	1,127,067
Corporate obligations	3,010,153	—	—	3,010,153
Common stocks	10,669,460	—	—	10,669,460
Foreign bonds	—	198,456	—	198,456
UMMS investment pool	1,332,442	297,820	—	1,630,262
Self insurance trust funds – MMCIP	—	6,215,305	—	6,215,305
Subtotal	16,139,122	6,711,581	—	22,850,703
	\$ 30,093,651	9,134,981	—	39,228,632

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The following table presents assets and liabilities that are measured at fair value on a recurring basis, excluding alternative investments in the amount of \$17,937,996 for investments and \$2,501,453 for assets limited as to use, which are accounted for under the equity method, as of June 30, 2017:

	<u>Level I</u>	<u>Level II</u>	<u>Level III</u>	<u>Total</u>
Investments:				
Corporate obligations	\$ 1,348,139	—	—	1,348,139
Common stocks	3,801,360	—	—	3,801,360
UMMS investment pool	9,028,074	1,665,354	—	10,693,428
Subtotal	<u>14,177,573</u>	<u>1,665,354</u>	<u>—</u>	<u>15,842,927</u>
Assets limited as to use:				
Cash and cash equivalents	184,175	—	—	184,175
Corporate obligations	3,181,229	—	—	3,181,229
Common stocks	8,969,143	—	—	8,969,143
UMMS investment pool	1,265,169	233,378	—	1,498,547
Self insurance trust funds – MMICIP	—	5,473,595	—	5,473,595
Subtotal	<u>13,599,716</u>	<u>5,706,973</u>	<u>—</u>	<u>19,306,689</u>
	<u>\$ 27,777,289</u>	<u>7,372,327</u>	<u>—</u>	<u>35,149,616</u>

(4) Property and Equipment

A summary of property and equipment and related accumulated depreciation is as follows at June 30:

	<u>2018</u>	<u>2017</u>
Land and land improvements	\$ 1,587,397	1,413,434
Buildings and fixed equipment	55,776,837	51,358,893
Leasehold improvements	842,497	832,288
Major moveable equipment	13,747,661	13,522,151
Minor equipment	6,551,383	6,176,324
Construction in progress	1,631,331	2,412,456
	80,137,106	75,715,546
Less accumulated depreciation	<u>(45,039,491)</u>	<u>(41,361,455)</u>
Property and equipment, net	<u>\$ 35,097,615</u>	<u>34,354,091</u>

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

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The Hospital entered into a construction contract for the expansion and renovation of its hospital building. The Hospital had unspent commitments under the construction contract of approximately \$40,542 as of June 30, 2018.

(5) Retirement Plans

Employees of the Corporation became eligible to participate in the Baltimore Washington Medical System, Inc.'s (BWMS) noncontributory defined benefit pension plan (the Plan) effective July 1, 1997. In connection with BWMS' sale of 50% interest in the Hospital, this Plan was amended effective July 1, 2006 to become a multiple employer plan whereby the assets and liabilities of this Plan related to the Corporation's participants have been transferred to the Corporation. The Plan covers employees who have completed one year of eligibility service and have reached 21 years of age.

On June 30, 2015 the Baltimore Washington Medical Center Pension Plan was amended to merge two other pension plans into the Baltimore Washington Medical Center Pension Plan and to change the name of the newly consolidated plan to the University of Maryland Medical System Corporate Pension Plan (the Corporate Plan). All provisions of the respective previous plans shall continue to apply to the respective applicable participants. In addition, as of June 30, 2015 all of the assets of the three formerly separate plans that were previously available only to pay benefits for their separate plan participants are now available to pay benefits for all participants under the newly consolidated Corporate Plan.

Under the Plan, upon normal retirement, participants shall be eligible to receive benefits based on the value of their vested accrued benefit. Vested accrued benefits are calculated as the sum of: (a) the present value of a participant's accrued benefit under the previous plan as of June 30, 1989, plus (b) a percentage (3.0% for less than 15 years, 4.0% for years 15 to 19, 5.6% for years 20 to 24, and 7.2% for 25 years and higher) of the participant's annual compensation and compensation in excess of the Social Security Wage Base, as defined, plus (c) annual interest credited at a rate equal to the average yield of six-month U.S. Treasury Bills at the beginning of the plan year.

Vesting begins after three years of participation in the Plan. The funding policy is to make annual contributions to the Plan in amounts sufficient to satisfy the funding standards of the Employee Retirement Income Security Act of 1974. Pension expense for the defined benefit pension plan was approximately \$647,000 and \$662,000 for the years ended June 30, 2018 and 2017, respectively.

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

	<u>2018</u>	<u>2017</u>
Change in projected benefit obligations:		
Benefit obligations at beginning of year	\$ 9,721,683	9,257,854
Settlements	(325,123)	—
Service cost	658,042	623,537
Interest cost	382,183	356,458
Actuarial loss (gain)	(168,746)	(268,229)
Benefits paid	<u>(5,280)</u>	<u>(247,937)</u>
Projected benefit obligations at end of year	\$ <u>10,262,759</u>	<u>9,721,683</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	\$ 8,980,495	7,769,752
Actual return on plan assets	459,399	658,680
Settlements	(325,123)	—
Employer contributions	800,000	800,000
Benefits paid	<u>(5,280)</u>	<u>(247,937)</u>
Fair value of plan assets at end of year	\$ <u>9,909,491</u>	<u>8,980,495</u>
Accumulated benefit obligation at end of year	\$ 9,834,316	9,313,824

The funded status of the Plan and amounts recognized as other long-term liabilities in the consolidated balance sheets at June 30 are as follows:

	<u>2018</u>	<u>2017</u>
Funded status, end of period:		
Fair value of plan assets	\$ 9,909,491	8,980,495
Projected benefit obligations	<u>10,262,759</u>	<u>9,721,683</u>
Funded status	\$ <u>(353,268)</u>	<u>(741,188)</u>
Amounts recognized in unrestricted net assets as of June 30:		
Net actuarial loss	\$ (1,976,896)	(2,207,010)
Unamortized prior service cost	<u>(11,789)</u>	<u>(16,536)</u>
	\$ <u>(1,988,685)</u>	<u>(2,223,546)</u>

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The estimated amounts that will be amortized from unrestricted net assets into net periodic pension cost in fiscal 2019 are as follows:

Net actuarial loss	\$	138,882
Prior service cost		<u>2,242</u>
	\$	<u><u>141,124</u></u>

The components of net periodic pension cost for the years ended June 30 are as follows:

	<u>2018</u>	<u>2017</u>
Service cost	\$ 658,042	623,537
Interest cost	382,183	356,458
Expected return on plan assets	(614,276)	(541,316)
Amortization of prior service cost	2,442	2,641
Amortization of net actuarial loss	<u>218,550</u>	<u>220,521</u>
	<u>\$ 646,941</u>	<u>661,841</u>

As described in 2(q) the Corporation adopted ASU 2017-07 as of July 1, 2017. As a result of the adoption of this ASU, the components of net benefit cost other than the service cost of \$658,042 were recorded in other nonoperating losses, net in the consolidated statements of operations and changes in net assets for the year ended June 30, 2018. Service cost is included as a component of fringe benefits, which is recorded as salaries, wages, and benefits in the accompanying consolidated statements of operations and changes in net assets. The Corporation elected to use the practical expedient as of July 1, 2016. This election resulted in a decrease in operating expenses and increase in other nonoperating losses, net of \$38,304 in the consolidated statements of operations and changes in net assets for the year ended June 30, 2017.

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

The following table presents the weighted average assumptions used to determine benefit obligations for the Plan at June 30:

	<u>2018</u>	<u>2017</u>
Discount rate	4.39 %	4.10 %
Rate of compensation increase	3.00	3.00

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The following table presents the weighted average assumptions used to determine net periodic benefit cost for the Plan for the years ended June 30:

	<u>2018</u>	<u>2017</u>
Discount rate	4.1/3.85%	3.95 %
Expected long-term return on plan assets	6.50	6.75
Rate of compensation increase	3.00	4.00

All of the Plan's assets are held in the UMMS Master Pension Trust (the Master Trust), which was established during the year ended June 30, 2012 for the investment assets of multiple-sponsored retirement plans. Each participating plan has an undivided interest in the Master Trust. The Plan's percentage interest in the net assets of the Master Trust was approximately 6% at June 30, 2018 and 2017. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on this percentage.

The fair values of total cash and investments held in the Master Trust are as follows as of June 30:

	<u>2018</u>	<u>2017</u>
Cash and cash equivalents	\$ 3,165,125	7,401,393
Common and preferred stocks	10,751,942	11,649,868
Equity mutual funds	18,351,267	21,188,066
Fixed-income mutual funds	12,081,870	10,967,253
Other mutual funds	12,720,183	13,835,903
Alternative investments	<u>102,453,322</u>	<u>94,325,690</u>
Total Master Trust cash and investments	<u>\$ 159,523,709</u>	<u>159,368,173</u>
Plan's interest in Master Trust	\$ 9,909,491	8,980,495

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

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

<u>Asset category</u>	<u>Target allocation</u>	<u>Percentage of plan assets as of June 30</u>	
		<u>2018</u>	<u>2017</u>
Cash and cash equivalents	0–10%	2 %	5 %
Equity securities	30–50%	23	32
Fixed-income securities	25–45%	38	26
Global asset allocation	10–20%	27	27
Hedge funds	5–15%	10	10
		<u>100 %</u>	<u>100 %</u>

Equity and fixed-income securities include investments in hedge fund of funds that are categorized in accordance with the fund's respective investment holdings.

The table below presents the Master Trust's and the Plan's allocated share of investments as of June 30, 2018 aggregated by the fair value hierarchies as described in note 4:

	<u>Level I</u>	<u>Level II</u>	<u>Level III</u>	<u>Investments Reported at NAV*</u>	<u>Total</u>
Cash and cash equivalents	\$ (7,137)	3,172,261	—	—	3,165,124
Common and preferred stocks	10,751,942	—	—	—	10,751,942
Equity mutual funds	18,351,267	—	—	—	18,351,267
Fixed-income mutual funds	12,081,870	—	—	—	12,081,870
Other mutual funds	12,720,183	—	—	—	12,720,183
Alternative investments	19,054,137	28,951,412	—	54,447,773	102,453,322
	<u>\$ 72,952,262</u>	<u>32,123,673</u>	<u>—</u>	<u>54,447,773</u>	<u>159,523,708</u>
The Plan's allocation	\$ 4,532,922	1,995,059	—	3,381,510	9,909,491

* Fund investments reported at NAV as practical expedient estimate

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The table below presents the Master Trust's and the Plan's allocated share of investments as of June 30, 2017 aggregated by the fair value hierarchies as described in note 4:

	<u>Level I</u>	<u>Level II</u>	<u>Level III</u>	<u>Investments Reported at NAV*</u>	<u>Total</u>
Cash and cash equivalents	\$ 1,793,804	5,607,589	—	—	7,401,393
Common and preferred stocks	11,649,868	—	—	—	11,649,868
Equity mutual funds	21,188,066	—	—	—	21,188,066
Fixed-income mutual funds	10,967,253	—	—	—	10,967,253
Other mutual funds	13,835,903	—	—	—	13,835,903
Alternative investments	19,328,729	30,128,725	—	44,868,236	94,325,690
	<u>\$ 78,763,623</u>	<u>35,736,314</u>	<u>—</u>	<u>44,868,236</u>	<u>159,368,173</u>
The Plan's allocation	\$ 4,438,107	2,013,640	—	2,528,748	8,980,495

* Fund investments reported at NAV as practical expedient estimate

Alternative investments include hedge funds and commingled investment funds. The majority of these alternative investments held as of June 30, 2018 are subject to notice requirements of 30 days or less and are available to be redeemed on at least a monthly basis. There are funds, totaling \$14,400,000, which are subject to notice requirements of 30-60 days and are available to be redeemed on a monthly or quarterly basis. Funds totaling \$13,400,000 are subject to notice requirements of 90 days and can be redeemed monthly or quarterly. Of these funds, one fund totaling \$1,200,000 is subject to a lock-up restriction of three years. In addition, one fund totaling \$800,000 is subject to lockup restrictions and is not available to be redeemed until certain time restrictions are met, which range from one to three years. The Corporation had no unfunded commitments as of June 30, 2018.

The majority of these alternative investments held as of June 30, 2017 are subject to notice requirements of 30 days or less and are available to be redeemed on at least a monthly basis. There are funds, totaling \$6,500,000, which are subject to notice requirements of 30-60 days and are available to be redeemed on a monthly or quarterly basis. Funds totaling \$5,000,000 are subject to notice requirements of 90 days and can be redeemed monthly or quarterly. Of these funds, one fund totaling \$1,200,000 is subject to a lock-up restriction of three years. The Corporation had no unfunded commitments as of June 30, 2017.

The Corporation expects to contribute approximately \$800,000 to its defined benefit pension plans for the fiscal year ended June 30, 2019.

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

2019	\$	712,989
2020		743,154
2021		682,840
2022		685,648
2023		739,596
2024–2027		4,027,358

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at June 30, 2018.

The Corporation also has a 403(b) retirement plan (Retirement Plan) covering substantially all employees. Employees are immediately eligible for elective deferrals of compensation as contributions to the Retirement Plan. The Retirement Plan currently has a discretionary provision for employer matching contributions.

(6) Leases

The Corporation rents office and clinical space from Prince George's County Hospital and administrative space from an unrelated third party. Total rent expense for the years ended June 30, 2018 and 2017 was \$227,316 and \$83,116, respectively. The Prince George's County lease is for a period of one year, with additional one year renewal options for an unidentified period of time, and therefore, there are no future obligations on the lease. The initial term for the administrative space is 5 years, with additional one year renewal options for an unidentified period of time.

Future noncancelable minimum lease payments under operating leases are as follows for the years ending June 30 (in thousands)

2019	\$	49,516
2020		51,001
2021		52,331
2022		54,107
2023		46,211
		46,211
	\$	253,166

(7) Functional Expenses

The Corporation considers healthcare services and management and general to be its primary functional categories for purposes of expense classification. Depreciation and interest costs are allocated ratably to

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each classification. The Hospital's operating expenses by functional classification for the years ended June 30 is as follows:

	2018	2017
Healthcare services	\$ 49,903,869	46,881,185
Management and general	8,806,565	8,273,151
	\$ 58,710,434	55,154,336

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

Most of the Hospital's revenues are subject to review and approval by the Maryland Health Services Cost Review Commission (HSCRC). Hospital management has filed the required forms with the HSCRC and believes the Hospital to be in compliance with the HSCRC's requirements.

The current rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on an agreement between the Center for Medicare and Medicaid Services (CMS) and the HSCRC. This agreement is based upon a waiver from Medicare reimbursement principles under Section 1814(b) of the Social Security Act and will continue as long as certain conditions are met. Management believes that this program will remain in effect at least through June 30, 2019.

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

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

(9) Long-Term Debt

Long-term debt, including current maturities of Maryland Health and Higher Education Facilities Authority Series D Revenue Bonds, totaled \$4,663,692 and \$5,003,561 at June 30, 2018 and 2017, respectively. The bonds were issued on November 1, 2007, interest payable monthly at a variable rate payable in fiscal years 2010 through 2029. Interest rates during fiscal year 2018 ranged from 0.8% to 1.90%.

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The annual future maturities of long-term debt according to the original terms of the Loan Agreement are as follows for the years ending June 30:

2019	\$	360,000
2020		375,000
2021		400,000
2022		410,000
2023		425,000
Thereafter		<u>2,745,000</u>
Total debt		4,715,000
Unamortized deferred financing costs		<u>(51,308)</u>
	\$	<u><u>4,663,692</u></u>

The Corporation's Series D Revenue Bonds are variable rate demand bonds requiring remarketing agents to purchase and remarket any bonds tendered before the stated maturity date. To provide liquidity support for the timely payment of any bonds that are not successfully remarketed, the Corporation has entered into a Security Agreement and obtained an irrevocable letter of credit for \$7,668,740. If the bonds are not successfully remarketed, the Corporation is required to pay an interest rate specified in the letter of credit agreement, and the principal repayment of bonds may be accelerated, at the sole discretion of the bank, to require full repayment of the outstanding balance on the mandatory prepayment date, which is on or after February 28, 2019, as defined in the Amendment to Loan Agreement. The Corporation has reflected the current portion of its long-term debt that is subject to these remarketing arrangements as a component of current liabilities. As of June 30, 2018, the Corporation did not have any amounts outstanding on the letter of credit.

For the year ended June 30, 2018, \$4,715,000 represents the approximate required repayment terms of the Corporation's debt obligations in the event that the put options associated with variable rate demand bonds subject to the remarketing agreement were exercised, but the related bonds were not successfully remarketed.

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

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(10) Insurance

(a) Professional Liability Insurance

In connection with the affiliation agreement with UMMS and effective July 1, 2006, the Corporation became self-insured with respect to professional and general liability through its participation in the Maryland Medicine Comprehensive Insurance Program Self Insurance Trust (the Trust). The Corporation is self-insured for claims up to the limits of \$1,000,000 on individual claims and \$3,000,000 in the aggregate on an annual basis. For amounts in excess of these limits, the risk of loss has been transferred to the Terrapin Insurance Company (Terrapin), an unconsolidated joint venture of UMMS. For the year ended June 30, 2018, Terrapin provided insurance for claims related to UMMS and the Corporation for claims in excess of \$1,000,000 on individual claims and \$3,000,000 in the aggregate up to \$150,000,000 individually and \$150,000,000 in the aggregate under modified claims made policies between the aforementioned entities and Terrapin. For claims in excess of Terrapin's coverage limits, if any, the Corporation retains the risk of loss.

The Corporation provides for and funds the present value of the costs for professional and general liability claims and insurance coverage related to the projected liability from asserted and unasserted incidents, which the Corporation believes may ultimately result in a loss. These accrued malpractice losses are discounted using a discount rate of 2.5%. In management's opinion, these accruals provide an adequate and appropriate loss reserve. Malpractice liabilities include \$1,376,586 and \$1,132,459 as of June 30, 2018 and 2017, respectively, for which related reinsurance receivables have been recorded within other assets.

The Corporation may become involved in claims and litigation on malpractice matters that arise in the normal course of business, none of which, in the opinion of management, is expected to result in losses in excess of insurance limits or have a materially adverse effect on the Corporation's financial position.

Total malpractice insurance expense for the Corporation in 2018 and 2017 was \$491,902 and \$364,417, respectively.

(b) Workers' Compensation

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

(c) Health Insurance

The Corporation maintains a self-insurance plan for employee health insurance. The Corporation has accrued \$499,000 as of both June 30, 2018 and 2017, for estimated claims incurred but not reported, which are included in accrued payroll benefits.

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(11) Business and Credit Concentrations

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

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

Gross receivables from patients and third-party payors consisted of the following at June 30:

	<u>2018</u>	<u>2017</u>
Medicaid	67 %	76 %
Blue Cross	14	11
Commercial insurance and HMO	13	10
Self-pay and others	6	3
	<u>100 %</u>	<u>100 %</u>

Gross patient service revenue, by payor class, consisted of the following at June 30:

	<u>2018</u>	<u>2017</u>
Medicaid	76 %	73 %
Blue Cross	13	14
Commercial insurance and HMO	10	11
Self-pay and others	1	2
	<u>100 %</u>	<u>100 %</u>

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(12) Endowment

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

(a) Interpretation of Relevant Law

The board of trustees has interpreted UPMIFA as requiring that donor-restricted endowment funds be managed with the long-term objective of at least maintaining the real value (after inflation) of the funds. The Corporation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the directions of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the board of trustees in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

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

Endowment net assets consist of the following as of June 30, 2018:

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Total endowed net assets \$	—	13,264,717	825,171	14,089,888

Endowment net assets consist of the following as of June 30, 2017:

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Total endowed net assets \$	—	11,401,761	825,171	12,226,932

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(b) Funds with Deficiencies

From time to time, the fair value of assets associated with an individual donor-restricted endowment fund may fall below the original value of the fund. As of June 30, 2018, there have been no deficiencies of this nature. Subsequent gains that restore the fair value of the assets of the endowment fund to the required level will be classified as an increase in unrestricted net assets, as appropriate.

(c) Return Objectives and Risk Parameters

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

(13) Temporarily and Permanently Restricted Net Assets

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

Temporarily and permanently restricted net assets consisted of the following at June 30:

	<u>2018</u>	<u>2017</u>
Temporarily restricted net assets:		
Funds to be used for programs and capital projects	\$ 1,903,638	1,121,785
Callaway Fund	26,383	26,383
Endowment funds to be used for renovations	3,516,592	3,023,089
Endowment funds, other	<u>9,748,125</u>	<u>8,378,672</u>
Total	<u>\$ 15,194,738</u>	<u>12,549,929</u>
Permanently restricted net assets:		
Eliasberg Fund	\$ 5,000	5,000
White Fund	150,576	150,576
Williams Fund	86,829	86,829
Redman Fund	<u>582,766</u>	<u>582,766</u>
Total	<u>\$ 825,171</u>	<u>825,171</u>

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(14) Certain Significant Risks and Uncertainties

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

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

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

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

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

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

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

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The general healthcare industry environment is increasingly uncertain, especially with respect to the impact of Federal healthcare reform legislation, which was passed in 2010 and largely upheld by the U.S. Supreme Court in June 2012. Potential impacts of ongoing healthcare industry transformation include, but are not limited to (1) significant capital investments in healthcare information technology, (2) continuing volatility in the state and federal government reimbursement programs, (3) lack of clarity related to the health benefit exchange framework mandated by reform legislation, including important open questions regarding exchange reimbursement levels, and impact on the healthcare "demand curve" as the previously uninsured enter the insurance system, and (4) effective management of multiple major regulatory mandates, including the transition to ICD-10.

(15) Subsequent Events

The Corporation evaluated all events and transaction that occurred after June 30, 2018 and through October 26, 2018. The Corporation did not have any material recognizable subsequent events during the period.

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Consolidating Balance Sheet Information

June 30, 2018

Assets	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Elimination entries	Consolidated total
Current assets:					
Cash and cash equivalents	\$ 17,449,666	4,305,350	82,469	—	21,837,485
Current portion of assets limited as to use	92,341	—	—	—	92,341
Patient accounts receivable, less allowance for doubtful accounts of \$2,277,315	7,100,125	—	—	—	7,100,125
Other accounts receivable	1,387,144	—	28,375	—	1,415,519
Inventories of supplies	170,900	—	—	—	170,900
Prepaid expenses and other current assets	216,783	49,049	—	—	265,832
Total current assets	26,416,959	4,354,399	110,844	—	30,882,202
Investments	31,768,678	3,376,588	—	—	35,145,266
Assets limited as to use, less current portion:					
Board-designated funds	4,011,089	—	—	—	4,011,089
Eliasberg Construction Fund	—	1,249,449	—	—	1,249,449
Funds restricted by donor	1,115,978	12,628,620	—	—	13,744,598
Self-insurance trust funds	6,122,964	—	—	—	6,122,964
	11,250,031	13,878,069	—	—	25,128,100
Property and equipment, net	35,097,615	—	—	—	35,097,615
Economic interest in net assets of the Foundation	21,433,730	—	—	(21,433,730)	—
Other assets	1,376,586	—	—	—	1,376,586
Total assets	\$ 127,343,599	21,609,056	110,844	(21,433,730)	127,629,769
Liabilities and Net Assets					
Current liabilities:					
Current portion of long-term debt	\$ 354,930	—	—	—	354,930
Trade accounts payable	4,331,972	175,326	—	—	4,507,298
Accrued payroll benefits	4,710,922	—	—	—	4,710,922
Advances from third-party payors	3,574,033	—	—	—	3,574,033
Current portion of malpractice liabilities	92,341	—	—	—	92,341
Due to affiliates	332,013	—	76,843	—	408,856
Long-term debt subject to short-term remarketing arrangements	4,308,762	—	—	—	4,308,762
Total current liabilities	17,704,973	175,326	76,843	—	17,957,142
Malpractice liabilities	2,300,000	—	—	—	2,300,000
Accrued pension obligations	353,268	—	—	—	353,268
Total liabilities	20,358,241	175,326	76,843	—	20,610,410
Net assets:					
Unrestricted	90,965,449	7,317,459	34,001	(7,317,459)	90,999,450
Temporarily restricted	15,194,738	13,291,100	—	(13,291,100)	15,194,738
Permanently restricted	825,171	825,171	—	(825,171)	825,171
Total net assets	106,985,358	21,433,730	34,001	(21,433,730)	107,019,359
Total liabilities and net assets	\$ 127,343,599	21,609,056	110,844	(21,433,730)	127,629,769

See accompanying independent auditors' report.

**MT. WASHINGTON PEDIATRIC HOSPITAL, INC.
AND SUBSIDIARIES**

Consolidating Balance Sheet Information

June 30, 2017

Assets	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Elimination entries	Consolidated total
Current assets:					
Cash and cash equivalents	\$ 17,203,576	1,826,996	6,868	—	19,037,440
Current portion of assets limited as to use	97,630	—	—	—	97,630
Patient accounts receivable, less allowance for doubtful accounts of \$2,266,542	6,227,829	—	—	—	6,227,829
Other accounts receivable	1,417,588	—	8,650	—	1,426,238
Inventories of supplies	130,649	—	—	—	130,649
Prepaid expenses and other current assets	9,500	40,773	—	—	50,273
Total current assets	25,086,772	1,867,769	15,518	—	26,970,059
Investments	28,631,424	5,149,499	—	—	33,780,923
Assets limited as to use, less current portion:					
Board-designated funds	4,006,089	—	—	—	4,006,089
Eliasberg Construction Fund	—	1,249,449	—	—	1,249,449
Funds restricted by donor	178,084	10,900,925	—	—	11,079,009
Self-insurance trust funds	5,375,965	—	—	—	5,375,965
	9,560,138	12,150,374	—	—	21,710,512
Property and equipment, net	34,354,091	—	—	—	34,354,091
Economic interest in net assets of the Foundation	19,027,369	—	—	(19,027,369)	—
Other assets	1,132,459	—	—	—	1,132,459
Total assets	\$ 117,792,253	19,167,642	15,518	(19,027,369)	117,948,044
Liabilities and Net Assets					
Current liabilities:					
Current portion of long-term debt	\$ 339,930	—	—	—	339,930
Trade accounts payable	4,826,396	140,273	—	—	4,966,669
Accrued payroll benefits	3,986,457	—	—	—	3,986,457
Advances from third-party payors	3,826,482	—	—	—	3,826,482
Current portion of malpractice liabilities	97,630	—	—	—	97,630
Due to affiliates	700,324	—	3,860	—	704,184
Total current liabilities	13,777,219	140,273	3,860	—	13,921,352
Malpractice liabilities	2,011,131	—	—	—	2,011,131
Accrued pension obligations	741,188	—	—	—	741,188
Long-term debt, less current portion	4,663,631	—	—	—	4,663,631
Total liabilities	21,193,169	140,273	3,860	—	21,337,302
Net assets:					
Unrestricted	83,223,984	6,776,442	11,658	(6,776,442)	83,235,642
Temporarily restricted	12,549,929	11,425,756	—	(11,425,756)	12,549,929
Permanently restricted	825,171	825,171	—	(825,171)	825,171
Total net assets	96,599,084	19,027,369	11,658	(19,027,369)	96,610,742
Total liabilities and net assets	\$ 117,792,253	19,167,642	15,518	(19,027,369)	117,948,044

See accompanying independent auditors' report.

**MT. WASHINGTON PEDIATRIC HOSPITAL, INC.
AND SUBSIDIARIES**

Consolidating Statement of Operations and Changes in Net Assets Information
Year ended June 30, 2018

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Elimination entries	Consolidated total
Unrestricted revenue, gains, and other support:					
Patient service revenue (net of contractual adjustments)	\$ 62,478,657	—	103,341	—	62,581,998
Provision for bad debts	(571,860)	—	—	—	(571,860)
Net patient service revenue	61,906,797	—	103,341	—	62,010,138
Other revenue	980,540	—	—	(648,862)	331,678
Total unrestricted revenue, gains, and other support	62,887,337	—	103,341	(648,862)	62,341,816
Operating expenses:					
Salaries, wages, and benefits	40,084,274	—	58,951	—	40,143,225
Purchased services	14,745,860	—	22,047	—	14,767,907
Interest expense	121,266	—	—	—	121,266
Depreciation	3,678,036	—	—	—	3,678,036
Total operating expenses	58,629,436	—	80,998	—	58,710,434
Operating income	4,257,901	—	22,343	(648,862)	3,631,382
Nonoperating income and expenses, net:					
Contributions	570,721	65,393	—	—	636,114
Investment income	896,540	788,171	—	—	1,684,711
Change in unrealized gains of trading securities	1,229,324	—	—	—	1,229,324
Other income and expenses, net	11,101	—	—	—	11,101
Support from Mt. Washington Pediatric Foundation, Inc.	—	(648,862)	—	648,862	—
Total nonoperating income and expense	2,707,686	204,702	—	648,862	3,561,250
Excess of revenues over expenses	6,965,587	204,702	22,343	—	7,192,632
Net unrealized losses on other-than-trading securities	—	336,315	—	—	336,315
Change in funded status of defined benefit plan	234,861	—	—	—	234,861
Change in economic interest in the Foundation	541,017	—	—	(541,017)	—
Increase in unrestricted net assets	7,741,465	541,017	22,343	(541,017)	7,763,808
Changes in temporarily restricted net assets:					
Contributions	1,428,327	—	—	(648,862)	779,465
Investment income, net	—	1,293,356	—	—	1,293,356
Net unrealized losses on temporarily restricted investments	—	571,988	—	—	571,988
Change in economic interest in the Foundation	1,865,344	—	—	(1,865,344)	—
Net assets released from restrictions used for operations	(648,862)	—	—	648,862	—
Increase in temporarily restricted net assets	2,644,809	1,865,344	—	(1,865,344)	2,644,809
Total increase in net assets	10,386,274	2,406,361	22,343	(2,406,361)	10,408,617
Net assets, beginning of year	96,599,084	19,027,369	11,658	(19,027,369)	96,610,742
Net assets, end of year	\$ 106,985,358	21,433,730	34,001	(21,433,730)	107,019,359

See accompanying independent auditors' report.

**MT. WASHINGTON PEDIATRIC HOSPITAL, INC.
AND SUBSIDIARIES**

Consolidating Statement of Operations and Changes in Net Assets Information
Year ended June 30, 2017

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Elimination entries	Consolidated total
Unrestricted revenue, gains, and other support:					
Patient service revenue (net of contractual adjustments)	\$ 57,879,524	—	13,550	—	57,893,074
Provision for bad debts	(396,879)	—	—	—	(396,879)
Net patient service revenue	57,482,645	—	13,550	—	57,496,195
Other revenue	774,940	—	—	(256,517)	518,423
Total unrestricted revenue, gains, and other support	58,257,585	—	13,550	(256,517)	58,014,618
Operating expenses:					
Salaries, wages, and benefits	37,527,852	—	2,956	—	37,530,808
Purchased services	14,292,647	—	1,407	—	14,294,054
Interest expense	105,103	—	—	—	105,103
Depreciation	3,224,371	—	—	—	3,224,371
Total operating expenses	55,149,973	—	4,363	—	55,154,336
Operating income	3,107,612	—	9,187	(256,517)	2,860,282
Nonoperating income and expenses, net:					
Contributions	747,608	9,726	—	—	757,334
Investment income	987,493	458,891	—	—	1,446,384
Change in unrealized gains of trading securities	2,380,720	—	—	—	2,380,720
Other income and expenses, net	(38,304)	—	—	—	(38,304)
Support from Mt. Washington Pediatric Foundation, Inc.	—	(442,117)	—	442,117	—
Total nonoperating income and expense	4,077,517	26,500	—	442,117	4,546,134
Excess of revenues over expenses	7,185,129	26,500	9,187	185,600	7,406,416
Net unrealized losses on other-than-trading securities	—	580,031	—	—	580,031
Net assets released from restrictions used for the purchase of property and equipment upon donor request	185,600	—	—	(185,600)	—
Change in funded status of defined benefit plan	608,755	—	—	—	608,755
Change in economic interest in the Foundation	606,531	—	—	(606,531)	—
Increase in unrestricted net assets	8,586,015	606,531	9,187	(606,531)	8,595,202
Changes in temporarily restricted net assets:					
Contributions	1,587,392	—	—	(442,117)	1,145,275
Investment income, net	—	721,192	—	—	721,192
Net unrealized losses on temporarily restricted investments	—	972,725	—	—	972,725
Change in economic interest in the Foundation	1,693,917	—	—	(1,693,917)	—
Net assets released from restrictions used for the purchase of property and equipment	(185,600)	—	—	185,600	—
Net assets released from restrictions used for operations	(564,509)	—	—	256,517	(307,992)
Increase in temporarily restricted net assets	2,531,200	1,693,917	—	(1,693,917)	2,531,200
Total increase in net assets	11,117,215	2,300,448	9,187	(2,300,448)	11,126,402
Net assets, beginning of year	85,481,869	16,726,921	2,471	(16,726,921)	85,484,340
Net assets, end of year	\$ 96,599,084	19,027,369	11,658	(19,027,369)	96,610,742

See accompanying independent auditors' report.