

Form **8453-EO**

# Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2018, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

# 2018

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

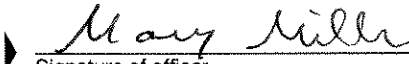
1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	70,184,721
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	

## Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

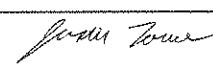
Sign Here  7/1/20 CFO  
 Signature of officer Date Title

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

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

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

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	PTIN	
	JUSTIN LOWE		06/30/20		P01866796	
	Firm's name	ERNST & YOUNG U.S. LLP			Firm's EIN	34-6565596
	Firm's address	1101 NEW YORK AVE NW, WASHINGTON, DC 20005			Phone no.	(202) 327-6000

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

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

**C** Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1708 W. ROGERS AVENUE  
 City or town, state or province, country, and ZIP or foreign postal code  
BALTIMORE, MD 21209

**D** Employer identification number  
52-0591483

**E** Telephone number  
(410) 578-8600

**F** Name and address of principal officer: SHELDON STEIN  
SAME AS C ABOVE

**G** Gross receipts \$ 89,888,694

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ WWW.MWPH.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: 1926 **M** State of legal domicile: MD

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>MT. WASHINGTON PEDIATRIC HOSPITAL IS DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE OF THE CHILDREN WE SERVE.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>766</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>114</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <u>2,020,720</u>	Current Year <u>3,798,981</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>62,581,997</u>	<u>65,043,710</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>897,489</u>	<u>958,391</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>308,916</u>	<u>383,639</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>65,809,122</u>	<u>70,184,721</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>40,132,124</u>	<u>41,785,844</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>19,139,028</u>	<u>20,678,900</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>59,271,152</u>	<u>62,464,744</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>6,537,970</u>	<u>7,719,977</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <u>127,505,752</u>	End of Year <u>138,097,471</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>20,486,393</u>	<u>21,722,355</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>107,019,359</u>	<u>116,375,116</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title MARY MILLER, CFO

**Paid Preparer Use Only**

Print/Type preparer's name JUSTIN LOWE Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN P01866796

Firm's name ▶ ERNST & YOUNG U.S. LLP Firm's EIN ▶ 34-6565596

Firm's address ▶ 1101 NEW YORK AVE NW, WASHINGTON, DC 20005 Phone no. (202) 327-6000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2018)

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:  
MT. WASHINGTON PEDIATRIC HOSPITAL IS DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE OF THE CHILDREN WE SERVE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 54,254,311 including grants of \$ 0 ) (Revenue \$ 65,277,134 )  
MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 21,567 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 51,891 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. 80% OF PATIENTS RECEIVED MEDICAL ASSISTANCE.

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

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

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

**4e** Total program service expenses ▶ 54,254,311

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	✓
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	✓
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	✓
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	87
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 766		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
<b>b</b>	If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		✓

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 11		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 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

**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) BERYL ROSENSTEIN, MD CHAIRPERSON	1.0 0.0	✓		✓				0	0	0
(2) GERALD L WOLLMAN VICE CHAIRPERSON (ENDED 06/19)	1.0 0.0	✓		✓				0	0	0
(3) EDWARD CHAMBERS TRUSTEE	1.0 0.0	✓						0	0	0
(4) TINA CHENG, MD TRUSTEE	1.0 0.0	✓						0	0	0
(5) ROBERT A CHRENCIK TRUSTEE (ENDED 04/19)	1.0 0.0	✓						0	0	0
(6) MATTHEW COHEN TRUSTEE	1.0 1.0	✓						0	0	0
(7) S. TRACY COSTER TRUSTEE	1.0 0.0	✓						0	0	0
(8) STEVEN CZINN, MD TRUSTEE	1.0 0.0	✓						0	0	0
(9) DAVID HACKMAN, MD TRUSTEE	1.0 0.0	✓						0	0	0
(10) JOHN KELLY TRUSTEE	1.0 0.0	✓						0	0	0
(11) LAWRENCE PAKULA, MD TRUSTEE	1.0 0.0	✓						0	0	0
(12) G DANIEL SHEALER, JR TRUSTEE	1.0 0.0	✓						0	0	0
(13) KEVIN SOWERS TRUSTEE	1.0 0.0	✓						0	0	0
(14) ROSLYN STOLER TRUSTEE	1.0 1.0	✓						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) FRED WOLF, III TRUSTEE	1.0 1.0	<input checked="" type="checkbox"/>					0	0	0	
(16) JENNIFER BOWIE VP NURSING ADMIN	40.0 0.0			<input checked="" type="checkbox"/>			176,312	0	32,584	
(17) THOMAS ELLIS VP HUMAN RESOURCES	40.0 0.0			<input checked="" type="checkbox"/>			168,126	0	78,413	
(18) JILL FEINBERG VP FUND DEVELOPMENT	40.0 0.0			<input checked="" type="checkbox"/>			135,995	0	19,081	
(19) MARY MILLER VP FINANCE AND CFO	40.0 0.0			<input checked="" type="checkbox"/>			180,460	0	70,597	
(20) ALFRED A PIETSCH TREASURER	2.0 0.0			<input checked="" type="checkbox"/>			0	0	0	
(21) JUSTINA STAROBIN VP-OUTPATIENT SVCS	40.0 0.0			<input checked="" type="checkbox"/>			145,080	0	44,363	
(22) SHELDON STEIN PRESIDENT AND CEO	40.0 0.0			<input checked="" type="checkbox"/>			399,470	0	203,233	
(23) TONYA TILLMAN EXECUTIVE ASSISTANT	40.0 0.0			<input checked="" type="checkbox"/>			49,849	0	34,456	
(24) ANGELA WENMAN HRIS PAYROLL ANALYST	40.0 0.0			<input checked="" type="checkbox"/>			66,790	0	4,531	
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>							1,322,082	0	487,258	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,020,487	0	103,351	
<b>d Total (add lines 1b and 1c)</b>							2,342,569	0	590,609	

**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 **▶** 30

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPREHENSIVE PHARMACY SERVICES, LLC, PO BOX 638316, CINCINNATI, OH 45263-8316	PHARMACY	3,630,637
SLEEP SERVICES OF AMERICA, INC, PO BOX 198320, ATLANTA, GA 30384-8320	NEUROLOGY SERVICES	1,456,557
JOHNS HOPKINS HOSPITAL, 1800 ORLEANS STREET, BALTIMORE, MD 21287	PHYSICIAN SERVICES	1,257,836
NAVIN, HAFFTY & ASSOC, 1900 W PARK DR, SUITE 180, WESTBOROUGH, MA 01581	CONSULTING SERVICES	1,208,956
PRINCE GEORGE'S HOSPITAL, 900 ELKRIDGE LANDING ROAD, LINTHICUM, MD 21090	HEALTHCARE SERVICES	379,201

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 8

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	420,445					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	1,554,534					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	0					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,824,002					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		0					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		3,798,981					
<b>Program Service Revenue</b>				<b>Business Code</b>					
	<b>2a</b>	NET PATIENT REVENUE	900099	65,043,710	65,043,710	0	0		
	<b>b</b>			0	0	0	0		
	<b>c</b>			0	0	0	0		
	<b>d</b>			0	0	0	0		
	<b>e</b>			0	0	0	0		
	<b>f</b>	All other program service revenue .		0	0	0	0		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		65,043,710					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		458,174	0	0	458,174		
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0		
	<b>5</b>	Royalties . . . . . ▶		0	0	0	0		
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal					
			0	0					
			<b>b</b>	Less: rental expenses	0	0			
			<b>c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0	0	0	0		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			19,927,504	0					
			<b>b</b>	Less: cost or other basis and sales expenses . . . . .	19,427,287	0			
			<b>c</b>	Gain or (loss) . . . . .	500,217	0			
	<b>d</b>	Net gain or (loss) . . . . . ▶		500,217	0	0	500,217		
	<b>8a</b>	Gross income from fundraising events (not including \$ 420,445 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	227,789					
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	276,686					
	<b>c</b>	Net income or (loss) from fundraising events . ▶		(48,897)		0	(48,897)		
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0					
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	0					
	<b>c</b>	Net income or (loss) from gaming activities . . ▶		0	0	0	0		
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0					
<b>b</b>			Less: cost of goods sold . . . . .	<b>b</b>	0				
<b>c</b>			Net income or (loss) from sales of inventory . . ▶		0	0	0	0	
Miscellaneous Revenue			<b>Business Code</b>						
<b>11a</b>	CAFETERIA	900099	191,555	0	0	191,555			
<b>b</b>	MEDICAL RECORDS	900099	7,557	0	0	7,557			
<b>c</b>	SCHOOL FOR THE BLIND	900099	183,882	183,882	0	0			
<b>d</b>	All other revenue . . . . .		49,542	49,542	0	0			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		432,536						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		70,184,721	65,277,134	0	1,108,606			

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0	0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,322,082	1,150,211	171,871	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	32,286,955	28,089,651	4,197,304	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,337,399	1,163,537	173,862	0
<b>9</b> Other employee benefits . . . . .	4,501,151	3,916,001	585,150	0
<b>10</b> Payroll taxes . . . . .	2,338,257	2,034,284	303,973	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	18,544	0	18,544	0
<b>c</b> Accounting . . . . .	849,099	0	849,099	0
<b>d</b> Lobbying . . . . .	1,511	0	1,511	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	128,544	0	128,544	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	4,607,326	4,008,374	598,952	0
<b>12</b> Advertising and promotion . . . . .	64,932	56,491	8,441	0
<b>13</b> Office expenses . . . . .	507,505	441,529	65,976	0
<b>14</b> Information technology . . . . .	0	0	0	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	905,169	787,497	117,672	0
<b>17</b> Travel . . . . .	143,489	124,835	18,654	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	19,825	17,248	2,577	0
<b>20</b> Interest . . . . .	135,060	117,502	17,558	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,695,635	3,215,202	480,433	0
<b>23</b> Insurance . . . . .	246,805	198,670	48,135	0
<b>24</b> 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.)				
<b>a</b> <u>MEDICAL SUPPLIES</u> . . . . .	5,446,568	5,446,568	0	0
<b>b</b> <u>BAD DEBT</u> . . . . .	661,362	661,362	0	0
<b>c</b> <u>REPAIRS/MAINTENANCE</u> . . . . .	769,189	669,194	99,995	0
<b>d</b> <u>MINOR EQUIPMENT RENT</u> . . . . .	274,536	238,848	35,688	0
<b>e</b> All other expenses . . . . .	2,203,801	1,917,307	286,494	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	62,464,744	54,254,311	8,210,433	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	17,532,135	<b>1</b>	18,846,148
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	750,000	<b>3</b>	750,000
	<b>4</b> Accounts receivable, net . . . . .	6,350,125	<b>4</b>	7,204,564
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	170,900	<b>8</b>	201,504
	<b>9</b> Prepaid expenses and deferred charges . . . . .	216,783	<b>9</b>	8,634,169
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 81,492,018		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 44,477,326	35,097,616	<b>10c</b> 37,014,692
	<b>11</b> Investments—publicly traded securities . . . . .	35,768,678	<b>11</b>	33,433,892
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	31,619,515	<b>15</b>	32,012,502
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	127,505,752	<b>16</b>	138,097,471	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	12,197,360	<b>17</b>	13,941,740
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	4,715,000	<b>20</b>	4,308,823
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	3,574,033	<b>25</b>	3,471,792
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	20,486,393	<b>26</b>	21,722,355
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	90,999,450	<b>27</b>	97,690,798
	<b>28</b> Temporarily restricted net assets . . . . .	15,194,738	<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	825,171	<b>29</b>	18,684,318
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	107,019,359	<b>33</b>	116,375,116
<b>34</b> Total liabilities and net assets/fund balances . . . . .	127,505,752	<b>34</b>	138,097,471	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	70,184,721
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	62,464,744
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,719,977
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	107,019,359
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	908,852
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	726,928
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	116,375,116

**Part XII Financial Statements and Reporting**

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

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

**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 (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) RICHARD KATZ, MD ----- VP MEDICAL AFFAIRS	40.0 ----- 0.0			✓				0	0	0
(26) AJOKE AKINTADE ----- NEONATAL PROGRAM DIRECTOR	40.0 ----- 0.0					✓		201,802	0	11,721
(27) TIKEE APARECE ----- ATTENDING PHYSICIAN	40.0 ----- 0.0					✓		212,052	0	13,480
(28) TAREK BELAL ----- ATTENDING PHYSICIAN	40.0 ----- 0.0					✓		203,710	0	17,243
(29) BRADFORD HARRIS ----- ATTENDING PHYSICIAN	40.0 ----- 0.0					✓		199,343	0	32,006
(30) KAREN WILLING ----- ATTENDING PHYSICIAN	40.0 ----- 0.0					✓		203,580	0	28,901

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	Employer identification number <b>52-0591483</b>
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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)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2018.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2017.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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>		
9b	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>		
9c	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>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

**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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

**Schedule of Contributors**

**2018**

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

Name of the organization <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	Employer identification number <b>52-0591483</b>
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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<sup>1</sup>/<sub>3</sub>% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	Employer identification number <b>52-0591483</b>
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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	----- ----- -----	\$ 139,412	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 315,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 60,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 75,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	Employer identification number <b>52-0591483</b>
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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	----- ----- -----	\$ 45,324	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 45,509	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 30,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 50,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)



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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		\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,550	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	Employer identification number <b>52-0591483</b>
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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	----- ----- -----	\$ ----- 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ ----- 30,099	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ ----- 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ ----- 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ ----- 22,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ ----- 17,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	Employer identification number <b>52-0591483</b>
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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	----- ----- -----	\$ ----- 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ ----- 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ ----- 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ ----- 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ ----- 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ ----- 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	Employer identification number <b>52-0591483</b>
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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	----- ----- -----	\$ ----- 13,565	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ ----- 25,231	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ ----- 66,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ ----- 16,328	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ ----- 17,407	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ ----- 5,457	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	Employer identification number <b>52-0591483</b>
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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		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 160,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 7,170	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,735	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 16,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	Employer identification number <b>52-0591483</b>
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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
43	----- ----- -----	\$ 1,554,534	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	<b>Employer identification number</b> 52-0591483
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**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 <b>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</b>	Employer identification number <b>52-0591483</b>
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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)				

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column (e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		1,511
<b>j</b> Total. Add lines 1c through 1i			1,511
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

SEE NEXT PAGE

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Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) 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 4.8% AND 22.73% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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... Yes No, 6 Did the organization inform all grantees... Yes No

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Description, Amount. 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. b 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 \$

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

- a** Board designated or quasi-endowment ▶ .....%
- b** Permanent endowment ▶ .....%
- c** 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:

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		1,607,154		1,607,154
<b>b</b> Buildings		57,019,064	28,965,773	28,053,291
<b>c</b> Leasehold improvements		263,509	237,277	26,232
<b>d</b> Equipment		18,017,753	14,646,118	3,371,635
<b>e</b> Other		4,584,538	628,158	3,956,380
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,014,692

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	6,134,613
(2) OTHER ACCOUNTS RECEIVABLE	2,704,800
(3) OTHER	46,177
(4) ECONOMIC INTEREST IN MWPF	23,126,912
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	32,012,502

**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	3,471,792	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	3,471,792	

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

SEE STATEMENT

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Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.  THE CORPORATION FOLLOWS A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://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 Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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**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 <u>STORYBOOK GALA</u> (event type)	(b) Event #2 <u>GOLF TOURNAMENT</u> (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	561,269	86,965		648,234
	<b>2</b> Less: Contributions . . . . .	349,080	71,365		420,445
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	212,189	15,600	0	227,789
Direct Expenses	<b>4</b> Cash prizes . . . . .		4,497		4,497
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .				0
	<b>7</b> Food and beverages . . . . .	115,067	14,700		129,767
	<b>8</b> Entertainment . . . . .	13,250			13,250
	<b>9</b> Other direct expenses . . . . .	115,067	14,105		129,172
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				276,686
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				(48,897)	

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_



**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2018**

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

Department of the Treasury  
Internal Revenue Service

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	✓	
<b>b</b> If "Yes," was it a written policy? . . . . .	✓	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	✓	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	✓	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		✓
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			87,114	0	87,114	0.14
<b>b</b> Medicaid (from Worksheet 3, column a)			0	0	0	0.00
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			0	0	0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	0	87,114	0	87,114	0.14
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			437,479	0	437,479	0.71
<b>f</b> Health professions education (from Worksheet 5) . . . . .			706,226	0	706,226	1.14
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			870,865	366,769	504,096	0.82
<b>h</b> Research (from Worksheet 7) . . . . .			7,098	0	7,098	0.01
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			87,274	0	87,274	0.14
<b>j Total.</b> Other Benefits . . . . .	0	0	2,108,942	366,769	1,742,173	2.82
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	2,196,056	366,769	1,829,287	2.96

**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			9,230	0	9,230	0.01
2 Economic development			0	0	0	0.00
3 Community support			9,502	0	9,502	0.02
4 Environmental improvements			20,837	0	20,837	0.03
5 Leadership development and training for community members			0	0	0	0.00
6 Coalition building			63,319	0	63,319	0.10
7 Community health improvement advocacy			33,373	0	33,373	0.05
8 Workforce development			0	0	0	0.00
9 Other			0	0	0	0.00
10 <b>Total</b>	0	0	136,261	0	136,261	0.22

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

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2		
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. . . . .	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	10,710
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	0
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	10,710
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? . . . . .	9a	✓	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	✓	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

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

1 [MT. WASHINGTON PEDIATRIC HOSPITAL](#)  
[1708 W. ROGERS AVENUE, BALTIMORE, MD 21209](#)  
[WWW.MWPH.ORG](#) STATE LICENSE NO. : 30-026

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Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓		✓							1

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group 1

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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 17</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	✓	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	✓	
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		✓
<b>7</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.MWPH.ORG/COMMUNITY</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	✓	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b> If "Yes," (list url): <u>HTTPS://WWW.MWPH.ORG/COMMUNITY</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		✓
<b>12b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		



**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group 1

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>5</u> <u>0</u> <u>0</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	✓	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group 1

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group 1

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

**Part V, Section C**

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>DESCRIPTION: TO FOCUS THE ORGANIZATION'S EFFORTS AROUND COMMUNITY HEALTH IMPROVEMENT AND PROVIDE STRUCTURE FOR ADDRESSING THE DETERMINANTS OF HEALTH AND ILLNESS IN THE COMMUNITY, MWPH UTILIZED THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 6-STEP COMMUNITY HEALTH ASSESSMENT PROCESS IN CONDUCTING THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), COMMUNITY HEALTH IMPROVEMENT COUNCIL (CHIC) SERVED AS THE LEAD TEAM TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH INPUT FROM OTHER UNIVERSITY OF MARYLAND MEDICAL SYSTEM BALTIMORE CITY-BASED HOSPITALS, COMMUNITY LEADERS, THE ACADEMIC COMMUNITY, THE PUBLIC, HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH DEPARTMENT (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.</p> <p>A BRIEF SYNOPSIS OF THE RESEARCH COMPONENTS IS INCLUDED BELOW: AN ONLINE COMMUNITY SURVEY: CONDUCTED FROM LATE SEPTEMBER 2017 THROUGH LATE MARCH 2018 IN COLLABORATION WITH THE BALTIMORE CITY HEALTH DEPARTMENT, UNIVERSITY OF MARYLAND MEDICAL SYSTEM, 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 *1,236 RESPONSES FROM MWPH (241 STAFF, 881 COMMUNITY-BASED SURVEYS, 114 PATIENT FAMILIES)</p> <p>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.</p> <p>MARYLAND PARENT SURVEY (2014 &amp; 2017): SURVEYS WERE CONDUCTED BY PARENT'S PLACE OF MARYLAND (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. * 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.</p> <p>RESULTS: *839 RESPONDENTS IN 2017 *1090 RESPONDENTS IN 2014</p> <p>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 &amp; 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.</p> <p>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 TOP BARRIERS IN ACCESSING HEALTH CARE. A LONGER SURVEY WAS ALSO CREATED AND POSTED ONLINE ON THE PUBLIC WEBSITE.</p> <p>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 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.</p> <p>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), 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.</p> <p>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 MWPH CHNA COMPLETED IN 2015.</p>

Return Reference - Identifier	Explanation
	<p>MWPH HEALTH EXPERT INTERVIEWS &amp; CLINICAL FOCUS GROUPS  MWPH COMMUNITY ADVOCACY TEAM FACILITATED FOCUS GROUP MEETINGS TO INCLUDE THE LOCAL SCHOOL OF MEDICINE, MWPH NURSING, RECREATIONAL THERAPY, PSYCHOLOGY, REHABILITATION SERVICES, SOCIAL WORK AND OTHER EMPLOYEES WHO ENGAGE IN COMMUNITY AFFAIRS. ADDITIONALLY, MWPH COMMUNITY BENEFIT TEAM CONDUCTED A TELEPHONE INTERVIEW WITH BALTIMORE CITY HEALTH DEPARTMENT COMMISSIONER, DR. LEANA WEN.  REVIEW OF THE NATIONAL PREVENTION STRATEGY PRIORITIES, STATE HEALTH IMPROVEMENT PLAN (SHIP) INDICATORS, AND HEALTH BALTIMORE 2020 PLAN FROM BCHD WAS ALSO CONDUCTED.</p> <p>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</p> <p>BCHD LOCAL HEALTH IMPROVEMENT COMMITTEE/ INTERVIEW WITH HEALTH COMMISSIONER (2/15/18).</p> <p>METHOD: INTERVIEW, DR. LEANA WEN, MPH, MSC, OFFICE OF CHRONIC DISEASE PREVENTION, BALTIMORE CITY HEALTH DEPARTMENT (2/15/18)</p> <p>RESULTS WERE AS FOLLOWS:  IDENTIFIED THE TOP FOUR (4) HEALTH PROBLEMS:  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)  4.LIFE COURSE AND CORE SERVICES- (LIFE EXPECTANCY AND INFANT MORTALITY)</p> <p>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)</p> <p>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 ISSUES OTHER THAN NUMBER OF PHYSICIANS AVAILABLE.</p> <p>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 NEONATAL ABSTINENCE SYNDROME (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)</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: MT. WASHINGTON PEDIATRIC HOSPITAL</p> <p>DESCRIPTION: 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. *AFFORDABLE RELIABLE CHILD CARE. MANY PARENTS DO NOT MEET THE INCOME REQUIREMENTS FOR EARLY EDUCATION PROGRAMS/AFTERCARE SUCH AS HEAD START.</p> <p>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.</p> <p>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 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 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.</p> <p>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.</p> <p>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) *MWPH FOCUS GROUP SESSIONS *OTHER COMMUNITY MEETINGS: MWPH 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.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>DESCRIPTION: 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).</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>DESCRIPTION: 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:</p> <p>-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?</p> <p>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.</p> <p>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 MWPH'S EXISTING PRIORITIES AND WHETHER FINANCES/RESOURCES TO ADDRESS THE HEALTH CONCERN -POTENTIAL BARRIERS OR CHALLENGES TO ADDRESSING THE NEED</p> <p>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 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.</p> <p>THE DATA PRESENTED WERE COLLECTED, REVIEWED, AND ANALYZED BY MULTIPLE STAKEHOLDERS. THE TOP PRIORITY AREAS WERE: -HEALTH LITERACY &amp; CHRONIC DISEASE PREVENTION EDUCATION -VIOLENCE &amp; CHILD MALTREATMENT -TRANSPORTATION -BEHAVIORAL HEALTH &amp; SUBSTANCE ABUSE -ACCESS TO HEALTH CARE -MENTAL HEALTH -OBESITY AND ACCESS TO HEALTHY FOODS</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR DISCOUNTED CARE</p>	<p>FACILITY NAME: MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>DESCRIPTION: THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="https://www.mwph.org/patients-and-guests/financial/assistance">HTTPS://WWW.MWPH.ORG/PATIENTS-AND-GUESTS/FINANCIAL/ASSISTANCE</a></p>



Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://www.mwph.org/patients-and-guests/financial/assistance">HTTPS://WWW.MWPH.ORG/PATIENTS-AND-GUESTS/FINANCIAL/ASSISTANCE</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.mwph.org/patients-and-guests/financial/assistance">HTTPS://WWW.MWPH.ORG/PATIENTS-AND-GUESTS/FINANCIAL/ASSISTANCE</a>

**Part V Facility Information** *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

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

Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - CRITERIA FOR FREE OR DISCOUNTED CARE	MWPH IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION.  THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART I, LINE 6B - ANNUAL COMMUNITY BENEFIT REPORT	THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC. THE REPORT CAN BE FOUND AT <a href="https://hscrc.state.md.us/pages/init_cb.aspx">HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX</a> .
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.  COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	661,362

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY</p>	<p>AS A SPECIALTY HOSPITAL SERVING CHILDREN WITH MEDICALLY COMPLEX CONDITIONS, MT. WASHINGTON PEDIATRIC HOSPITAL (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 TARGETING THE UNMET COMMUNITY NEEDS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES. INCLUDING, HEALTH LITERACY AND CHRONIC DISEASE PREVENTION, VIOLENCE AND CHILD MALTREATMENT, BEHAVIORAL HEALTH AND SUBSTANCE ABUSE, ACCESS TO HEALTH CARE, MENTAL HEALTH, OBESITY AND ACCESS TO HEALTHY FOODS AND TRANSPORTATION</p> <p>THESE ACTIVITIES INCLUDE A UNIQUE COLLABORATION BETWEEN MWPH SENIOR LEADERSHIP, PHYSICIANS, NURSES AND ASSOCIATES, WITH LOCAL AND STATE GOVERNMENT, PUBLIC SCHOOL DISTRICTS, HEAD START PROGRAMS, AND COMMUNITY ENGAGEMENT GROUPS, TO ADDRESS THE TRUE DRIVERS OF HEALTH OUTCOMES. THESE DRIVERS INCLUDE 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.</p> <p>EXAMPLES OF THESE ACTIVITIES INCLUDE THE FORMATION OF THE MWPH COMMUNITY HEALTH ADVISORY BOARD (CHAB). THE ADVISORY BOARD BEGAN UNDER THE LEADERSHIPS OF THE MWPH SENIOR EXECUTIVES AND MEDICAL STAFF AND WAS CREATED TO MORE EFFECTIVELY GUIDE THE MWPH COMMUNITY BENEFIT PROGRAM. USING DATA FROM WPH'S COMMUNITY NEEDS ASSESSMENT (CHNA), A COMPREHENSIVE HEALTH ASSESSMENT THAT IDENTIFIES KEY HEALTH NEEDS AND ISSUES THROUGH DATA COLLECTION AND ANALYSIS, THE GROUP ADDRESSES THE DISPROPORTIONATE UNMET NEEDS OF THE HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS. MEMBERS OF CHAB HELP PLAN, DEVELOP AND IMPLEMENT COMMUNITY OUTREACH PROGRAMS IN ORDER TO MEET THESE NEEDS AND IMPROVE THE HEALTH EQUITY OF THE COMMUNITIES WE SERVE.</p> <p>THROUGH THE GUIDANCE OF THE COMMUNITY HEALTH ADVISORY BOARD, MWPH COMMUNITY BENEFIT PROGRAM PARTICIPATES AND MAINTAINS OPEN DIALOGUE WITH MULTIPLE COMMUNITY ADVOCACY ORGANIZATIONS INCLUDING THE BALTIMORE CITY DEPARTMENT OF HEALTH, Y OF CENTRAL MARYLAND HEAD START, COMPREHENSIVE HOUSING ASSISTANCE, INC (CHAI), JEWISH VOLUNTEER CONNECTION, BALTIMORE CITY DEPARTMENT OF PUBLIC WORKS, HUNGRY HARVEST, MARYLAND FOOD BANK, THE ARLINGTON ELEMENTARY/MIDDLE AND PAMLICO ELEMENTARY/MIDDLE HEALTH ADVOCACY COMMITTEES AS WELL AS THE BALTIMORE COUNTY HEALTH DEPARTMENTS, FAITH-BASED ORGANIZATIONS, AND COMMUNITY RESOURCE CENTERS, TO NAME A FEW.</p>
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.</p> <p>IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF:</p> <ol style="list-style-type: none"> <li>1. REVENUE GROWTH PER CAPITA</li> <li>2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY</li> <li>3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY</li> <li>4. MEDICARE READMISSION RATES</li> <li>5. HOSPITAL ACQUIRED CONDITION RATE</li> </ol> <p>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.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE. REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE. AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE.</p> <p>THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES.</p> <p>FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>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.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.</p> <p>PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>TO FOCUS THE ORGANIZATION'S EFFORTS AROUND COMMUNITY HEALTH IMPROVEMENT AND PROVIDE STRUCTURE FOR ADDRESSING THE DETERMINANTS OF HEALTH AND ILLNESS IN THE COMMUNITY, MWPH UTILIZED THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 6-STEP COMMUNITY HEALTH ASSESSMENT PROCESS IN CONDUCTING THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), COMMUNITY HEALTH IMPROVEMENT COUNCIL (CHIC) SERVED AS THE LEAD TEAM TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH INPUT FROM OTHER UNIVERSITY OF MARYLAND MEDICAL SYSTEM BALTIMORE CITY-BASED HOSPITALS, COMMUNITY LEADERS, THE ACADEMIC COMMUNITY, THE PUBLIC, HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH DEPARTMENT (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: *AN ONLINE COMMUNITY SURVEY: CONDUCTED FROM LATE SEPTEMBER 2017 THROUGH LATE MARCH 2018 IN COLLABORATION WITH THE BALTIMORE CITY HEALTH DEPARTMENT, UNIVERSITY OF MARYLAND MEDICAL SYSTEM, 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 *1,236 RESPONSES FROM MWPH (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 &amp; 2017): SURVEYS WERE CONDUCTED BY PARENT'S PLACE OF MARYLAND (PPMD) IN PARTNERSHIP WITH MDH OFFICE FOR GENETICS AND PEOPLE WITH SPECIAL HEALTH CARE NEEDS (OGSHCN) AND BLOOMBERG SCHOOL OF PUBLIC HEALTH, JOHNS HOPKINS UNIVERSITY. *PAPER AND ELECTRONIC VERSIONS MADE AVAILABLE TO FAMILIES. *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 &amp; 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.  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 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 UMMS PUBLICATION MARYLAND'S HEALTH MATTERS (N=1,212). A 25-ITEM ONLINE SURVEY WAS ALSO POSTED TO 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), 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 MWPH CHNA COMPLETED IN 2015. MWPH HEALTH EXPERT INTERVIEWS &amp; CLINICAL FOCUS GROUPS MWPH COMMUNITY ADVOCACY TEAM FACILITATED FOCUS GROUP MEETINGS TO INCLUDE THE LOCAL SCHOOL OF MEDICINE, MWPH NURSING, RECREATIONAL THERAPY, PSYCHOLOGY, REHABILITATION SERVICES, SOCIAL WORK AND OTHER EMPLOYEES WHO ENGAGE IN COMMUNITY AFFAIRS. ADDITIONALLY, MWPH COMMUNITY BENEFIT TEAM CONDUCTED A TELEPHONE INTERVIEW WITH BALTIMORE CITY HEALTH DEPARTMENT COMMISSIONER, DR. LEANA WEN. 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</p>

Return Reference - Identifier	Explanation
	<p>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:  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)  4.LIFE COURSE AND CORE SERVICES- (LIFE EXPECTANCY AND INFANT MORTALITY)</p> <p>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)</p> <p>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 ISSUES OTHER THAN NUMBER OF PHYSICIANS AVAILABLE.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT CONT</p>	<p>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 NEONATAL ABSTINENCE SYNDROME (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</p> <p>TRAUMA  *CHILDREN WITH AUTISM HAD ACCESS TO SERVICES IN THE HOME WHERE TBI PATIENTS DID NOT HAVE THAT ADDITIONAL SUPPORT (PARAPROFESSIONALS)</p> <p>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.  *AFFORDABLE RELIABLE CHILD CARE. MANY PARENTS DO NOT MEET THE INCOME REQUIREMENTS FOR EARLY EDUCATION PROGRAMS/AFTERCARE SUCH AS HEAD START.</p> <p>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.</p> <p>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 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 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.</p> <p>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.</p> <p>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)  *MWPH FOCUS GROUP SESSIONS  *OTHER COMMUNITY MEETINGS: MWPH PARTICIPATED IN THE BALTIMORE CITY COUNCIL EDUCATION AND</p>



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	<p>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.</p>
<p>SCHEDULE H, PART VI,  LINE 3 - PATIENT  EDUCATION</p>	<p>THE PATIENT FINANCIAL ASSISTANCE POLICY AT MWPH IS A COMPREHENSIVE POLICY DESIGNED TO ASSESS THE NEEDS OF PATIENTS AND FAMILIES THAT HAVE EXPRESSED CONCERNS ABOUT THEIR ABILITY TO PAY FOR NEEDED MEDICAL SERVICES.</p> <p>MWPH MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO PATIENTS/FAMILIES. THESE EFFORTS INCLUDE SIGNAGE AT OUTPATIENT DESKS AND INPATIENT WELCOME AREAS, NOTICES ON PATIENT BILLS AND ADMISSIONS PACKETS AS WELL AS A THOROUGH DESCRIPTION ON THE MWPH WEBSITE.</p> <p>THIS INCLUDES BOTH THE ROGER'S AVENUE, BALTIMORE AND PRINCE GEORGE'S COUNTY LOCATIONS. INFORMATION SHEETS ARE PROVIDED TO PATIENTS BOTH UPON ADMISSION, DISCHARGE AND ON REQUEST. THE INFORMATION SHEET INCLUDES THE FOLLOWING ITEMS:  A. DESCRIPTION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY;  B. A DESCRIPTION OF THE PATIENT'S RIGHTS AND OBLIGATIONS WITH REGARDS TO HOSPITAL BILLING AND COLLECTION  C. CONTACT INFORMATION FOR THE INDIVIDUAL OR OFFICE AT THE HOSPITAL THAT IS AVAILABLE TO ASSIST THE PATIENT OR THE PATIENT REPRESENTATIVE IN UNDERSTANDING THE HOSPITAL BILL AND HOW TO APPLY FOR FREE AND REDUCED CARE.  D. CONTACT INFORMATION FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM.  E. A STATEMENT THAT PHYSICIAN DISCHARGES ARE NOT INCLUDED IN THE HOSPITAL BILL AND IS BILLED SEPARATELY.  FOR ADDITIONAL QUESTIONS, INFORMATION OR ASSISTANCE IN APPLYING FOR FINANCIAL ASSISTANCE, PLEASE CALL:  *MARY MILLER, VICE PRESIDENT OF FINANCE, 410-578-5163  *LINDA RYDER, DIRECTOR OF PATIENT ACCOUNTING, 410-578-5206  *DENISE PUDINSKI, DIRECTOR OF COLLABORATIVE CARE, 410-578-2669 (INPATIENT ONLY)  *DEBBIE FIKE, CREDENTIALING &amp; PAYER RELATIONS, 410-578-5334  *KATINE BROWN, PATIENT ACCESS COORDINATOR, 410-578-7859</p>

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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>THE LICENSED BED DESIGNATION OF MWPH 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 MWPH ADMISSIONS AND 5% OF THESE MEDICAID PATIENTS LIVE IN THE 21215 ZIP CODE. MWPH 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.</p> <p>THERE ARE APPROXIMATELY 1.3 MILLION CHILDREN IN MARYLAND AND THE HEALTHCARE PROVIDER MARKET HAS LARGELY CONSOLIDATED INTO THREE MAJOR SYSTEMS, UMMS, JOHNS HOPKINS MEDICINE AND MEDSTAR HEALTH.</p> <p>THE MT WASHINGTON PEDIATRIC HOSPITAL 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 &amp; 21216 (SOUTHERN PARK HEIGHTS-SPH AND PIMLICO/ARLINGTON/HILLTOP-PAH) DEFINE THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA)</p> <p>DEMOGRAPHICS OF THE COMMUNITY</p> <p>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 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.</p> <p>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.</p> <p>MWPH'S SERVICE COMMUNITY DEMOGRAPHIC CONSTITUTES AN AREA THAT IS PREDOMINANTLY AFRICAN AMERICAN WITH BELOW AVERAGE MEDIAN FAMILY INCOME, ABOVE AVERAGE RATES FOR UNEMPLOYMENT, AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH.</p> <p>APPROXIMATELY 48% OF MWPH SERVICE COMMUNITY ARE BLACK OR AFRICAN AMERICAN, 39% ARE CAUCASIAN, 4% OF PATIENTS ARE LATINO OR HISPANIC AND 4% IDENTIFIED AS ASIAN. APPROXIMATELY 3% IDENTIFIED AS OTHER/BIRACIAL. MORE FEMALES THAN MALES 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.</p> <p>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.</p> <p>IN ADDITION, MEDICAID PATIENTS ACCOUNTED FOR 81% OF THE TOTAL MWPH 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.</p>

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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>MWPH CHAB REVIEWED THE DATA FROM THE COMMUNITIES SERVED BY THE HOSPITAL AS WELL AS THE MARYLAND'S STATE HEALTH IMPROVEMENT PROCESS (SHIP) AND IDENTIFIED 1) IMPROVING ACCESS TO HEALTHCARE, 2) LITERACY/CHRONIC DISEASE PREVENTION EDUCATION, 3) OBESITY AND ACCESS TO HEALTHY FOODS AND 4) BEHAVIORAL HEALTH/SUBSTANCE ABUSE AS THE THREE AREAS OF FURTHERING THE CAUSE OF HEALTH PROMOTION IN THE COMMUNITY SERVICES BY MWPH. BELOW DESCRIBE SOME OF THE ACTIVITIES AND OUTLINE THE CHNA PRIORITIES AND THEIR OUTCOMES.</p> <p><b>INITIATIVE 1</b> PARENTING FROM THE HEART - COMMUNITY LECTURE SERIES</p> <p>CHAN HEALTH NEEDS TARGETED: ACCESS TO HEALTHCARE SERVICES, LITERACY/CHRONIC DISEASE PREVENTION EDUCATION, OBESITY AND ACCESS TO HEALTHY FOODS, BEHAVIORAL HEALTH/SUBSTANCE ABUSE, MENTAL HEALTH, CHILDREN'S HEALTH, DISABILITY AND HEALTH, INJURY PREVENTION, ORAL HEALTH, PHYSICAL ACTIVITY, DISEASE PREVENTION, HEALTH-RELATED QUALITY OF LIFE &amp; WELL-BEING.</p> <p>OBJECTIVE: PROGRAM AIMS TO GIVE PARENTS AND FAMILIES IN THE UNDERSERVED COMMUNITIES ACCESS TO EXPERT HEALTHCARE BY BRINGING PROVIDERS TO THEIR COMMUNITIES, INCLUDING LOCAL COMMUNITY CENTERS, SCHOOLS AND FAITH-BASED ORGANIZATIONS. PARENTING FROM THE HEART COMMUNITY HEALTH LECTURE SERIES PROVIDE PATIENT PARENTS, FAMILY MEMBERS AND COMMUNITY PRACTICAL HEALTH STRATEGIES, ADVICE AND EDUCATION ON DISEASE PREVENTION AND TREATMENT ON TOPICS RANGING FROM ANXIETY AND ADVERSE CHILDHOOD EXPERIENCES TO ADHD AND SMOKING CESSATION. ATTENDEES HAVE ACCESS TO EXPERT PHYSICIANS, NURSES AND CLINICIANS IN A NON-JUDGMENTAL, INTIMATE SPACE WHERE THEY CAN ASK QUESTIONS AND ADDRESS SPECIFIC CONCERNS.</p> <p>TARGET POPULATION: UNDERSERVED PATIENT PARENTS, COMMUNITY MEMBERS IN THE PIMLICO, ARLINGTON, HILLTOP COMMUNITY OF BALTIMORE CITY AS WELL AS AREAS OF BALTIMORE COUNTY. THE TARGET DEMOGRAPHIC INCLUDES MEN AND WOMEN RANGING FROM LATE TEENS TO EARLY FORTIES. # OF PEOPLE REACHED: 1200 INTERVENTION: CHRONIC CONDITION-BASED INTERVENTION: PREVENTION INTERVENTION, COMMUNITY ENGAGEMENT INTERVENTION, HEALTH EDUCATION AND AWARENESS, SOCIAL DETERMINANTS OF HEALTH INTERVENTION. COMMUNITY PARTNERS: SAFE KIDS, KISS/CAR SEAT SAFETY, B'MORE HEALTHY BABIES, BALTIMORE CITY DEPARTMENT OF HEALTH, ARLINGTON ELEM/MIDDLE, PIMLICO ELEM/MIDDLE. OUTCOMES: TO DATE, TWO SETS OF PARENTING SEMINARS HAVE BEEN OFFERED WITH TOTAL OF 322 PARTICIPANTS WHO REGISTERED.- SOME OF THE COMMENTS FROM THE ATTENDEES IN THE POST EVALUATION STATED THAT, "THE SEMINAR(S) WERE EXTREMELY HELPFUL" AND THAT, "THEY GAVE THEM THE TOOLS NECESSARY TO ADDRESS HEALTH CONCERNS THEY DON'T ALWAYS GET THE CHANCE TO IN A SHORT PEDIATRIC VISIT."</p> <p><b>INITIATIVE 2</b> MWPH CAR SEAT PROGRAM (EDUCATION, INSTALLATION AND LOW-COST CAR SEAT PROGRAM) CHNA PRIORITIES: INJURY PREVENTION, MATERNAL AND INFANT HEALTH, CHILDREN'S HEALTH, DISABILITY AND HEALTH, EDUCATIONAL AND COMMUNITY-BASED PROGRAMS, HEALTH LITERACY, HEALTH-RELATED QUALITY OF LIFE &amp; WELL-BEING. OBJECTIVES: TARGET POPULATION: NEW AND OR RETURNING PARENTS OF MWPH. PARENTS AND FAMILIES OF CHILDREN RECEIVING POST ACUTE CARE AT MWPH. COMMUNITY: LOW-INCOME, UNDERSERVED COMMUNITIES IN BALTIMORE CITY AND SURROUNDING AREAS SERVED BY MWPH. # OF PEOPLE REACHED: 1800 INTERVENTION: COMMUNITY ENGAGEMENT INTERVENTION, SOCIAL DETERMINANTS OF HEALTH INTERVENTION, INJURY PREVENTION INTERVENTION AND HEALTH EDUCATION VIA PREVENTIVE CARE. COMMUNITY PARTNERS: SAFE KIDS, KISS/CAR SEAT SAFETY, LOCAL FIRE AND POLICE DEPARTMENTS, HEAD START PROGRAMS, BALTIMORE CITY PUBLIC SCHOOLS. OUTCOMES: WHILE THE PROGRAM WAS OFFERED TO ALL THE FAMILIES SERVED BY MWPH, FOR THE FISCAL YEAR, TOTAL OF 426 CAR SEATS WERE INSTALLED AND/OR EDUCATION AND OUTREACH WAS PROVIDED. PRE AND POSTTEST PROVIDED AT COMMUNITY CAR SEAT CHECKS EVENT REVEALED THAT 99 % OF THE INDIVIDUALS WHO PARTICIPATED IN THE HANDS-ON DEMONSTRATION/EDUCATION WERE MORE KNOWLEDGEABLE IN THE PROPER SELECTION, INSTALLATION, POSITIONING AND HARNESSING THE CAR SEAT FOR THEIR CHILD/CHILDREN. ADDITIONALLY: 10 PATIENTS AND FAMILIES TOOK ADVANTAGE OF THE LOW-COST CAR SEAT PROGRAM.</p> <p><b>INITIATIVE 3</b> LEAGUE OF DREAMS CHNA PRIORITIES: ADOLESCENT HEALTH, DISABILITY AND HEALTH, HEALTH-RELATED QUALITY OF LIFE AND WELL-BEING, PHYSICAL ACTIVITY. OBJECTIVE: BRINGING THE LOVE OF PHYSICAL ACTIVITIES AND LIFELONG LEARNING THROUGH THE LOVE OF BASEBALL TO UNDERSERVED INDIVIDUALS AND FAMILIES WITH CHILDREN WITH SPECIAL NEEDS. TARGET POPULATION: NEW AND RETURNING PATIENTS, PARENTS AND FAMILIES OF MWPH, CHILDREN AND FAMILIES LIVING IN THE UNDERSERVED COMMUNITIES SERVED BY MWPH. # OF PEOPLE REACHED: 2500 INTERVENTION: COMMUNITY ENGAGEMENT INTERVENTION, SOCIAL DETERMINANTS OF HEALTH INTERVENTION, DISEASE PREVENTION THROUGH HEALTH EDUCATION. COMMUNITY PARTNERS: LEAGUE OF DREAMS, INC, BALTIMORE ORIOLES, BALTIMORE CITY PUBLIC SCHOOL SYSTEM, STEVENSON UNIVERSITY, TOWSON UNIVERSITY. OUTCOMES: MORE THAN 250 PARTICIPANTS ATTENDED THE EVENT. COMMENTS FROM ATTENDEES INCLUDE, "IT WAS GREAT FOR PARENTS AND FAMILIES TO WATCH THE CHILDREN BE A PART OF SOMETHING THAT PERHAPS, THEY NEVER THOUGHT THEY WOULD BE ABLE TO DO. IT WAS GREAT TO SEE EVERY CHILD PARTICIPATE, NO MATTER WHAT THEIR MEDICAL OR DEVELOPMENTAL CHALLENGES WERE."</p> <p><b>INITIATIVE 4</b> VISION SCREENING PROGRAM CHNA PRIORITIES: INJURY PREVENTION, BEHAVIORAL HEALTH, CHILDREN'S HEALTH, DISABILITY AND HEALTH, VISION, HEALTH LITERACY, HEALTH-RELATED QUALITY OF LIFE &amp; WELL-BEING, OTHER SOCIAL DETERMINANTS OF HEALTH. OBJECTIVE: THE PRIMARY OBJECTIVE OF THE INITIATIVE IS TO DETECT VISION PROBLEMS IN CHILDREN EARLY SO THAT THEY CAN BE TREATED AND/OR RESOLVED EARLY. EARLY DETECTION AND INTERVENTIONS ARE KEY TO SUCCESSFUL OUTCOMES.</p>

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	<p>TARGET POPULATION: THIS INITIATIVE TARGETS LOW-INCOME, UNDERSERVED, UNDERINSURED AND UNINSURED CHILDREN AGES 3 YEARS TO 18 YEARS OF AGE (SCHOOL AGED CHILDREN). VISION SCREENINGS ARE PROVIDED AT VARIOUS LOCATIONS TO CHILDREN IN HEAD START PROGRAMS, ELEMENTARY, MIDDLE AND HIGH SCHOOLS, AS WELL AS AT YOUTH EVENTS AND OTHER PROGRAMS.</p> <p># OF PEOPLE REACHED: 556  INTERVENTION: CHRONIC CONDITION-BASED INTERVENTION: PREVENTION INTERVENTION, ACUTE CONDITION-BASED INTERVENTION: TREATMENT INTERVENTION, ACUTE CONDITION-BASED INTERVENTION: PREVENTION INTERVENTION.  COMMUNITY PARTNERS: MWPH WORKED WITH BALTIMORE CITY PUBLIC SCHOOL SYSTEM (ARLINGTON ELEM, PIMLICO ELEM/MIDDLE, CATHERINE'S YOUTH AND FAMILY SERVICES, BALTIMORE COUNTY PUBLIC SCHOOLS, HEALTH START PROGRAMS, PRE SCHOOLS, FAITH-BASED ORGANIZATIONS.  OUTCOMES: MWPH COMMUNITY BENEFIT OBSERVED THAT OF THE 556 VISION SCREENINGS THAT WERE PROVIDED, 139 INDICATED THAT THE CHILD NEEDED A COMPLETE EYE EXAM. OF THOSE THAT NEEDED A COMPLETE EYE EXAM, 43 WERE NOTED TO RECEIVE EYE GLASSES.</p> <p>INITIATIVE 5  SMOKING CESSATION AND EDUCATION  CHNA PRIORITIES: ADOLESCENT HEALTH, CANCER, EDUCATIONAL AND COMMUNITY-BASED PROGRAMS, HEART DISEASE AND STROKE, RESPIRATORY DISEASES, TOBACCO USE.  OBJECTIVES: TO EDUCATE ON THE HEALTH IMPACTS ON THE BODY, ENVIRONMENT AND FAMILY OF TOBACCO USE AS WELL AS PROVIDE STRATEGIES TO SMOKING CESSATION.  TARGET POPULATION: MWPH PATIENT PARENT POPULATION, FAMILIES, ASSOCIATES, COMMUNITY.  # OF PEOPLE REACHED: 700  INTERVENTION: CHRONIC DISEASE PREVENTION, ACUTE CONDITION-BASED INTERVENTION: PREVENTION  COMMUNITY PARTNERS: BALTIMORE CITY HEALTH DEPARTMENT  OUTCOMES: MORE THAN 700 COMMUNITY MEMBERS AND ASSOCIATES WERE REACHED IN EDUCATING ON THE DANGERS OF SMOKING AND ITS IMPACT ON THE BODY AND ENVIRONMENT. A SERIES OF FOUR SMOKING CESSATION CLASSES WERE OFFERED WITH 23 PEOPLE REGISTERING FOR THE CLASSES. FIVE TOTAL SMOKERS REPORTED QUITTING SMOKING FOR AT LEAST 3 MONTHS.  MWPH OPERATES UNDER A UNIQUE REGULATORY SYSTEM THAT CAPS HOSPITAL REVENUES AND PROVIDES ADJUSTMENTS TO ALLOW FOR POPULATION HEALTH IMPROVEMENT INVESTMENTS. UNDER MARYLAND'S GLOBAL BUDGET REVENUE MODEL, MWPH REPORTS ON A REGULAR BASIS HOW IT IS INVESTING IN EFFORTS TO IMPROVE POPULATION HEALTH. MWPH PROVIDES ON-GOING SERVICES THAT ARE FUNDAMENTAL TO ADDRESSING THE IDENTIFIED COMMUNITY HEALTH NEEDS THAT DEMONSTRATE THE EXTENT TO WHICH OUR COMMITMENT TO SERVE OUR COMMUNITY IS INTEGRATED INTO OUR CARE DELIVERY MODEL.</p>
<p>SCHEDULE H, PART VI,  LINE 5 - PROMOTION OF  COMMUNITY HEALTH  CONT</p>	<p>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, IT IS NECESSARY TO BETTER UNDERSTAND AND ADDRESS THE UNDERLYING CAUSES OF POOR HEALTH. MWPH PRIDES ITSELF IN SERVING THOSE IN NEED BOTH ON OUR CAMPUS AND BEYOND THE WALLS OF THE HOSPITAL, INTO THE COMMUNITY.  EXAMPLES OF THIS CAN BE SEEN IN OUR PROGRAMS TARGETED TO IMPROVE HEALTH EQUITY THROUGH IMPROVING HEALTH LITERACY, ACCESS TO CARE AND TACKLING CHRONIC DISEASE THROUGH PREVENTION, EDUCATION AND TREATMENT.  IMPROVING HEALTH LITERACY FOR PARENT FAMILIES  HAVING A CHILD IN THE HOSPITAL CAN CAUSE EXTENSIVE PHYSICAL, MENTAL AND EMOTIONAL TRAUMA FOR PARENTS AND FAMILIES. THIS DISTRESS RISES WHEN A CHILD HAS COMPLEX MEDICAL CONDITIONS AND REQUIRES THE USE OF COMPLEX MEDICAL EQUIPMENT WELL AFTER DISCHARGE. WHILE TRAINING AT BEDSIDE WORKS FOR MANY SCENARIOS, IT IS NOT POSSIBLE TO SIMULATE EMERGENCY SITUATIONS THAT CAREGIVERS ARE LIKELY TO FACE WHEN AT HOME. THE MWPH SIMULATION FOR CAREGIVERS PROGRAM (SIMULATION LAB) UTILIZES LIFELIKE MANIKINS IN A SIMULATION LAB TO PROVIDE HANDS-ON TRAINING AND EDUCATION TO PARENTS AND FAMILIES. THE EDUCATOR IS ABLE TO SIMULATE A VARIETY OF EMERGENCY SITUATIONS THAT BETTER PREPARE THE CAREGIVER FOR SITUATIONS THEY MAY FACE WHEN THEY TAKE THEIR CHILD HOME. SOME OF THE TRAINING INCLUDE THE USE OF VENTILATORS, TRACHEOSTOMY CARE, FEEDING TUBE USE AND MAINTENANCE, SPECIALTY CAR SEAT INSTALLATIONS AND USAGE, AND CPR AND CHOKING TO NAME A FEW.  IMPROVING ACCESS TO CARE  MT. WASHINGTON PEDIATRIC HOSPITAL PROVIDES CARE TO PATIENTS AND THEIR FAMILIES FROM DIVERSE CULTURAL AND LINGUISTIC BACKGROUNDS. ACCURATE INTERPRETATION AND COMMUNICATION IS ESSENTIAL AND CAN BE LIFE-THREATENING IF DONE INCORRECTLY-SPECIFICALLY IN A HEALTH CARE SETTING. THE COLLABORATIVE CARE AND LANGUAGE SERVICES PROGRAMS AT MWPH AIMES TO IMPROVE COMMUNICATION AND ACCESS TO CARE FOR NON AND LIMITED ENGLISH SPEAKING POPULATION THROUGH THE INCORPORATION OF MARTTI (MY ACCESSIBLY REAL-TIME TRUSTED INTERPRETER). MARTTI IS A HIPPA-APPROVED TWO-WAY VIDEO AND AUDIO WIRELESS 'ROBOT-LIKE DEVICE' LINKED TO A SKILLED, CERTIFIED MEDICAL INTERPRETER THAT IS UTILIZED IN BOTH INPATIENT AND OUTPATIENT SETTINGS TO BRIDGE THE COMMUNICATION GAP TO IMPROVE ACCESS TO CARE, IMPROVE OUTCOMES, REDUCE ANXIETY AND PROVIDE MORE EFFICIENT CARE.  PREVENTING CHRONIC DISEASE/ILLNESS  SINCE 1990, MT. WASHINGTON PEDIATRIC HOSPITAL'S LEAD TREATMENT CLINIC HAS PROVIDED A CHILDHOOD LEAD POISONING PREVENTION AND TREATMENT PROGRAM, WHICH INCLUDES INPATIENT, OUTPATIENT AND COMMUNITY OUTREACH SERVICES. LEAD POISONING CAN AFFECT A CHILD'S BRAIN FUNCTION AND DEVELOPMENT. THE LEAD POISONING TREATMENT PROGRAM IS THE ONLY LEAD POISONING SPECIALTY PROGRAM IN MARYLAND. AN INTERDISCIPLINARY TEAM, INCLUDING A NURSE PRACTITIONER, SOCIAL WORKER, NURSE, CHILD LIFE SPECIALIST AND DIETITIAN, WORK EXTENSIVELY WITH CHILDREN TO DEVELOP INTERVENTIONS. THE COMMUNITY BENEFITS TEAM PROVIDES NO COST, ON-SITE LEAD BLOOD LEVEL TESTING AS NEEDED AT PRE-SCHOOLS, HEAD STARTS PROGRAMS AND ELEMENTARY SCHOOLS. IN COMMUNITY HEALTH EDUCATION AND PREVENTION TALKS EQUIP THE PARENTS AND FAMILIES TO GUARD AGAINST LEAD POISONING. ADVERSE RESULTS ARE REPORTED TO THE STATE HEALTH DEPARTMENT AND IMMEDIATELY SENT FOR TREATMENT AS DIRECTED.  WE ARE PROUD TO SERVE OUR COMMUNITY AND APPRECIATE OUR PARTNERS WHO ALLOW US TO FULFILL OUR MISSION. WE WILL ALWAYS DO WHAT IS RIGHT FOR THE PATIENT, NO MATTER WHERE THEY ARE IN THEIR HEALTH JOURNEY, AND WILL ALWAYS STRIVE TO HAVE OUR PATIENTS RECEIVE CARE IN THE COMMUNITY THEY RESIDE. AS A PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) WE ARE SHAPING A NEW PARADIGM IN CARE DELIVERY THAT WE BELIEVE SHOULD BE THE FUTURE STANDARD OF CARE.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) IS A PRIVATE, NOT-FOR-PROFIT CORPORATION PROVIDING COMPREHENSIVE HEALTHCARE SERVICES THROUGH AN INTEGRATED REGIONAL NETWORK OF HOSPITALS AND RELATED CLINICAL ENTERPRISES. UMMS WAS CREATED IN 1984 WHEN ITS FOUNDING HOSPITAL WAS PRIVATIZED BY THE STATE OF MARYLAND. OVER ITS 30-YEAR HISTORY, UMMS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING PRIMARILY ACROSS MARYLAND. AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), MWPH UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IT SERVES. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. IN DOING SO, MWPH ASSESSES THE COMMUNITY'S HEALTH NEEDS, IDENTIFIES KEY PRIORITIES, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES THAT MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH IMPROVEMENT COUNCIL COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. MWPH IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND ENGAGING PROGRAMS WHICH FOCUS ON HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING HEALTH CARE DISPARITIES IN THE BALTIMORE COMMUNITY.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>MD</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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:

- |  |           |                                     |                                     |
|--|-----------|-------------------------------------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> |                                     | <input checked="" type="checkbox"/> |

**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:

- |  |           |  |                                     |
|--|-----------|--|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>5a</b> |  | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> |  | <input checked="" type="checkbox"/> |

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:

- |  |           |  |                                     |
|--|-----------|--|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>6a</b> |  | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> |  | <input checked="" type="checkbox"/> |

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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

**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	JENNIFER BOWIE VP NURSING ADMIN	(i) 159,569	15,991	752	18,378	14,206	208,896	0
	(ii)	0	0	0	0	0	0	0
2	THOMAS ELLIS VP HUMAN RESOURCES	(i) 144,004	22,149	1,973	49,771	28,642	246,539	0
	(ii)	0	0	0	0	0	0	0
3	JILL FEINBERG VP FUND DEVELOPMENT	(i) 116,710	18,770	515	14,344	4,737	155,076	0
	(ii)	0	0	0	0	0	0	0
4	MARY MILLER VP FINANCE AND CFO	(i) 152,260	26,817	1,383	32,707	37,890	251,057	0
	(ii)	0	0	0	0	0	0	0
5	JUSTINA STAROBIN VP-OUTPATIENT SVCS	(i) 126,960	17,038	1,082	14,691	29,672	189,443	0
	(ii)	0	0	0	0	0	0	0
6	SHELDON STEIN PRESIDENT AND CEO	(i) 289,873	101,367	8,230	168,673	34,560	602,703	0
	(ii)	0	0	0	0	0	0	0
7	AJOKE AKINTADE NEONATAL PROGRAM DIRECTOR	(i) 201,085	0	717	11,004	717	213,523	0
	(ii)	0	0	0	0	0	0	0
8	TIKEE APARECE ATTENDING PHYSICIAN	(i) 211,628	0	424	10,391	3,089	225,532	0
	(ii)	0	0	0	0	0	0	0
9	TAREK BELAL ATTENDING PHYSICIAN	(i) 203,580	0	130	1,731	15,512	220,953	0
	(ii)	0	0	0	0	0	0	0
10	BRADFORD HARRIS ATTENDING PHYSICIAN	(i) 198,907	0	436	8,588	23,418	231,349	0
	(ii)	0	0	0	0	0	0	0
11	KAREN WILLING ATTENDING PHYSICIAN	(i) 203,158	0	422	8,659	20,242	232,481	0
	(ii)	0	0	0	0	0	0	0
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**Part III**

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>DURING THE FISCAL YEAR ENDED JUNE 30, 2019, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE MWPH 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:            SHELDON STEIN            MARY MILLER            THOMAS ELLIS            JENNIFER BOWIE            JILL FEINBERG            JUSTINA STAROBIN</p>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.</p>



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

**Part I Bond Issues**

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

**Part II Proceeds**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired . . . . .	3,276,177							
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	7,585,000							
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	106,039							
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .								
<b>11</b>	Other spent proceeds . . . . .	7,478,961							
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2007							
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓							
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓						
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓							
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓							

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

Cat. No. 50193E

Schedule K (Form 990) 2018

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓						
<b>d</b> 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?								
<b>4</b> 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 . . . ▶								
<b>5</b> 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 . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .		0.00						
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓						
<b>8a</b> 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?		✓						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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? . . . . .	✓							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .		✓						
<b>b</b> Exception to rebate? . . . . .		✓						
<b>c</b> No rebate due? . . . . .	✓							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓							



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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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.

(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)												
<b>Total</b> . . . . . ▶						\$						

**Part III**

**Grants or Assistance Benefiting Interested Persons.**

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

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



**Part IV****Business Transactions Involving Interested Persons** (continued)

(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	\$173,558	SEE PART V		✓
(2) DR. TERI KAHN	SEE PART V	\$120,041	SEE PART V		✓

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

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS LINE 1	JOHN KELLY IS A DIRECTOR OF THE FILING ORGANIZATION, AND AN OWNER OF KELLY & ASSOCIATES INSURANCE GROUP. KELLY & ASSOCIATES INSURANCE GROUP WAS PAID COMMISSIONS AND ADMINISTRATIVE FEES, AT OR BELOW FAIR MARKET VALUE, RELATED TO EMPLOYEE BENEFITS.
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS LINE 2	DR. TERI KAHN IS A FAMILY MEMBER OF STEVEN CZINN, A DIRECTOR OF THE FILING ORGANIZATION. DR. TERI KAHN WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF THE FILING ORGANIZATION.

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

Department of Treasury Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the Organization  
MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer Identification Number  
52-0591483

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	JOHNS HOPKINS HEALTH SYSTEM (JHHS) AND UMMS ARE EQUAL MEMBERS OF MWPH.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	JHHS AND UMMS EACH ELECT AN EQUAL NUMBER OF MEMBERS TO THE BOARD OF MWPH.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") PREPARES THE IRS FORM 990 FOR UMMS AND ITS AFFILIATES. INFORMATION NEEDED TO COMPLETE THE RETURN IS GATHERED BY ACCOUNTING PERSONNEL IN THE FINANCE SHARED SERVICES DEPARTMENT UNDER THE SUPERVISION OF THE UMMS TAX DIRECTOR. DRAFT RETURNS ARE PREPARED USING IRS-APPROVED TAX SOFTWARE.</p> <p>ONCE A DRAFT RETURN IS PREPARED, IT UNDERGOES MULTIPLE LEVELS OF REVIEW BOTH INTERNALLY BY UMMS TAX &amp; FINANCE PERSONNEL, AND EXTERNALLY BY ERNST &amp; YOUNG LLP. FOLLOWING ANY NECESSARY CHANGES TO THE RETURN, A FINAL DRAFT IS REVIEWED BY EACH AFFILIATE'S VICE PRESIDENT OF FINANCE AND/OR CFO.</p> <p>PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, GOVERNANCE COMMITTEE, FINANCE COMMITTEE OR OTHER MEMBER(S) OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE ORGANIZATION'S OFFICERS, DIRECTORS AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION.</p> <p>A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF UMMS REVIEWS THE RESPONSES FOR UMMS AND CERTAIN OTHER AFFILIATES. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UMMS SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.</p> <p>THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.</p> <p>WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.</p> <p>ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION:</p> <p>ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.</p> <p>IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.</p>



Return Reference - Identifier	Explanation										
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:</p> <p>EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.</p> <p>THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.</p>										
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MARYLAND VIA THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM.										
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="454 651 1302 693">(a) Description</th> <th data-bbox="1302 651 1520 693">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="454 693 1302 724">RESTRICTED CHANGE IN ECONOMIC INTEREST IN FOUNDATION</td> <td data-bbox="1302 693 1520 724">780,078</td> </tr> <tr> <td data-bbox="454 724 1302 756">UNRESTRICTED CHANGE IN ECONOMIC INTEREST IN THE FOUNDATION</td> <td data-bbox="1302 724 1520 756">913,102</td> </tr> <tr> <td data-bbox="454 756 1302 787">UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION</td> <td data-bbox="1302 756 1520 787">- 411,718</td> </tr> <tr> <td data-bbox="454 787 1302 819">NET ASSETS RELEASED FROM RESTRICTIONS</td> <td data-bbox="1302 787 1520 819">- 554,534</td> </tr> </tbody> </table>	(a) Description	(b) Amount	RESTRICTED CHANGE IN ECONOMIC INTEREST IN FOUNDATION	780,078	UNRESTRICTED CHANGE IN ECONOMIC INTEREST IN THE FOUNDATION	913,102	UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION	- 411,718	NET ASSETS RELEASED FROM RESTRICTIONS	- 554,534
(a) Description	(b) Amount										
RESTRICTED CHANGE IN ECONOMIC INTEREST IN FOUNDATION	780,078										
UNRESTRICTED CHANGE IN ECONOMIC INTEREST IN THE FOUNDATION	913,102										
UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION	- 411,718										
NET ASSETS RELEASED FROM RESTRICTIONS	- 554,534										

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MWP COMMUNITY HEALTH SERVICES (38-3987088) 1708 W. ROGERS AVENUE, BALTIMORE, MD 21209	HEALTHCARE	MD	236,692	324,823	MWPH
(2) MT. WASHINGTON PEDIATRIC COMMUNITY BEHAVIORAL HEALTH SERVICES, LLC (84-2276906) 1708 W. ROGERS AVE, BALTIMORE, MD 21209	HEALTHCARE	MD	0	0	MWPH
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MOUNT WASHINGTON PEDIATRIC FOUNDATION (52-1736672) 1708 WEST ROGERS AVENUE, BALTIMORE, MD 21209	FUNDRAISING	MD	501(C)(3)	12 TYPE I	MWPH	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2018

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

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

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

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

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

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

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

**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
MT WASHINGTON PEDIATRIC FOUNDATION, INC.	C	1,554,534	FMV
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) 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) .....													
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(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													



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

Consolidated Financial Statements and Schedules

June 30, 2019 and 2018

(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, 2019 and 2018, 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, 2019 and 2018, 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.





*Emphasis of Matter*

As discussed in note 2(q) to the consolidated financial statements, the Corporation adopted Accounting Standards Update (ASU) No. 2014-09, *Not-for-Profit Entities* (Topic 958): *Presentation of Financial Statements of Not-for-Profit Entities*, and ASU 2014-09, *Revenue from Contracts with Customers*, during the year ended June 30, 2019 on a modified retrospective basis. Our opinion is not modified with respect to these matters.

*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 28, 2019

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

Consolidated Balance Sheets

June 30, 2019 and 2018

<b>Assets</b>	<b>2019</b>	<b>2018</b>
Current assets:		
Cash and cash equivalents	\$ 20,078,131	21,837,485
Current portion of assets limited as to use	116,019	92,341
Patient accounts receivable, net	8,662,971	7,100,125
Other accounts receivable	1,496,392	1,415,519
Inventories of supplies	201,505	170,900
Prepaid expenses and other current assets	218,614	265,832
Total current assets	<u>30,773,632</u>	<u>30,882,202</u>
Investments	40,376,210	35,145,266
Assets limited as to use, less current portion:		
Board-designated funds	4,022,446	4,011,089
Eliasberg construction fund	1,249,449	1,249,449
Funds restricted by donor	16,523,292	13,744,598
Self-insurance trust funds	6,687,405	6,122,964
	<u>28,482,592</u>	<u>25,128,100</u>
Property and equipment, net	37,014,692	35,097,615
Other assets	1,658,308	1,376,586
Total assets	<u>\$ 138,305,434</u>	<u>127,629,769</u>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Current portion of long-term debt	\$ 369,869	354,930
Trade accounts payable	4,379,788	4,507,298
Accrued payroll benefits	4,926,605	4,710,922
Advances from third-party payors	3,471,792	3,574,033
Current portion of malpractice liabilities	116,019	92,341
Due to affiliates	1,461,128	408,856
Long-term debt subject to short-term remarketing arrangements	—	4,308,762
Total current liabilities	<u>14,725,201</u>	<u>17,957,142</u>
Malpractice liabilities	2,702,474	2,300,000
Accrued pension obligations	563,689	353,268
Long-term debt, less current portion	3,938,954	—
Total liabilities	<u>21,930,318</u>	<u>20,610,410</u>
Net assets:		
Without donor restrictions	97,690,847	90,999,450
With donor restrictions	18,684,269	16,019,909
Total net assets	<u>116,375,116</u>	<u>107,019,359</u>
Total liabilities and net assets	<u>\$ 138,305,434</u>	<u>127,629,769</u>

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, 2019 and 2018

	<b>2019</b>	<b>2018</b>
Operating revenue, gains, and other support:		
Net patient service revenue	\$ 64,382,350	62,010,138
Other revenue	380,869	331,678
Total operating revenue, gains, and other support	64,763,219	62,341,816
Operating expenses:		
Salaries, wages, and benefits	41,785,847	40,143,225
Purchased services and supplies	16,076,595	14,767,907
Interest expense	135,060	121,266
Depreciation and amortization	3,695,634	3,678,036
Total operating expenses	61,693,136	58,710,434
Operating income	3,070,083	3,631,382
Nonoperating income and expenses, net:		
Contributions	733,578	636,114
Investment income, net	1,330,420	1,684,711
Other income and expenses, net	51,635	11,101
Change in unrealized gains of trading securities	1,813,918	1,229,324
Excess of revenues over expenses	6,999,634	7,192,632
Net unrealized gains on other-than-trading securities	—	336,315
Change in funded status of defined benefit plan	(411,718)	234,861
Net assets released from restrictions used for purchase of property and equipment	103,481	—
Increase in net assets without donor restrictions	6,691,397	7,763,808
Changes in net assets with donor restrictions:		
Contributions	987,763	779,465
Investment income, net	693,992	1,293,356
Net unrealized gains on investments with donor restrictions	1,086,086	571,988
Net assets released from restrictions used for purchase of property and equipment	(103,481)	—
Increase in net assets with donor restrictions	2,664,360	2,644,809
Total increase in net assets	9,355,757	10,408,617
Net assets, beginning of year	107,019,359	96,610,742
Net assets, end of year	\$ 116,375,116	107,019,359

See accompanying notes to consolidated financial statements.

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

Consolidated Statements of Cash Flows

Years ended June 30, 2019 and 2018

	<b>2019</b>	<b>2018</b>
Cash flows from operating activities:		
Increase in net assets	\$ 9,355,757	10,408,617
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	3,695,634	3,678,036
Amortization of debt issue costs	5,131	5,131
Provision for bad debts	—	571,860
Net realized gains and change in value of trading securities	(3,300,378)	(3,861,825)
Restricted contributions and investment income	(1,681,755)	(2,072,821)
Net unrealized gains on investments with donor restrictions	(1,086,086)	—
Net unrealized gains on other-than-trading securities	—	(908,303)
Increase in funded status of defined benefit plan	411,718	(234,861)
Changes in operating assets and liabilities:		
Net patient accounts receivable	(1,562,846)	(1,444,156)
Other accounts receivable	(80,873)	10,719
Inventories of supplies	(30,605)	(40,251)
Prepaid expenses and other current assets	47,218	(215,559)
Other long-term assets	(281,722)	(244,127)
Amounts due to affiliates	1,052,272	(295,328)
Trade accounts payable	(751,377)	(459,371)
Accrued payroll benefits	215,683	724,465
Advances from third-party payors	(102,241)	(252,449)
Other liabilities	224,855	130,521
Net cash provided by operating activities	6,130,385	5,500,298
Cash flows from investing activities:		
Purchases of property and equipment	(4,988,844)	(4,421,560)
Purchases and sales of investments and assets limited to use, net (trading)	(4,222,650)	(297,192)
Purchases of investments and assets limited to use (other-than-trading)	—	(9,855,445)
Sales/Maturities of investments and assets limited to use (other-than-trading)	—	10,146,123
Net cash used in investing activities	(9,211,494)	(4,428,074)
Cash flows from financing activities:		
Repayment of long-term debt	(360,000)	(345,000)
Restricted contributions and investment income	1,681,755	2,072,821
Net cash provided by financing activities	1,321,755	1,727,821
(Decrease)/Increase in cash and cash equivalents	(1,759,354)	2,800,045
Cash and cash equivalents at beginning of year	21,837,485	19,037,440
Cash and cash equivalents at end of year	\$ 20,078,131	21,837,485
Supplemental disclosure of cash flow information:		
Cash paid during the year for interest	\$ 123,471	117,145
Amounts included in accounts payable for construction in progress	623,867	—

See accompanying notes to consolidated financial statements.

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**(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 \$425,694 and \$501,703 for the years ended June 30, 2019 and 2018, 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 4.11% at June 30, 2019 and 2018. Investment income and administrative expenses relating to the investment pool are allocated to the individual members based on this percentage.

The Hospital's investment portfolio is classified as trading, and is reported at fair value, based on quoted market prices, at June 30, 2019 and 2018. Unrealized holding gains and losses on trading

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securities with readily determinable market values are included in nonoperating income. Investment income, including realized gains and losses, is included in nonoperating income in the accompanying consolidated statements of operations and changes in net assets.

For the year ended June 30, 2019 the Foundation's investment portfolio is classified as trading, and is reported at fair value, based on quoted market prices. Management made a change to how the portfolio was recorded based on the portfolio meeting the definition of trading. Unrealized holding gains and losses on trading securities with readily determinable market values are included in nonoperating income. Investment income, including gains and losses, is included in nonoperating income in the accompanying consolidated statements of operations and changes in net assets.

Investments income is reported net of investment fees.

For the year ended June 30, 2018 the Foundation's investment portfolio is classified as other-than-trading and is reported in the consolidated balance sheet 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 change 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 change 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 investments below their cost basis are recognized in nonoperating income and expense. Changes in fair value of these 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 net assets unless without donor restriction otherwise required by the donor or state law to be included in net assets with donor restriction.

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

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**(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.

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, 2019 and 2018, 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.

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*(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.

*(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. 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, 2019 and 2018.

**(j) Net Assets**

The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) "Audit and Accounting Guide for Not-for-Profit Organizations" (the "Guide"). (ASC) 958-205 was effective July 1, 2018.

Under the provisions of the Guide, net assets and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Corporation and changes therein are classified as follows:

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

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

Periods prior to adoption, which previously presented temporarily restricted and permanently restricted net assets, have been revised to conform to the new presentation of a single classification of net assets with donor restrictions.

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

In accordance with ASC 606 Revenue from Contracts with Customers (ASC 606), net patient service revenue, which includes hospital inpatient services, hospital outpatient services, and other patient services revenue, is recorded at the transaction price estimated by the Corporation to reflect the total consideration due from patients and third-party payors (including commercial payers and government

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programs) and others. Revenue is recognized over time as performance obligations are satisfied in exchange for providing goods and services in patient care. Revenue is recorded as these goods and services are provided. The services provided to a patient during an inpatient stay or outpatient visit represent a bundle of goods and services that are distinct and accounted for as a single performance obligation

The Corporation's estimate of the transaction price includes the Corporation's standard charges for the goods and services provided with a reduction recorded related to price concessions for such items as contractual allowances, charity care, potential adjustments that may arise from payment and other reviews, and uncollectible amounts. The price concessions are determined using the portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. Estimates for uncollectible amounts are based on the aging of the accounts receivable, historical collections experience for similar payors and patients, current market conditions, and other relevant factors. The Corporation recognizes a significant amount of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay. Based on historical experience, a significant portion of the self-pay population will be unable or unwilling to pay for services which is estimated in the transaction price. Subsequent changes to the estimate of the transaction price are generally recorded as adjustment to net patient service revenue in the period of change. Subsequent changes that are determined to be the result of an adverse change in the payor's or patient's ability to pay are recorded as bad debt expense.

The standard charges for goods and services for the Corporation 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. See note 15 for further discussion on the HSCRC and regulated rates.

Patient accounts are recorded at the net realizable value based on certain assumptions determined by each payor. For third-party payors including Medicare, Medicaid, and commercial insurance, the net realizable value is based on the estimated contractual adjustments which is based on approved discounts on charges as permitted by the HSCRC. For self-pay accounts, which includes patients who are uninsured and the patient responsibility portion for patients with insurance, the net realizable value is determined using estimates of historical collection experience. Net patient accounts receivable shown on the balance sheet for June 30, 2018 are net of allowance for doubtful accounts of \$2,277,315. Net patient service revenue shown on the consolidated statement of operations and changes in net assets for June 30, 2018 are net of provision for bad debts of \$571,860. With the adoption of ASC 606 all revenue and related accounts receivable are recorded at the net expected transaction price, therefore there is no material allowance for doubtful accounts or provision for bad debts for the year ended June 30, 2019.

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

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Operating revenue by line of business are as follows for the years ended June 30:

	<b>2019</b>	<b>2018</b>
Hospital	\$ 61,775,036	59,187,488
Physicians	2,607,314	2,822,650
Total revenue from contracts with customers	64,382,350	62,010,138
Other nonpatient care	380,869	331,678
Total operating revenue	\$ 64,763,219	62,341,816

**(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 \$31,879 and \$86,541 in the years ended June 30, 2019 and 2018, respectively.

**(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 net assets without donor restriction that are excluded from the excess of revenues over expenses, consistent with industry practice, include the change in unrealized gains on investments, 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.

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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. The Corporation 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 net assets with donor restriction if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is satisfied, net assets with donor restriction are reclassified as net assets without donor restriction and either reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions for operations net assets released from restrictions for property and equipment. Donor-restricted contributions for operations whose restrictions are met within the same year as received are reported as contributions without donor restriction in the accompanying consolidated financial statements. Revenue earned from contributed assets is considered unrestricted unless specifically restricted by the donor. Contributions restricted for the acquisition of land, buildings, and equipment are reported as net assets without donor restriction upon acquisition of the assets and the assets are placed in service.

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

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).

**(q) New Accounting Pronouncements**

The Corporation adopted ASU No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), in 2019, which serves to supersede most existing revenue guidance, including guidance specific to the healthcare industry. Refer to additional disclosures and discussion in footnote 2(k).

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ASU No. 2016-14, *Not-for-Profit Entities* (Topic 958), was adopted by the Corporation in 2019. This standard amends the requirements for financial statements and notes in Topic 958, Not-for-Profit Entities (NFP), and requires a NFP to:

- Reduce the number of net asset classes presented from three to two, with donor restrictions and without donor restrictions, as presented in the consolidated balance sheets and statement of changes in net assets and footnote 13;
- Require all NFPs to present expenses by their functional and their natural classifications in one location in the financial statements, as presented in footnote 7;
- Require NFPs to provide quantitative and qualitative information about management of liquid resources and availability of financial assets to meet cash needs within one year of the balance sheet date, as presented in footnote 14.

ASU No. 2016-14 was applied by the Corporation, retrospectively, in fiscal year 2019. The adoption of ASU 2016-14 had no impact to results of operations or total net assets. The adoption of the standard required the Corporation to restate balances presented for the year ended June 30, 2018 to compare to the current year.

The FASB issued ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, which clarifies guidance about whether a transfer of assets is a contribution or an exchange transaction. The amendments require an entity to determine whether a resource provider is participating in an exchange transaction by evaluating whether the resource provider is receiving commensurate value in return for the resources transferred. The ASU was adopted in 2019 and did not have a material impact on the results of operations.

The FASB issued ASU No. 2016-02, *Leases* (Topic 842), which requires leases with terms exceeding twelve months to be presented on-balance sheet by recognizing a lease liability and a right of use asset. The adoption of ASU No. 2016-02 is effective in fiscal year 2020, and will require application of the new guidance at the beginning of the earliest comparable period presented. The adoption of the ASU is expected to increase the Corporation's assets and liabilities but not have a significant impact on the results of operations or cash flows. ASU 2016-02 was amended to provide optional practical expedients as a relief in transition by allowing entities to adopt the standard prospectively without recasting prior comparative periods. The Corporation adopted this option as of July 1, 2019. Adoption of this standard resulted in the addition of approximately \$203,000 in assets and liabilities to the consolidated balance sheet. The Corporation will include new disclosures in 2020 in accordance with Topic 842.

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.

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**(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.

**(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>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 2,134,613	1,127,067
U.S. government and agency securities	617,386	—
Corporate obligations	3,970,207	3,010,153
Foreign bonds	346,663	198,456
Common stocks	10,726,318	10,669,460
UMMS investment pool	4,000,000	4,000,000
Self insurance trust funds – MMCIP	<u>6,803,424</u>	<u>6,215,305</u>
Total assets limited or restricted as to use	28,598,611	25,220,441
Less amounts available for current liabilities	<u>(116,019)</u>	<u>(92,341)</u>
Total assets limited as to use, less current portion	<u>\$ 28,482,592</u>	<u>25,128,100</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. As of June 30, 2019 and 2018 the board had designated \$4,022,446 and \$4,011,089, respectively. Investments which are generally considered short term in nature are classified within the total investment and assets limited as to use portfolio based on expected use over the next twelve months.

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

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participation in MMCIP by carrying limited-use assets representing the amount of funds contributed to MMCIP and recording a liability for claims, which is included in malpractice liabilities in the accompanying consolidated balance sheets.

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

	<u>2019</u>	<u>2018</u>
U.S. government and agency securities	\$ 274,222	—
Corporate obligations	1,764,043	732,382
Foreign bonds	154,119	48,285
Common stocks	4,749,934	2,595,921
UMMS investment pool	<u>33,433,892</u>	<u>31,768,678</u>
	<u>\$ 40,376,210</u>	<u>35,145,266</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>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 14,987,641	35,752,037
Corporate bonds	183,587,949	55,661,123
Collateralized corporate obligations	23,963,755	26,880,451
U.S. government and agency securities	27,774,538	29,389,685
Common stocks	173,228,686	206,592,817
Alternative investments	<u>479,714,505</u>	<u>514,973,310</u>
	<u>\$ 903,257,074</u>	<u>869,249,423</u>
Hospital's allocation (investments)	\$ 33,433,892	31,768,678
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>2019</u>	<u>2018</u>
Interest and dividend income, net of fees	\$ 538,852	345,566
Net realized gains on investments and assets limited to use	1,485,560	2,632,501
Change in unrealized gains on trading securities	1,813,918	1,229,324
Net unrealized gains on net assets with donor restrictions	1,086,086	571,988
Net unrealized gains on other-than-trading securities	<u>—</u>	<u>336,315</u>
	<u>\$ 4,924,416</u>	<u>5,115,694</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:

	<b>2019</b>	<b>2018</b>
Nonoperating investment income	\$ 1,330,420	1,684,711
Investment income on net assets with donor restrictions	693,992	1,293,356
Net unrealized gains on net assets with donor restrictions	1,086,086	571,988
Change in unrealized gains of trading securities	1,813,918	1,229,324
Net unrealized gains on other-than-trading securities	—	336,315
	\$ 4,924,416	5,115,694

The following table presents assets and liabilities that are measured at fair value on a recurring basis, excluding alternative investments in the amount of \$17,901,916 for investments and \$2,124,376 for assets limited as to use, which are accounted for under the equity method, as of June 30, 2019:

	<b>Level I</b>	<b>Level II</b>	<b>Level III</b>	<b>Total</b>
Investments:				
Bonds – Government agency	\$ 274,222	—	—	274,222
Corporate obligations	1,764,043	—	—	1,764,043
Common stocks	4,749,934	—	—	4,749,934
Foreign bonds	—	154,119	—	154,119
UMMS investment pool	12,789,624	2,742,352	—	15,531,976
Subtotal	19,577,823	2,896,471	—	22,474,294
Assets limited as to use:				
Cash and cash equivalents	2,134,613	—	—	2,134,613
Bonds – Government agency	617,386	—	—	617,386
Corporate obligations	3,970,207	—	—	3,970,207
Common stocks	10,726,318	—	—	10,726,318
Foreign bonds	—	346,664	—	346,664
UMMS investment pool	1,544,460	331,163	—	1,875,623
Self insurance trust funds – MMCIP	—	6,803,424	—	6,803,424
Subtotal	18,992,984	7,481,251	—	26,474,235
	\$ 38,570,807	10,377,722	—	48,948,529



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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 \$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:

	<u>Level I</u>	<u>Level II</u>	<u>Level III</u>	<u>Total</u>
Investments:				
Corporate obligations	\$ 732,382	—	—	732,382
Common stocks	2,595,921	—	—	2,595,921
Foreign bonds	—	48,285	—	48,285
UMMS investment pool	<u>10,626,226</u>	<u>2,375,115</u>	—	<u>13,001,341</u>
Subtotal	<u>13,954,529</u>	<u>2,423,400</u>	—	<u>16,377,929</u>
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	<u>—</u>	<u>6,215,305</u>	—	<u>6,215,305</u>
Subtotal	<u>16,139,122</u>	<u>6,711,581</u>	—	<u>22,850,703</u>
	<u>\$ 30,093,651</u>	<u>9,134,981</u>	—	<u>39,228,632</u>

**(4) Property and Equipment**

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

	<u>2019</u>	<u>2018</u>
Land and land improvements	\$ 1,607,154	1,587,397
Buildings and fixed equipment	57,019,064	55,776,837
Leasehold improvements	548,204	842,497
Major moveable equipment	11,870,701	13,747,661
Minor equipment	5,862,357	6,551,383
Construction in progress	<u>4,584,538</u>	<u>1,631,331</u>
	81,492,018	80,137,106
Less accumulated depreciation	<u>(44,477,326)</u>	<u>(45,039,491)</u>
Property and equipment, net	<u>\$ 37,014,692</u>	<u>35,097,615</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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**(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 \$598,703 and \$646,941 for the years ended June 30, 2019 and 2018, respectively.

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>2019</u>	<u>2018</u>
Change in projected benefit obligations:		
Benefit obligations at beginning of year	\$ 10,262,759	9,721,683
Settlements	—	(325,123)
Service cost	650,338	658,042
Interest cost	434,885	382,183
Actuarial loss (gain)	591,894	(168,746)
Benefits paid	<u>(179,054)</u>	<u>(5,280)</u>
Projected benefit obligations at end of year	<u>\$ 11,760,822</u>	<u>10,262,759</u>

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	<b>2019</b>	<b>2018</b>
Change in plan assets:		
Fair value of plan assets at beginning of year	\$ 9,909,491	8,980,495
Actual return on plan assets	666,696	459,399
Settlements	—	(325,123)
Employer contributions	800,000	800,000
Benefits paid	(179,054)	(5,280)
Fair value of plan assets at end of year	\$ 11,197,133	9,909,491
Accumulated benefit obligation at end of year	\$ 11,457,823	9,834,316

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:

	<b>2019</b>	<b>2018</b>
Funded status, end of period:		
Fair value of plan assets	\$ 11,197,133	9,909,491
Projected benefit obligations	11,760,822	10,262,759
Funded status	\$ (563,689)	(353,268)
Amounts recognized in net assets without donor restriction as of June 30:		
Net actuarial loss	\$ (2,390,856)	(1,976,896)
Unamortized prior service cost	(9,547)	(11,789)
	\$ (2,400,403)	(1,988,685)

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

Net actuarial loss	\$ 170,778	
Prior service cost	2,242	
	\$ 173,020	

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

	<b>2019</b>	<b>2018</b>
Service cost	\$ 650,338	658,042
Interest cost	434,885	382,183
Expected return on plan assets	(627,644)	(614,276)
Amortization of prior service cost	2,242	2,442
Amortization of net actuarial loss	138,882	218,550
	\$ 598,703	646,941

Components of net benefit cost other than the service cost of \$650,338 and \$685,042 were recorded in other nonoperating income and expenses, net in the consolidated statements of operations and changes in net assets for the year ended June 30, 2019 and 2018, respectively. Service cost is included as a component of fringe benefits, which is recorded as salaries, wages, and benefits in the accompanying consolidated statements of operations and changes in net assets.

The 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:

	<b>2019</b>	<b>2018</b>
Discount rate	3.70 %	4.39 %
Rate of compensation increase	3.00	3.00

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

	<b>2019</b>	<b>2018</b>
Discount rate	4.39 %	4.1/3.85%
Expected long-term return on plan assets	6.25	6.50
Rate of compensation increase	3.00	3.00

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 6.9% and 6.2% at June 30, 2019 and 2018. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on this percentage.

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

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 5,034,652	3,165,125
Bonds – corporate	6,956,332	—
Bonds – government and agency	4,153,678	—
Common and preferred stocks	12,106,868	10,751,942
Equity mutual funds	21,139,906	18,351,267
Fixed-income mutual funds	13,345,457	12,081,870
Other mutual funds	14,598,969	12,720,183
Alternative investments	<u>85,912,562</u>	<u>102,453,322</u>
Total Master Trust cash and investments	<u>\$ 163,248,424</u>	<u>159,523,709</u>
Plan’s interest in Master Trust	\$ 11,197,133	9,909,491

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.

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>2019</u>	<u>2018</u>
Cash and cash equivalents	0–10%	4 %	2 %
Equity securities	30–50%	41	23
Fixed-income securities	25–45%	28	38
Global asset allocation	10–20%	17	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.

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The table below presents the Master Trust's and the Plan's allocated share of investments as of June 30, 2019 aggregated by the fair value hierarchies as described in note 2(e):

	<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	\$ 107,588	4,927,064	—	—	5,034,652
Bonds – corporate	6,956,332	—	—	—	6,956,332
Bonds – government and agency	4,153,678	—	—	—	4,153,678
Common and preferred stocks	12,106,868	—	—	—	12,106,868
Equity mutual funds	21,139,906	—	—	—	21,139,906
Fixed-income mutual funds	13,345,457	—	—	—	13,345,457
Other mutual funds	14,598,969	—	—	—	14,598,969
Alternative investments	8,132,473	32,525,218	—	45,254,871	85,912,562
	<u>\$ 80,541,271</u>	<u>37,452,282</u>	<u>—</u>	<u>45,254,871</u>	<u>163,248,424</u>
The Plan's allocation	\$ 5,525,327	2,568,364	—	3,103,442	11,197,133

\* Fund investments reported at NAV as practical expedient estimate

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 2(e):

	<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

Alternative investments include hedge funds and commingled investment funds. The majority of these alternative investments held as of June 30, 2019 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 \$56,000,000, which are subject to notice requirements of 30-60 days and are available to be redeemed on a monthly or quarterly basis. Funds totaling \$14,500,000 are subject to notice requirements of 90 days and can be redeemed monthly or quarterly. Of these funds, one fund totaling \$2,100,000 is subject to a lock-up restriction of three years. In addition, one fund totaling \$13,000 is subject to lockup restrictions and is not available to be

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redeemed until certain time restrictions are met, which range from one to three years. The Corporation had no unfunded commitments as of June 30, 2019.

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. The Corporation had no unfunded commitments as of June 30, 2018.

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

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:

2020	\$	825,351
2021		755,210
2022		749,884
2023		774,237
2024		672,232
2025–2029		4,245,495

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at June 30, 2019.

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, 2019 and 2018 was \$266,768 and \$227,316, 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.

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

2020		\$	51,001
2021			52,531
2022			54,107
2023			46,211
			46,211
		\$	203,850

**(7) Functional Expenses**

The Corporation considers healthcare services and management and general to be its primary functional categories for purposes of expense classification. Accordingly, certain costs have been allocated among healthcare services and management and general. Depreciation is allocated based on square footage. The Hospital's operating expenses by functional classification for the years ended June 30 is as follows:

<b>2019</b>				
		Healthcare services	Management and general	Total
Salaries, wages, and benefits	\$	36,895,149	4,890,695	41,785,844
Purchased services and supplies		12,189,031	3,887,566	16,076,597
Depreciation and amortization		3,437,310	258,325	3,695,635
Interest expense		135,060	—	135,060
Total	\$	52,656,550	9,036,586	61,693,136

<b>2018</b>				
		Healthcare services	Management and general	Total
Salaries, wages, and benefits	\$	35,491,173	4,652,052	40,143,225
Purchased services and supplies		12,048,546	2,719,360	14,767,906
Depreciation and amortization		3,420,942	257,095	3,678,037
Interest expense		121,266	—	121,266
Total	\$	51,081,927	7,628,507	58,710,434

**(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.



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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 \$4,308,823 and \$4,663,692 at June 30, 2019 and 2018, 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 2019 ranged from 1.06% to 2.39%.

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:

2020	\$	375,000
2021		400,000
2022		410,000
2023		425,000
2024		455,000
Thereafter		2,290,000
Total debt		4,355,000
Unamortized deferred financing costs		(46,177)
	\$	4,308,823

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, 2022, as defined in the Amendment to Loan Agreement. The Corporation has reflected the

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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 due to the mandatory prepayment date of February 28, 2019 which was renewed on January 4, 2019. As of June 30, 2019, the Corporation did not have any amounts outstanding on the letter of credit.

For the year ended June 30, 2019, \$4,355,000 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.

**(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, 2019, 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. In management's opinion, these accruals provide an adequate and appropriate loss reserve. Malpractice liabilities include \$1,658,308 and \$1,376,586 as of June 30, 2019 and 2018, 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 2019 and 2018 was \$290,571 and \$491,902, respectively.

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**(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 \$519,000 and \$499,000 as of June 30, 2019 and 2018, for estimated claims incurred but not reported, which are included in accrued payroll benefits.

**(11) Business and Credit Concentrations**

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

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

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

	<u>2019</u>	<u>2018</u>
Medicaid	74 %	67 %
Blue Cross	10	14
Commercial insurance and HMO	9	13
Self-pay and others	7	6
	<u>100 %</u>	<u>100 %</u>

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

	<u>2019</u>	<u>2018</u>
Medicaid	76 %	76 %
Blue Cross	13	13
Commercial insurance and HMO	10	10
Self-pay and others	1	1
	<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 is classified in net assets with donor restrictions 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

Changes in endowment net assets for the year ended June 30, 2019 and 2018 consist of the following:

	<u>Without donor restriction</u>	<u>With donor restriction</u>	<u>Total</u>
Endowment net assets, June 30, 2017	\$ —	11,401,761	11,401,761
Investment return, net	—	2,688,127	2,688,127
Endowment net assets, June 30, 2018	—	14,089,888	14,089,888
Investment return, net	—	1,776,276	1,776,276
Amount appropriated for expenditures	—	(1,000,000)	(1,000,000)
Endowment net assets, June 30, 2019	<u>\$ —</u>	<u>14,866,164</u>	<u>14,866,164</u>

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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, 2019, 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 net assets without donor restriction, 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) Net Assets with Donor Restrictions**

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

Donor restricted net assets consist for the following purposes at June 30:

	<u>2019</u>	<u>2018</u>
Subject to expenditure for specific purpose:		
Funds to be used for programs and capital projects	\$ 3,787,920	1,903,638
Callaway fund	30,185	26,383
Endowment funds to be used for renovations	2,987,946	3,516,592
Endowment funds, other	<u>11,053,047</u>	<u>9,748,125</u>
Total expenditures for specific purposes	<u>17,859,098</u>	<u>15,194,738</u>
Investments in perpetuity		
Endowment funds to be used for renovations	5,000	5,000
Endowment funds, other	<u>820,171</u>	<u>820,171</u>
Total investments in perpetuity	<u>825,171</u>	<u>825,171</u>
Total net assets with donor restrictions	<u>\$ 18,684,269</u>	<u>\$ 16,019,909</u>

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June 30, 2019 and 2018

**(14) Liquidity and Availability of Resources**

The Corporation had financial assets available to management for general expenditures within one year of the financial reporting date, or June 30, 2019 and 2018 as follows:

	<u>2019</u>	<u>2018</u>
Financial Assets:		
Cash and cash equivalents	\$ 20,078,131	21,837,485
Accounts receivable, net	10,159,363	8,515,644
Board-designated assets limited as to use	4,022,446	4,011,089
Investments	<u>40,376,210</u>	<u>35,145,266</u>
Total financial assets available within one year	74,636,150	69,509,484
Liquidity Resource:		
Letter of Credit	4,605,301	4,782,818
Less:		
Amounts unavailable for general expenditures within one year due to:		
Alternative investments subject to lockup restrictions	<u>932,790</u>	<u>1,027,440</u>
Total financial assets and liquidity resources available within one year	<u>\$ 78,308,661</u>	<u>73,264,862</u>

**(15) Certain Significant Risks and Uncertainties**

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

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

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

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

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Notes to Consolidated Financial Statements and Schedules

June 30, 2019 and 2018

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.

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.

**(16) Subsequent Events**

The Corporation evaluated all events and transaction that occurred after June 30, 2019 and through October 28, 2019. Other than described in note 2(q), the Corporation did not have any material recognizable subsequent events during the period.

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

Consolidating Balance Sheet Information

June 30, 2019

<b>Assets</b>	<b>Mt. Washington Pediatric Hospital, Inc.</b>	<b>Mt. Washington Pediatric Foundation, Inc.</b>	<b>Mt. Washington Pediatric Community Health Services, LLC</b>	<b>Elimination entries</b>	<b>Consolidated total</b>
Current assets:					
Cash and cash equivalents	\$ 18,564,882	1,231,982	281,267	—	20,078,131
Current portion of assets limited as to use	116,019	—	—	—	116,019
Patient accounts receivable, net	8,662,971	—	—	—	8,662,971
Other accounts receivable	1,952,836	—	43,556	(500,000)	1,496,392
Inventories of supplies	201,505	—	—	—	201,505
Prepaid expenses and other current assets	218,614	—	—	—	218,614
Total current assets	<u>29,716,827</u>	<u>1,231,982</u>	<u>324,823</u>	<u>(500,000)</u>	<u>30,773,632</u>
Investments	33,433,892	6,942,318	—	—	40,376,210
Assets limited as to use, less current portion:					
Board-designated funds	4,022,446	—	—	—	4,022,446
Eliasberg Construction Fund	—	1,249,449	—	—	1,249,449
Funds restricted by donor	2,112,167	14,411,125	—	—	16,523,292
Self-insurance trust funds	6,687,405	—	—	—	6,687,405
	<u>12,822,018</u>	<u>15,660,574</u>	<u>—</u>	<u>—</u>	<u>28,482,592</u>
Property and equipment, net	37,014,692	—	—	—	37,014,692
Economic interest in net assets of the Foundation	23,126,912	—	—	(23,126,912)	—
Other assets	1,658,308	—	—	—	1,658,308
Total assets	<u>\$ 137,772,649</u>	<u>23,834,874</u>	<u>324,823</u>	<u>(23,626,912)</u>	<u>138,305,434</u>
<b>Liabilities and Net Assets</b>					
Current liabilities:					
Current portion of long-term debt	\$ 369,869	—	—	—	369,869
Trade accounts payable	4,171,826	707,962	—	(500,000)	4,379,788
Accrued payroll benefits	4,926,605	—	—	—	4,926,605
Advances from third-party payors	3,471,792	—	—	—	3,471,792
Current portion of malpractice liabilities	116,019	—	—	—	116,019
Due to affiliates	1,178,740	—	282,388	—	1,461,128
Total current liabilities	<u>14,234,851</u>	<u>707,962</u>	<u>282,388</u>	<u>(500,000)</u>	<u>14,725,201</u>
Malpractice liabilities	2,702,474	—	—	—	2,702,474
Accrued pension obligations	563,689	—	—	—	563,689
Long-term debt, less current portion	3,938,954	—	—	—	3,938,954
Total liabilities	<u>21,439,968</u>	<u>707,962</u>	<u>282,388</u>	<u>(500,000)</u>	<u>21,930,318</u>
Net assets:					
Without donor restrictions	97,648,412	8,230,563	42,435	(8,230,563)	97,690,847
With donor restrictions	18,684,269	14,896,349	—	(14,896,349)	18,684,269
Total net assets	<u>116,332,681</u>	<u>23,126,912</u>	<u>42,435</u>	<u>(23,126,912)</u>	<u>116,375,116</u>
Total liabilities and net assets	<u>\$ 137,772,649</u>	<u>23,834,874</u>	<u>324,823</u>	<u>(23,626,912)</u>	<u>138,305,434</u>

See accompanying independent auditors' report.



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

Consolidating Balance Sheet Information

June 30, 2018

<b>Assets</b>	<b>Mt. Washington Pediatric Hospital, Inc.</b>	<b>Mt. Washington Pediatric Foundation, Inc.</b>	<b>Mt. Washington Pediatric Community Health Services, LLC</b>	<b>Elimination entries</b>	<b>Consolidated total</b>
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, net	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	<u>26,416,959</u>	<u>4,354,399</u>	<u>110,844</u>	<u>—</u>	<u>30,882,202</u>
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
	<u>11,250,031</u>	<u>13,878,069</u>	<u>—</u>	<u>—</u>	<u>25,128,100</u>
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	<u>\$ 127,343,599</u>	<u>21,609,056</u>	<u>110,844</u>	<u>(21,433,730)</u>	<u>127,629,769</u>
<b>Liabilities and Net Assets</b>					
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	<u>17,704,973</u>	<u>175,326</u>	<u>76,843</u>	<u>—</u>	<u>17,957,142</u>
Malpractice liabilities	2,300,000	—	—	—	2,300,000
Accrued pension obligations	353,268	—	—	—	353,268
Total liabilities	<u>20,358,241</u>	<u>175,326</u>	<u>76,843</u>	<u>—</u>	<u>20,610,410</u>
Net assets:					
Without donor restrictions	90,965,449	7,317,459	34,001	(7,317,459)	90,999,450
With donor restrictions	16,019,909	14,116,271	—	(14,116,271)	16,019,909
Total net assets	<u>106,985,358</u>	<u>21,433,730</u>	<u>34,001</u>	<u>(21,433,730)</u>	<u>107,019,359</u>
Total liabilities and net assets	<u>\$ 127,343,599</u>	<u>21,609,056</u>	<u>110,844</u>	<u>(21,433,730)</u>	<u>127,629,769</u>

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, 2019

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Elimination entries	Consolidated total
Operating revenue, gains, and other support:					
Net patient service revenue	\$ 64,166,358	—	215,992	—	64,382,350
Other revenue	914,703	—	20,700	(554,534)	380,869
Total operating revenue, gains, and other support	<u>65,081,061</u>	<u>—</u>	<u>236,692</u>	<u>(554,534)</u>	<u>64,763,219</u>
Operating expenses:					
Salaries, wages, and benefits	41,601,884	—	183,963	—	41,785,847
Purchased services	16,032,300	—	44,295	—	16,076,595
Interest expense	135,060	—	—	—	135,060
Depreciation	3,695,634	—	—	—	3,695,634
Total operating expenses	<u>61,464,878</u>	<u>—</u>	<u>228,258</u>	<u>—</u>	<u>61,693,136</u>
Operating income	<u>3,616,183</u>	<u>—</u>	<u>8,434</u>	<u>(554,534)</u>	<u>3,070,083</u>
Nonoperating income and expenses, net:					
Contributions	671,548	62,030	—	—	733,578
Investment income, net	903,263	427,157	—	—	1,330,420
Change in unrealized gains of trading securities	835,467	978,451	—	—	1,813,918
Other income and expenses, net	51,635	—	—	—	51,635
Support from Mt. Washington Pediatric Foundation, Inc.	—	(1,554,534)	—	1,554,534	—
Total nonoperating income and expense	<u>2,461,913</u>	<u>(86,896)</u>	<u>—</u>	<u>1,554,534</u>	<u>3,929,551</u>
Excess of revenues over expenses	<u>6,078,096</u>	<u>(86,896)</u>	<u>8,434</u>	<u>1,000,000</u>	<u>6,999,634</u>
Net unrealized gains on other-than-trading securities	—	—	—	—	—
Change in funded status of defined benefit plan	(411,718)	—	—	—	(411,718)
Change in economic interest in the Foundation	913,104	—	—	(913,104)	—
Net assets released from restrictions used for purchase of property and equipment	103,481	1,000,000	—	(1,000,000)	103,481
Increase in net assets without donor restrictions	<u>6,682,963</u>	<u>913,104</u>	<u>8,434</u>	<u>(913,104)</u>	<u>6,691,397</u>
Changes in net assets with donor restrictions:					
Contributions	2,542,297	—	—	(1,554,534)	987,763
Investment income, net	—	693,992	—	—	693,992
Net unrealized gains on investments with donor restrictions	—	1,086,086	—	—	1,086,086
Change in economic interest in the Foundation	780,078	—	—	(780,078)	—
Net assets released from restrictions used for operations	(554,534)	—	—	554,534	—
Net assets released from restrictions used for purchase of property and equipment	(103,481)	(1,000,000)	—	1,000,000	(103,481)
Increase in net assets with donor restrictions	<u>2,664,360</u>	<u>780,078</u>	<u>—</u>	<u>(780,078)</u>	<u>2,664,360</u>
Total increase in net assets	<u>9,347,323</u>	<u>1,693,182</u>	<u>8,434</u>	<u>(1,693,182)</u>	<u>9,355,757</u>
Net assets, beginning of year	106,985,358	21,433,730	34,001	(21,433,730)	107,019,359
Net assets, end of year	<u>\$ 116,332,681</u>	<u>23,126,912</u>	<u>42,435</u>	<u>(23,126,912)</u>	<u>116,375,116</u>

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

	<b>Mt. Washington Pediatric Hospital, Inc.</b>	<b>Mt. Washington Pediatric Foundation, Inc.</b>	<b>Mt. Washington Pediatric Community Health Services, LLC</b>	<b>Elimination entries</b>	<b>Consolidated total</b>
Operating revenue, gains, and other support:					
Net patient service revenue	\$ 61,906,797	—	103,341	—	62,010,138
Other revenue	980,540	—	—	(648,862)	331,678
Total operating revenue, gains, and other support	<u>62,887,337</u>	<u>—</u>	<u>103,341</u>	<u>(648,862)</u>	<u>62,341,816</u>
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	<u>58,629,436</u>	<u>—</u>	<u>80,998</u>	<u>—</u>	<u>58,710,434</u>
Operating income	<u>4,257,901</u>	<u>—</u>	<u>22,343</u>	<u>(648,862)</u>	<u>3,631,382</u>
Nonoperating income and expenses, net:					
Contributions	570,721	65,393	—	—	636,114
Investment income, net	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	<u>2,707,686</u>	<u>204,702</u>	<u>—</u>	<u>648,862</u>	<u>3,561,250</u>
Excess of revenues over expenses	6,965,587	204,702	22,343	—	7,192,632
Net unrealized gains 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 net assets without donor restrictions	<u>7,741,465</u>	<u>541,017</u>	<u>22,343</u>	<u>(541,017)</u>	<u>7,763,808</u>
Changes in net assets with donor restrictions:					
Contributions	1,428,327	—	—	(648,862)	779,465
Investment income, net	—	1,293,356	—	—	1,293,356
Net unrealized gains on investments with donor restrictions	—	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 net assets with donor restrictions	<u>2,644,809</u>	<u>1,865,344</u>	<u>—</u>	<u>(1,865,344)</u>	<u>2,644,809</u>
Total increase in net assets	<u>10,386,274</u>	<u>2,406,361</u>	<u>22,343</u>	<u>(2,406,361)</u>	<u>10,408,617</u>
Net assets, beginning of year	96,599,084	19,027,369	11,658	(19,027,369)	96,610,742
Net assets, end of year	\$ <u>106,985,358</u>	<u>21,433,730</u>	<u>34,001</u>	<u>(21,433,730)</u>	<u>107,019,359</u>

See accompanying independent auditors' report.