



2009 Income Tax Returns

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Cumulative e-File History 2009	
FED	
Locator:	08747L
Taxpayer Name:	MT. Washington Pediatric Hospital, Inc.
Return Type:	990
Submitted Date:	05/11/2011 11:17:28
Acknowledgement Date:	05/11/2011 11:31:08
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Submission ID:	54028020111315000006

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning 07/01, 2009, and ending 06/30, 2010

2009

Department of the Treasury
Internal Revenue Service

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

▶ See instructions on back.

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 return for which you are using this 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 for the return for which you are filing 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	<u>50678223.</u>
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 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 2009 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ *Alfred A. Prine* | 4-28-11 | ▶ Treasurer

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 ▶ <u><i>Margaret A. Bradshaw</i></u> CPA	Date	Check if also paid preparer	Check if self-employed	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	<u>5/10/11</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>P00501222</u>
	<u>KPMG LLP</u> <u>1676 INTERNATIONAL DRIVE</u> <u>MCLEAN VA 22102</u>				EIN <u>13-5565207</u> Phone no. <u>703-286-8000</u>

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

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

Header section containing organization name (MT. WASHINGTON PEDIATRIC HOSPITAL, INC.), address (1708 W. ROGERS AVENUE, BALTIMORE, MD 21209), identification number (52-0591483), and other organizational details.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics (members, employees, volunteers), revenue (total 50,678,223), expenses (total 4,096,663), and net assets (44,315,970).

Part II Signature Block

Signature block containing declaration text, signature lines for officer and preparer, and preparer information (KPMG LLP, 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102).

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <u>Mt. Washington Pediatric Hospital, Inc.</u>	Employer identification number <u>52-0591483</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>1708 W. Rogers Avenue</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Baltimore, MD 21209</u>	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ ALVIN C CRISP III

Telephone No. ▶ 410 328-6984 FAX No. ▶ 866 280-0649

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 07/01, 2009, and ending 06/30, 2010.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
	Number, street, and room or suite no. If a P.O. box, see instructions. 1708 W. ROGERS AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21209	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in the care of **ALVIN C CRISP III**
Telephone No. **410 328-6984** FAX No. **866 280-0649**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 05/15/2011
- For calendar year _____, or other tax year beginning 07/01/2009 and ending 06/30/2010
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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

Signature and Verification

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

Signature [Signature] Title LLP Date 12/17/10

KPMG LLP
1676 INTERNATIONAL DRIVE
MCLEAN, VA 22102

Part III Statement of Program Service Accomplishments

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 39,768,506. including grants of \$ _____) (Revenue \$ 48,719,456.)

MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 22,506 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 32,026 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. 82% OF PATIENTS RECEIVED MEDICAL ASSISTANCE.

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

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

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

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

4e Total program service expenses ▶ 39,768,506.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Includes sub-rows 12a, 14a, 14b, 17, 18, 19, 20.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form with questions 1a through 12b regarding IRS filings and tax compliance, including sections on prohibited tax shelter transactions, contributions, and charitable trusts.

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 2 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?; 3 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?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ALVIN C CRISP III, 110 SOUTH PACA STREET BALTIMORE, MD 21201 410-328-6984

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
EDWARD B CHAMBERS TRUSTEE	1.00	X					0.	0.	0.	
STEVEN J CZINN MD TRUSTEE	1.00	X					0.	0.	0.	
GEORGE DOVER MD TRUSTEE	1.00	X					0.	0.	0.	
RONALD R PETERSON TRUSTEE	1.00	X					0.	0.	0.	
JOHN KELLY TRUSTEE	1.00	X					0.	0.	0.	
DANIEL SHEALER JR ESQUIRE TRUSTEE	1.00	X					0.	0.	0.	
LAWRENCE PAKULA TRUSTEE	1.00	X					0.	0.	0.	
FRED WOLF III ESQUIRE TRUSTEE	1.00	X					0.	0.	0.	
ROSLYN STOLER TRUSTEE	1.00	X					0.	0.	0.	
S TRACY COSTER TRUSTEE	1.00	X					0.	0.	0.	
ROBERT A CHRENCIK TRUSTEE	1.00	X					0.	0.	0.	
BERYL ROSENSTEIN MD TRUSTEES	1.00	X					0.	0.	0.	
SHELDON STEIN PRESIDENT CEO	40.00			X			337,742.	0.	27,799.	
ALFRED A PIETSCH TREASURER	1.00			X			0.	0.	0.	
SHARON KELLEY VP NURSING ADMINISTRATION	40.00				X		183,469.	0.	21,804.	
THOMAS ELLIS VP - HUMAN RESOURCES	40.00				X		165,877.	0.	26,735.	

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

(A) Name and title	(B) Average hours per week	(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			
AJOKE AJAYI AKINTADE M D ATTENDING PHYSICIAN	40.00					X		177,502.	0.	8,614.
KATHERINE ALTER MD DIRECTOR PHYSICAL MEDICINE	32.00					X		220,678.	0.	26,083.
NADA STEFANOVIC MD ATTENDING PHYSICIAN	40.00					X		143,976.	0.	15,230.
PATRICIA QUIGLEY MD DIRECTOR - PULMONARY SERVICES	40.00					X		176,101.	0.	22,754.
STEPHEN NICHOLS MD ATTENDING PHYSICIAN	40.00					X		152,236.	0.	26,581.
1b Total								1,557,581.	0.	175,600.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

Part VIII Statement of Revenue

52-0591483

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	105,365.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	675,026.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		780,391.			
Program Service Revenue				Business Code			
	2a	GROSS PATIENT REVENUE	900099	48,719,456.	48,719,456.	0.	0.
	b						
	c						
	d						
	e						
	f	All other program service revenue				0.	0.
	g	Total. Add lines 2a-2f ▶		48,719,456.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		109,100.			109,100.
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0.			
	5	Royalties ▶		0.			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶			0.		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,837,921.				
	b	Less: cost or other basis and sales expenses	2,182,542.				
	c	Gain or (loss)	655,379.				
	d	Net gain or (loss) ▶			655,379.		655,379.
	8a	Gross income from fundraising events (not including \$ 105,365. of contributions reported on line 1c). See Part IV, line 18 a		52,683.			
	b	Less: direct expenses b		67,207.			
	c	Net income or (loss) from fundraising events ▶			-14,524.		-14,524.
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
c	Net income or (loss) from gaming activities ▶			0.			
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶			0.			
Miscellaneous Revenue			Business Code				
11a	VENDING MACHINES	900099	3,017.			3,017.	
b	MEDICAL RECORDS	900099	1,562.			1,562.	
c	NET ASSETS RELEASED FOR OPERATING PURPOSES	900099	107,751.			107,751.	
d	All other revenue	900099	316,091.			316,091.	
e	Total. Add lines 11a-11d ▶		428,421.				
12	Total Revenue. See instructions ▶		50,678,223.	48,719,456.	0.	1,178,376.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	336,914.	286,377.	50,537.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	24,560,972.	20,876,826.	3,684,146.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	450,219.	382,686.	67,533.	
9 Other employee benefits	4,142,707.	3,521,301.	621,406.	
10 Payroll taxes	1,704,357.	1,448,703.	255,654.	
11 Fees for services (non-employees):				
a Management	51,461.		51,461.	
b Legal	21,895.	18,610.	3,285.	
c Accounting	386,840.	328,814.	58,026.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	2,114,222.	1,797,089.	317,133.	
12 Advertising and promotion	11,726.	9,967.	1,759.	
13 Office expenses	884,850.	752,123.	132,727.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	326,533.	277,553.	48,980.	
17 Travel	78,828.	67,004.	11,824.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	16,921.	14,383.	2,538.	
20 Interest	69,561.	59,127.	10,434.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,706,108.	1,450,192.	255,916.	
23 Insurance	859,411.	730,500.	128,911.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES -----	5,891,329.	5,007,630.	883,699.	
b BAD DEBT -----	1,452,814.	1,452,814.		
c TRANSPORTATION & SECURITY -----	292,451.	248,583.	43,868.	
d CAFE CATERING -----	249,866.	212,386.	37,480.	
e CLINICAL -----	585,745.	497,883.	87,862.	
f All other expenses -----	385,830.	327,955.	57,875.	
25 Total functional expenses. Add lines 1 through 24f	46,581,560.	39,768,506.	6,813,054.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	12,123,075.	2	19,179,953.
	3	Pledges and grants receivable, net	1,749,637.	3	1,195,741.
	4	Accounts receivable, net	4,304,803.	4	2,928,675.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	125,509.	8	123,527.
	9	Prepaid expenses and deferred charges	45,115.	9	366,867.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	40,689,189.	10a	
	b	Less: accumulated depreciation	24,088,362.	10b	
			16,497,792.	10c	16,600,827.
	11	Investments - publicly traded securities	6,527,871.	11	6,709,020.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	13,211,807.	15	16,097,028.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	54,585,609.	16	63,201,638.	
Liabilities	17	Accounts payable and accrued expenses	7,139,358.	17	8,261,417.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	7,320,000.	20	7,080,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	3,441,442.	25	3,544,251.
	26	Total liabilities. Add lines 17 through 25	17,900,800.	26	18,885,668.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	28,972,246.	27	34,246,863.
	28	Temporarily restricted net assets	6,887,392.	28	9,243,936.
	29	Permanently restricted net assets	825,171.	29	825,171.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	36,684,809.	33	44,315,970.
	34	Total liabilities and net assets/fund balances	54,585,609.	34	63,201,638.

Part XI Financial Statements and Reporting

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule of Contributors

2009

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(³) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Employer identification number
52-0591483

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FRISCHBONE LLC 5700 NEWBURY STREET BALTIMORE, MD 21209	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	COVENANT GUILD 1708 W ROGERS AVENUE BALTIMORE, MD 21209	\$ 5,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MORA BALTIMORE COMMUNITY FOUNDATION 2 EAST READ STREET BALTIMORE, MD 21202	\$ 22,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	LOUIS H GROSS FOUNDATION INC 1708 WEST ROGERS AVENUE BALTIMORE, MD 21209	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	STATE MECHANICAL CONTRACTORS INC 3 NASHUA COURT, SUITE B BALTIMORE, MD 21221	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	RUTH CAROL FUND 830 W. 40TH STREET BALTIMORE, MD 21211	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number
52-0591483

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATTE, OH 45277	\$ 9,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	FLORANCE AUSTRIAN PNC WEALTH MANAGEMENT TWO HOPKINS PLAZA BALTIMORE, MD 21201	\$ 598,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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-.

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

Also, complete this part for any additional information.

SEE PAGE 4

Horizontal dashed lines for supplemental information input.

Part IV Supplemental Information (continued)

LOBBYING ACTIVITIES

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 8.73% AND 23.76% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B, LINE I AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Table for conservation easements held at the end of the year (2a-2d). 3-7. Questions about modified easements, states, monitoring policy, staff hours, and expenses. 8-9. Questions about requirements and reporting.

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

Form with 2 main sections: 1a-1b. Questions about reporting works of art, historical treasures, or other similar assets. 2. Questions about reporting amounts for financial gain.

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

- (i) unrelated organizations
(ii) related organizations

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

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

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

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

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

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 16,600,827.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, and (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, and (c) Method of valuation.

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

Table with 2 columns: (a) Description and (b) Book value. Rows include ASSETS LIMITED AS TO USE, ECONOMIC INTEREST IN MWPF, OTHER, and OTHER ACCOUNTS RECEIVABLE.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability and (b) Amount. Row 1 includes Federal income taxes and ADVANCES FROM 3RD PARTY PAY.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
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 on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
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 XIV.)	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 XIV.)	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 XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE PER AUDIT REPORT

THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48) ON JULY 1, 2007. FIN 48 PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO RECOGNIZES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES AND DISCLOSURE. THE IMPLEMENTATION OF FIN 48 DID NOT HAVE A SIGNIFICANT IMPACT ON THE CORPORATION'S BALANCE SHEET OR STATEMENT OF OPERATIONS. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open To Public
Inspection**

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

Employer identification number
52-0591483

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name 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			
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF TOURNAMENT	SUMMER EVENING	0	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	114,423.	43,625.	158,048.
	2	Less: Charitable contributions	76,282.	29,083.	105,365.
	3	Gross income (line 1 minus line 2)	38,141.	14,542.	52,683.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	51,616.	15,591.	67,207.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(67,207.)
11	Net income summary. Combine line 3, column (d), and line 10			-14,524.	

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

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

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

Name ► _____
 Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____
 Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Charity Care and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care 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
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			232,350.		232,350.	.50
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			232,350.		232,350.	.50
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			68,683.	2,651.	66,032.	.14
f Health professions education (from Worksheet 5)			37,265.		37,262.	.08
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total. Other Benefits			105,948.	2,651.	103,294.	.22
k Total. Add lines 7d and 7j			338,298.	2,651.	335,644.	.72

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

Schedule H (Form 990) 2009

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Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			3,340.		3,340.	.01
7 Community health improvement advocacy			4,930.		4,930.	.01
8 Workforce development						
9 Other						
10 Total			8,270.		8,270.	.02

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- Enter the amount of the organization's bad debt expense (at cost)
- Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

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

Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME)
- Enter Medicare allowable costs of care relating to payments on line 5
- Subtract line 6 from line 5. This is the surplus or (shortfall)

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

- Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- Does the organization have a written debt collection policy?
- If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.

Part IV Management Companies and Joint Ventures

(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				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MT WASHINGTON PEDIATRIC HOSPITAL 1708 W. ROGERS AVENUE BALTIMORE MD 21209	X		X						

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A:

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

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

PART I, LINE 7:

SCHEDULE H, LINE 7A, COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES
 COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE
 SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY
 THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.
 MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING
 UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO

 UNCOMPENSATED CARE.

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

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES

 COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE

 SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY

 THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING

 UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE

 MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO

 UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID

 REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY,

 NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE

 HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.

SCHEDULE H, LINE 7F COLUMN (C)

Part VI Supplemental Information

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- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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 UNCOMPENSATED CARE.

SCHEDULE H, LINE 7F COLUMN (D)

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 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES

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 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

Part VI Supplemental Information

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UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE

MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO

UNCOMPENSATED CARE.

Part VI Supplemental Information

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- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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PART III, LINE 4:

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

PART III, LINE 8:

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

Part VI Supplemental Information

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CONTROL.

MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED

BY THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST.

THIS TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE

MARYLAND SYSTEM AS LONG AS TWO CONDITIONS ARE MET.

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

- THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM 1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

PART III, LINE 9B:

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

OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL

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ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS

DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES

NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO

PAY.

PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE

APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND

COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO

APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL

ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING

THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL

ASSISTANCE APPLICATION PROCESS.

NEEDS ASSESSMENT:

MWPH USES A VARIETY OF CREDIBLE SOURCES TO IDENTIFY ITS COMMUNITY

NEEDS. LOCAL, STATE AND FEDERAL ASSESSMENTS/REPORTS ARE UTILIZED TO

ADDRESS AND PRIORITIZE COMMUNITY NEEDS. THE PRIMARY SOURCE OF

INFORMATION FOR IDENTIFYING THE NEEDS OF BALTIMORE CITY IS THE 2008

Part VI Supplemental Information

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BALTIMORE CITY HEALTH STATUS REPORT WHICH IS PRODUCED BY THE

BALTIMORE CITY HEALTH DEPARTMENT. THIS REPORT OUTLINES BALTIMORE'S

STATUS ON EIGHT MAJOR HEALTH CATEGORIES, AS WELL AS, MORTALITY AND

THERE ARE ALSO NUMEROUS COMPARISONS TO STATEWIDE AND NATIONAL

PREVALENCE RATES AS WELL.

OTHER RESOURCES INCLUDE OUR COMMUNITY PARTNERS SUCH AS THE MARYLAND

HOSPITAL ASSOCIATION, SAFE KIDS MD, BALTIMORE CITY HEALTHY START, THE

COALITION TO END CHILDHOOD LEAD POISONING AND THE BALTIMORE CITY

HEALTH DEPARTMENT. MAJOR HEALTH NEEDS THAT WERE IDENTIFIED IN THE

ASSESSMENT REPORT INCLUDED LOW-BIRTH WEIGHT, INFANT MORTALITY,

DIABETES, CHILDHOOD OBESITY AND PREVENTABLE INJURY.

IN 2008, THE MARYLAND HOSPITAL ASSOCIATION CONDUCTED A MARYLAND

PUBLIC OPINION SURVEY ON ATTITUDES TOWARD HOSPITALS AND HEALTH CARE.

THE PUBLIC RATED THEIR TOP HEALTH CARE CONCERNS AS QUALITY OF CARE,

COST AND ACCESS, MORE NURSING STAFF AND THE REDUCTION OF INFECTIONS

AS THEIR TOP PRIORITIES. THIS SURVEY PROVIDED US WITH THOSE CONCERNS

THAT ARE FOREFRONT IN THE MINDS OF CONSUMERS, ALTHOUGH THEY DIFFER

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FROM THE IDENTIFIED HEALTH NEEDS.

IN ADDITION, MWPH'S COLLABORATIVE EFFORTS WITH THE BALTIMORE CITY

HEALTH DEPARTMENT AND OTHER COMMUNITY ORGANIZATIONS HAVE PROVEN TO BE

A BEST-PRACTICE METHOD OF EFFECTIVE COMMUNICATION BETWEEN THE

HOSPITAL AND THE CITY. PARTICIPATION BY STAFF IN SEVERAL COALITIONS

SUCH AS THE B'MORE HEALTHY BABIES, LEAD POISONING COALITION, KIDS IN

SAFETY SEATS (KISS), UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK AND

SAFE KIDS MD ASSIST MWPH IN STAYING CONNECTED TO THE COMMUNITY'S

NEEDS ON A GRASSROOTS LEVEL. WE ALSO HAVE A FULL-TIME COMMUNITY

PHYSICIAN LIAISON TO PROVIDE US WITH UP-TO-DATE FEEDBACK FROM

COMMUNITY PROVIDERS ON HOW WE CAN BEST SERVE OUR COMMUNITY FROM A

PROVIDER'S PERSPECTIVE.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

MWPH PUBLISHES THE AVAILABILITY OF FINANCIAL ASSISTANCE ON ITS

WEBSITE AND POSTS NOTICES OF AVAILABILITY AT APPROPRIATE INTAKE

LOCATIONS, INCLUDING THE OUTPATIENT REGISTRATION DESKS AND THE

INPATIENT WELCOME CENTER. NOTICE OF AVAILABILITY IS SENT TO PATIENTS

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ON PATIENT BILLS. SIGNAGE IN KEY PATIENT ACCESS AREAS IS AVAILABLE

AS WELL. A PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION

SHEET IS PROVIDED TO PATIENTS/FAMILIES RECEIVING INPATIENT SERVICES

WITH THEIR WELCOME PACKET AND MADE AVAILABLE TO ALL PATIENTS/FAMILIES

UPON REQUEST.

Part VI Supplemental Information

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COMMUNITY INFORMATION:

MWPH SERVES BALTIMORE CITY, PRINCE GEORGES COUNTY AND THE GREATER

METROPOLITAN REGION, INCLUDING PATIENTS WITH IN-STATE AND OUT OF

STATE REFERRALS. MWPH IS A REGIONAL LEADER IN PEDIATRIC SPECIALTY

CARE AND IS A JOINTLY OWNED CORPORATE AFFILIATE OF THE UNIVERSITY OF

MARYLAND MEDICAL SYSTEM (UMMS) AND JOHNS HOPKINS HEALTH SYSTEM

(HOPKINS). THE MAJORITY OF MWPH PATIENTS ARE RESIDENTS OF BALTIMORE

CITY. ACCORDING TO CLARITAS - NIELSEN COMPANY, AFRICAN AMERICANS OR

BLACKS MAKE UP 63% OF BALTIMORE CITY'S POPULATION. RESPECTIVELY,

WHITES ARE 32.6% OF THE POPULATION FOLLOWED BY HISPANICS/LATINOS WITH

2.8%. THE REMAINING 4% RACIAL MAKE-UP IS COMPRISED OF ASIAN,

AMERICAN INDIAN, AND NATIVE HAWAIIAN/PACIFIC ISLANDERS.

MWPH PATIENT RACE DEMOGRAPHICS REFLECT THOSE OF BALTIMORE CITY. LAST

YEAR, 48% OF OUR PATIENTS WERE BLACK OR AFRICAN AMERICAN, 39% WERE

CAUCASIAN, 4% OF PATIENTS WERE LATINO OR HISPANIC AND 4% WERE

IDENTIFIED AS ASIAN. APPROXIMATELY 3% WERE IDENTIFIED AS

OTHER/BIRACIAL, WITH A TOTAL OF 6,936 UNIQUE PATIENTS SERVED.

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FORTY-SIX PERCENT OF BALTIMORE CITY HOUSEHOLDS REPORTED AN INCOME OF

LESS THAN \$35,000 IN 2010 ACCORDING TO THE NIELSEN COMPANY.

STATEWIDE, 20% OF HOUSEHOLDS REPORTED AN INCOME IN THIS RANGE. THE

2010 MEDIAN INCOME IN BALTIMORE CITY FOR ALL RACES WAS \$39,366,

APPROXIMATELY HALF OF THE STATEWIDE MEDIAN INCOME WHICH IS \$70,825.

THREE TIMES AS MANY FAMILIES LIVING IN BALTIMORE CITY HAD AN INCOME

THAT WAS BELOW POVERTY LEVEL; HOWEVER, AFRICAN AMERICAN RESIDENTS OF

BALTIMORE CITY WERE ALMOST TWO TIMES MORE LIKELY THAN WHITE RESIDENTS

TO HAVE A MEDIAN INCOME BELOW POVERTY LEVEL. APPROXIMATELY 70% OF

THE PATIENTS AT MT WASHINGTON PEDIATRIC HOSPITAL ARE MEDICAID

RECIPIENTS.

COMMUNITY BUILDING ACTIVITIES:

COALITION BUILDING: PREMATURE INFANT HEALTH NETWORK, BALTIMORE CITY

INFANTS & TODDLERS PROGRAM

MWPH HAS TAKEN A PROACTIVE ROLE IN COMBATING LOW-BIRTH WEIGHT AND

SUDDEN INFANT DEATH SYNDROME BY PARTICIPATING AS MEMBERS OF THE

PREMATURE INFANT HEALTH NETWORK. OUR PARTNERSHIP WITH BALTIMORE CITY

Part VI Supplemental Information

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HEALTH DEPARTMENTS "B'MORE HEALTHY BABIES" CAMPAIGN WAS DEVELOPED TO
 ADDRESS BALTIMORE CITY'S HIGH RATE OF INFANT DEATHS, AMONG THE WORST
 IN AMERICA. IN 2009 ALONE, MORE THAN 120 INFANTS IN BALTIMORE UNDER
 THE AGE OF ONE DIED, WITH MANY OF THE DEATHS BEING PREVENTABLE. THE
 CITY ALSO HAS A HIGH RATE OF BABIES BORN PRE-TERM AND UNDERWEIGHT -
 KEY FACTORS IN INFANT MORTALITY.

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

DIABETES CAMP

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

Part VI Supplemental Information

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FOR SUPPORT GROUPS FOR TYPE 1 DIABETES PEDIATRIC SUPPORT GROUP.

COMMUNITY HEALTH IMPROVEMENT AND ADVOCACY: NATIONAL ASSOCIATION OF

CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS (NACHRI) OBESITY TASK

FORCE, BRAIN INJURY ASSOCIATION OF MD PLANNING COMMITTEE

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

MWPH WERE ACTIVE PARTICIPANTS IN THE NATIONAL ASSOCIATION OF

CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS OBESITY FOCUS GROUP.

OUR CENTER WAS CHOSEN AS ONE OF 16 PROGRAMS NATIONWIDE TO PARTICIPATE

IN THIS IMPORTANT ENDEAVOR. FINDINGS FROM THE WORK GROUP WILL BE

PUBLISHED IN LARGE NATIONAL SCIENTIFIC JOURNALS THIS YEAR WITH

PROGRAM STAFF BEING RECOGNIZED AS AUTHORS ON THESE IMPORTANT

DOCUMENTS. OUR PRESIDENT AND CEO, SHELDON STEIN AND OUR MEDICAL

DIRECTOR, DR. RICHARD KATZ, SERVE AS MEMBERS OF THE BOARD AND

ADVOCACY AND LEADERSHIP COUNCILS FOR NATIONAL ASSOCIATION CHILDREN'S

HOSPITALS RELATED INSTITUTIONS.

Part VI Supplemental Information

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THE MT WASHINGTON PEDIATRIC HOSPITAL (MWPB) CENTER FOR PEDIATRIC

WEIGHT MANAGEMENT AND HEALTHY LIVING (CENTER) EXPANDED THIS PAST

FISCAL YEAR AND OFFERS SEVERAL COMPREHENSIVE, MULTI-DISCIPLINARY

PROGRAMS FOR PEDIATRIC WEIGHT MANAGEMENT. THE CENTER NOW INCLUDES

MEDICAL MANAGEMENT OF BOTH MEDICAL AND SURGICAL WEIGHT MANAGEMENT

OPTIONS FOR CHILDREN AND ADOLESCENTS AND SERVES PATIENTS AGES TWO TO

18. MEDICALLY SUPERVISED WEIGHT MANAGEMENT PROGRAMS INCLUDE WEIGH

SMART, AS WELL AS, THE NEWLY CREATED WEIGH SMART JR. PROGRAM. THE

WEIGHT SMART JR. PROGRAM WAS A DIRECT REFLECTION OF THE INPUT FROM

OUR COMMUNITY PHYSICIANS IN THE COMMUNITY NEEDS ASSESSMENT. MANY

PHYSICIANS INDICATED "8 (YEARS OF AGE) IS TOO LATE" IN REGARDS TO THE

BEST AGE FOR INTERVENTION WHEN DEALING WITH OBESITY. THIS PROGRAM

WAS ADDED TO AUGMENT THE WEIGH SMART PROGRAM AND PROVIDE CONTINUITY

OF CARE FOR CHILDREN OR ALL AGES.

DURING FY10, THE CENTER EVALUATED OVER 200 NEW PATIENTS AND COMPLETED

MORE THAN 80 FOLLOW-UP APPOINTMENTS. TOTAL PROGRAM VISITS INCREASED

BY FORTY-THREE PERCENT OVER FISCAL YEAR 2009 FROM 2,424 TO 2,642

TOTAL PROGRAM VISITS. THE STAFF HAS PRESENTED FINDINGS AT SEVERAL

Part VI Supplemental Information

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NATIONAL AND REGIONAL CONFERENCES. THE STAFF WAS INVITED TO PROVIDE

ADDITIONAL PRESENTATIONS TO SCHOOL GROUPS IN THE FALL OF 2010.

BRAIN INJURY ASSOCIATION OF MD PLANNING COMMITTEE

MWPH PARTICIPATION IN THE BRAIN INJURY ASSOCIATION OF MARYLAND'S

PLANNING COMMITTEE INCLUDED PROVIDING A PRESENTATION AT ITS ANNUAL

CONFERENCE, AS WELL AS, ACCESS TO SEVERAL MEMBERS OF OUR STAFF AS

CLINICAL RESOURCES. THIS INCLUDED, BUT WAS NOT LIMITED TO, A

NEUROPSYCHOLOGIST, A SPEECH THERAPIST, AN OCCUPATIONAL THERAPIST

AND A POST-DOCTORAL FELLOW IN CLINICAL NEUROPSYCHOLOGY. THERE WERE

ALSO PRESENTATIONS AND OUTREACH TO LOCAL SCHOOLS AND PROFESSIONAL

GROUPS ON TRAUMATIC BRAIN INJURY AND CONCUSSION MANAGEMENT, AS WELL

AS, A SUPPORT GROUP WHERE A PSYCHOLOGIST WAS PROVIDED AS A RESOURCE

FOR FAMILIES AND PATIENTS WHO ARE COPING WITH TRAUMATIC BRAIN INJURY

(TBI).

OTHER INFORMATION:

HEALTH FAIRS

Part VI Supplemental Information

Complete this part to provide the following information.

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PROMOTING HEALTHY LIFESTYLE CHOICES IS THE CORNERSTONE OF HOW WE
 PROVIDE CARE AT MWPB. THROUGHOUT THE YEAR, OUR CLINICAL
 PROFESSIONALS TAKE PART IN CONFERENCES AND HEALTH FAIRS AND SPEAK TO
 STUDENTS IN AREA SCHOOLS IN ORDER TO PROVIDE FAMILIES WITH ESSENTIAL
 INFORMATION ON MAKING HEALTHY CHOICES IN THEIR LIVES. MATERIALS ARE
 PROVIDED ON SUCH TOPICS AS LEAD POISONING PREVENTION, PROPER
 NUTRITION, INFANT CARE AND PARENTING SKILLS. IN COLLABORATION WITH
 UMMS, MWPB PARTICIPATED IN SUCH EVENTS AS TAKE A LOVED ONE TO THE
 DOCTOR, SPRING INTO GOOD HEALTH AND FALL BACK INTO HEALTH.

CAMP NOAH

TO ADDRESS THE COMMUNITY NEED IDENTIFIED BY THE MARYLAND HOSPITAL
 ASSOCIATION OF HAVING MORE NURSES AVAILABLE IN HOSPITALS, THE MWPB
 HAS DEVELOPED THE CAMP N.O.A.H. (NURSING AND OTHER ALLIED HEALTH)
 PROGRAM TO SPARK INTEREST IN NURSING AND ALLIED HEALTH IN THE HIGH
 SCHOOL STUDENTS OF BALTIMORE CITY. THIS PROGRAM WAS ONE WEEK LONG
 AND ITS TARGETED POPULATION IS HIGH SCHOOL STUDENTS, AGED 15-18, WHO

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ARE INTERESTED IN A HEALTH CAREER. THIS PROGRAM PROVIDES
 PARTICIPANTS WITH EXPERIENCE AND THE OPPORTUNITY TO OBSERVE CARE
 PRACTICES WORKING DIRECTLY WITH PREMATURE INFANTS, TODDLERS &
 ADOLESCENTS, RESPIRATORY THERAPISTS AND CHILD LIFE SPECIALISTS. THIS
 PROGRAM IS AN EXCITING WAY FOR HIGH SCHOOL STUDENTS TO INTERACT WITH
 HEALTH CARE PROFESSIONALS WHILE GAINING REAL WORLD EXPERIENCES. ALL
 STUDENTS RECEIVE EDUCATION IN FIRST AID & CPR, AS WELL AS, NURSING
 OBSERVATION EXPERIENCES, NECESSARY EQUIPMENT SUCH AS STETHOSCOPES,
 SCRUBS, AND BREAKFAST AND LUNCH PROVIDED BY THE HOSPITAL.
 HEALTH PROFESSIONALS EDUCATION
 MWPB IS DEDICATED TO HELPING PREPARE FUTURE HEALTH CARE
 PROFESSIONALS. THE HOSPITAL COMMITTED OVER 3000 HOURS OF SPECIALIZED
 TRAINING AND EDUCATION TO NURSES, OCCUPATIONAL THERAPIST, SPEECH AND
 LANGUAGE THERAPIST, PRECEPT SENIOR PRACTICUM STUDENTS, SOCIAL WORKERS
 AND PHYSICAL THERAPISTS. THESE TRAININGS INCLUDED REHABILITATION
 THERAPY, NURSING CLINICAL ROTATIONS, AS WELL AS, FREE FIRST AID & CPR
 TRAINING TO THE PARENTS OF PATIENTS AT THE HOSPITAL.

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

AT MWPH, WE BELIEVE IT IS VITAL TO MAKE SURE ALL CHILDREN ARE SECURED
 PROPERLY IN APPROPRIATE SEATS - EVERY TRIP, EVERY TIME. TO HELP
 PREVENT THESE TYPES OF INJURIES, MWPH PROVIDES PARENTS AND CAREGIVERS
 WITH THE PROPER KNOWLEDGE AND MATERIALS TO ENSURE THAT THEIR LITTLE
 ONES ARE PROTECTED ON THE WAY TO THEIR DESTINATION.

IN MAY AND OCTOBER WE HOSTED CHILD SAFETY SEAT CHECKS IN
 COLLABORATION WITH SAFE KIDS BALTIMORE, KIDS IN SAFETY SEATS AND THE
 BALTIMORE CITY FIRE DEPARTMENT. OUR STAFF AND VOLUNTEERS INSPECTED
 SEATS IN DOZENS OF VEHICLES. PARENTS AND CAREGIVERS WERE URGED TO
 MAKE SURE THEIR CHILD SAFETY SEATS AND BOOSTER SEATS ARE PROPERLY
 INSTALLED AND USED IN THEIR VEHICLES. MWPH HAS CERTIFIED ENGLISH-
 AND SPANISH-SPEAKING TECHNICIANS (16 VOLUNTEERS IN TOTAL) WHO WERE

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AVAILABLE TO PROVIDE FREE HANDS-ON CHILD SAFETY SEAT INSPECTIONS AND
 OFFER ADVICE AND INSTRUCTION.

BEING A PEDIATRIC SPECIALTY HOSPITAL, IT IS ESSENTIAL THAT STAFF BE
 AVAILABLE TO PROVIDE INSTRUCTION IN TRANSPORTING CHILDREN WITH
 SPECIAL NEEDS. THE HOSPITAL DEDICATED OVER 21 HOURS TO ENSURE THAT
 STAFF AT THE FACILITY WOULD HAVE THE ABILITY TO PROVIDE TRAINING ON
 TRANSPORTING CHILDREN WITH SPECIAL HEALTH CARE NEEDS.

SIBSHOPS OF MARYLAND

MWPH IS PROUD TO BE THE LEAD AGENCY FOR SIBSHOPS OF MARYLAND, AN
 INTERAGENCY EFFORT THAT INCLUDES LOCATIONS IN BALTIMORE CITY,
 BALTIMORE, HARFORD, MONTGOMERY, HOWARD AND ANNE ARUNDEL COUNTIES. THE
 PROGRAM IS FOR BROTHERS AND SISTERS OF CHILDREN WITH SPECIAL NEEDS.
 EACH SESSION INCLUDES HIGH-ENERGY GAMES AND A CHANCE TO CONNECT WITH
 OTHER CHILDREN IN SIMILAR FAMILY SITUATIONS.

COMMUNITY HEALTH EDUCATION AND SERVICES

Part VI Supplemental Information

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 MWPH DEDICATED SEVERAL HOURS TO COMMUNITY HEALTH EDUCATION BY

 PROVIDING OUR STAFF AS SUBJECT MATTER EXPERTS FOR TELEVISION

 INTERVIEWS ON TOPICS SUCH AS BULLYING AND ANXIETY, AS WELL AS,

 PUBLICATIONS SUCH AS THE BALTIMORE CHILD ON PEDIATRIC PSYCHIATRIC

 TESTING AND EVALUATION. OUR STAFF PSYCHOLOGIST PRESENTED (4) FOUR

 TALKS TO THE MARYLAND CHAPTER OF AMERICAN ACADEMY OF PEDIATRICS ON

 EMOTIONAL HEALTH. MANY OF OUR PSYCHOLOGISTS PARTICIPATED IN

 COMMUNITY OPEN FORUMS AND/OR FOR DIABETES, SUPPORT GROUPS FOR TBI,

 OBESITY, AND SIB SHOPS. MWPH ALSO HOSTED ITS FIRST DIABETES NIGHT,

 WHICH WAS OPEN TO ANYONE IN THE COMMUNITY WHO DESIRED MORE

 INFORMATION ON PEDIATRIC DIABETES. SOME ADDITIONAL COMMUNITY

 SERVICES PROVIDED INCLUDED FREE CPR CLASSES FOR ANY PARENT WITH

 INTEREST.

 PART III, LINE 3

 THE ORGANIZATION DOES NOT CODE CHARITY CARE AND BAD DEBT EXPENSE INTO

 THE SAME GENERAL LEDGER ACCOUNT. CHARITY CARE IS BOOKED TO A

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SEPARATE ACCOUNT AND IS CLASSIFIED AS A "DEDUCTION FROM REVENUE." AS

SUCH IT IS NETTED AGAINST TOTAL PATIENT REVENUE IN ARRIVING AT NET

PATIENT REVENUE ON THE ENTITY'S INCOME STATEMENTS.

BAD DEBT EXPENSE IS BOOKED TO A SEPARATE ACCOUNT ON THE GENERAL

LEDGER AND DOES NOT INCLUDE ANY OTHER UNCOMPENSATED CARE AMOUNTS.

AFFILIATED HEALTH CARE SYSTEM ROLES:

IN 2006, IN AN UNPRECEDENTED COLLABORATION, MARYLAND'S LEADING

ACADEMIC MEDICAL SYSTEMS - THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM

(UMMS) AND JOHNS HOPKINS HEALTH SYSTEM (HOPKINS) - AGREED TO SHARE

EQUAL INTERESTS IN MWP. WHILE MWP REMAINS FINANCIALLY

SELF-SUFFICIENT, THE PRESENCE OF UMMS AND HOPKINS MEDICAL EXPERTS AND

OTHER RESOURCES AT MWP HAS CREATED A SYNERGY THAT HAS ENABLED THE

HOSPITAL TO STRENGTHEN ITS POSITION AS A LEADER IN PEDIATRIC

SPECIALTY CARE AND SERVE MANY OF THE YOUNGEST, MOST VULNERABLE

MEMBERS OF OUR COMMUNITY. A PHYSICIANS LEADERSHIP GROUP MEETS

REGULARLY WITH THE MEDICAL DIRECTOR OF MWP, AS WELL AS, THE CEO.

REPORTS ARE PRESENTED FROM THIS LEADERSHIP GROUP TO THE BOARD OF

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TRUSTEES AND ARE FUNDAMENTAL IN DETERMINING THE NEEDS OF OUR

COMMUNITY ON A REGIONAL AND NATIONAL LEVEL. WITH A STAFF OF NEARLY

500, MWPB IS FIRMLY COMMITTED TO ITS MISSION OF IMPROVING THE HEALTH

AND WELL-BEING OF OUR REGIONS CHILDREN.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

MD,

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SHELDON STEIN	(i)	273,865.	63,049.	828.	12,454.	15,345.	365,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHARON KELLEY	(i)	161,936.	21,065.	468.	6,554.	15,250.	205,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
AJOKE AJAYI AKINTADE M D	(i)	177,197.	0.	305.	7,615.	999.	186,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHERINE ALTER MD	(i)	220,207.	0.	471.	10,914.	15,169.	246,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NADA STEFANOVIC MD	(i)	143,498.	0.	478.	6,226.	9,004.	159,206.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICIA QUIGLEY MD	(i)	175,760.	0.	341.	8,749.	14,005.	198,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN NICHOLS MD	(i)	152,115.	0.	121.	6,140.	20,441.	178,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS ELLIS	(i)	142,345.	17,914.	5,618.	6,337.	20,398.	192,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990. See separate instructions.**

OMB No. 1545-0047

2009

**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	
						Yes	No	Yes	No
A MARYLAND HEALTH & HIGHER EDUCATIONAL FACILITIES	50-0936091	574216LR6	11/01/2007	7,585,000.	CONSTRUCTION		X		X
B									
C									
D									
E									

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?		X								
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?	X									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

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

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

Schedule K (Form 990) 2009

JSA

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
b Are there any research agreements with respect to the financed property which may result in private business use?		X								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.0000%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.0000%		%		%		%		%
6 Total of lines 4 and 5		0.0000%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Supplemental Information to Form 990

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

OMB No. 1545-0047

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**Open to Public
Inspection**

Employer identification number

52-0591483

ATTACHMENT 1

MEMBERS

PART VI, SECTION A, QUESTION 6

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

990 REVIEW PROCESS

PART VI, SECTION B, LINE 11

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

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

UPON COMPLETION OF THE IN-HOUSE REVIEW, KPMG IS INSTRUCTED TO MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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ATTACHMENT 1 (CONT'D)

UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED

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

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

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

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

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

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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ATTACHMENT 1 (CONT'D)

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

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

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

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION: ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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ATTACHMENT 1 (CONT'D)

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.

EXECUTIVE COMPENSATION

PART VI, SECTION B, LINE 15

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

EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST.

THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS.

THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.

THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS.

THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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ATTACHMENT 1 (CONT'D)

PUBLIC DISCLOSURE

PART VI, SECTION C, LINE 19

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

REQUESTS FOR FORM 990 AND FORM 1023:

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

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

WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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ATTACHMENT 1 (CONT'D)

REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE
REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

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

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JOHNS HOPKINS UNIVERSITY 600 NORTH WOLF STREET BALTIMORE, MD 21287	PHYSICIAN SERVICES	1,300,892.
PHARMASOURCE HEALTHCARE PO BOX 632849 CINCINNATI, OH 45263	PHARMACEUTICAL	3,334,618.
SLEEP SERVICES OF AMERICA 890 AIRPORT PARK ROAD GLEN BURNIE, MD 21061	NEUROLOGY SERVICES	998,256.
DATANET ENGINEERING INC 11416 REISTERTOWN ROAD OWINGS MILLS, MD 21117	COMPUTER SOFTWARE	160,309.
MARYLAND GENERAL HOSPITAL 827 LINDEN AVENUE BALTIMORE, MD 21201	LABORATORY SERVICES	324,943.
TOTAL COMPENSATION		<u>6,119,018.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

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

(a) Name, address, and EIN 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

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
MOUNT WASHINGTON PEDIATRIC FOUNDATION 52-1736672 1708 WEST ROGERS AVENUE BALTIMORE, MD 21209	FUNDRAISING	MD	501(C)(3)	11A	N/A

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

Schedule R (Form 990) 2009

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?	
							Yes	No		Yes	No

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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Schedule R (Form 990) 2009