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DLN: 93493184011150

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
Mt Washington Pediatric Hospital Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1708 W Rogers Avenue

City or town, state or province, country, and ZIP or foreign postal code
Baltimore, MD 21209

F Name and address of principal officer:
SHELDON STEIN
1708 W Rogers Avenue
Baltimore, MD 21209

D Employer identification number
52-0591483

E Telephone number
(410) 578-8600

G Gross receipts \$ 89,888,694

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

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

J Website: ▶ WWW.MWPH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1926

M State of legal domicile: MD

Part I Summary

Activities & Governance

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 13

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 766

6 Total number of volunteers (estimate if necessary) 6 114

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 2,020,720

9 Program service revenue (Part VIII, line 2g) 9 62,581,997

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 897,489

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 308,916

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 65,809,122

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 40,132,124

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 19,139,028

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 59,271,152

19 Revenue less expenses. Subtract line 18 from line 12 19 6,537,970

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 127,505,752

21 Total liabilities (Part X, line 26) 21 20,486,393

22 Net assets or fund balances. Subtract line 21 from line 20 22 107,019,359

Part II Signature Block

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

Sign Here

Signature of officer
Mary Miller CFO
Type or print name and title

2020-07-02
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN P01866796

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ 34-6565596

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

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 54,254,311 including grants of \$ 0) (Revenue \$ 65,277,134)
See Additional Data












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

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

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

Form **990** (2018)

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 11		
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?	2		No
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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **MD**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
► ED WUENSCHALL 900 ELKRIDGE LANDING ROAD - 3 EAST LINTHICUM, MD 21090 (443) 462-5811

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

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

7

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,342,569	0	590,609

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 30

		Yes	No
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>	3	No
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>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
COMPREHENSIVE PHARMACY SERVICES LLC PO BOX 638316 CINCINNATI, OH 452638316	PHARMACY	3,630,637
SLEEP SERVICES OF AMERICA INC PO BOX 198320 ATLANTA, GA 303848320	NEUROLOGY SERVICES	1,456,557
JOHNS HOPKINS HOSPITAL 1800 Orleans Street Baltimore, MD 21287	PHYSICIAN SERVICES	1,257,836
Navin Haffty & Assoc 1900 W Park Dr Suite 180 Westborough, MA 01581	Consulting Services	1,208,956
Prince George's Hospital 900 Elkridge Landing Road Linthicum, MD 21090	Healthcare Services	379,201

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

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

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

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

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

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

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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.		

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 52-0591483
Name: Mt Washington Pediatric Hospital Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 21,567 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 51,891 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. 80% OF PATIENTS RECEIVED MEDICAL ASSISTANCE.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Beryl Rosenstein MD CHAIRPERSON	1.0 0	X		X				0	0	0
Gerald L Wollman VICE CHAIRPERSON (Ended 06/19)	1.0 0	X		X				0	0	0
Edward Chambers Trustee	1.0 0	X						0	0	0
Tina Cheng MD Trustee	1.0 0	X						0	0	0
Robert A Chrencik Trustee (Ended 04/19)	1.0 0	X						0	0	0
Matthew Cohen Trustee	1.0 1.0	X						0	0	0
S Tracy Coster Trustee	1.0 0	X						0	0	0
Steven Czinn MD Trustee	1.0 0	X						0	0	0
David Hackman MD Trustee	1.0 0	X						0	0	0
John Kelly Trustee	1.0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lawrence Pakula MD	1.0									
Trustee	..... 0	X						0	0	0
G Daniel Shealer Jr	1.0									
Trustee	..... 0	X						0	0	0
Kevin Sowers	1.0									
Trustee	..... 0	X						0	0	0
Roslyn Stoler	1.0									
Trustee	..... 1.0	X						0	0	0
Fred Wolf III	1.0									
Trustee	..... 1.0	X						0	0	0
Jennifer Bowie	40.0									
VP Nursing Admin	..... 0			X				176,312	0	32,584
Thomas Ellis	40.0									
VP Human Resources	..... 0			X				168,126	0	78,413
Jill Feinberg	40.0									
VP Fund Development	..... 0			X				135,995	0	19,081
Mary Miller	40.0									
VP Finance and CFO	..... 0			X				180,460	0	70,597
Alfred A Pietsch	2.0									
TREASURER	..... 0			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Justina Starobin	40.0									
VP-Outpatient Svcs	..... 0			X				145,080	0	44,363
Sheldon Stein	40.0									
President and CEO	..... 0			X				399,470	0	203,233
Tonya Tillman	40.0									
Executive Assistant	..... 0			X				49,849	0	34,456
Angela Wenman	40.0									
HRIS Payroll Analyst	..... 0			X				66,790	0	4,531
Richard Katz MD	40.0									
VP Medical Affairs	..... 0			X				0	0	0
Ajoke Akintade	40.0									
Neonatal Program Director	..... 0					X		201,802	0	11,721
Tikee Aparece	40.0									
Attending Physician	..... 0					X		212,052	0	13,480
Tarek Belal	40.0									
Attending Physician	..... 0					X		203,710	0	17,243
Bradford Harris	40.0									
Attending Physician	..... 0					X		199,343	0	32,006
Karen Willing	40.0									
Attending Physician	..... 0					X		203,580	0	28,901

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Mt Washington Pediatric Hospital Inc

Employer identification number
52-0591483

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
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

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
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 VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b

33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 52-0591483
Name: Mt Washington Pediatric Hospital Inc

Part VI

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

Facts And Circumstances Test

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

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

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

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

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

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

Name of the 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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	The organization pays membership dues to the Maryland Hospital Association (MHA) and the American Hospital Association (AHA). MHA and AHA engage in many support activities including lobbying and advocating for their member hospitals. The MHA and AHA reported that 4.8% and 22.73% of member dues were used for lobbying purposes and as such, the organization has reported this amount on Schedule C, Part II-B as lobbying activities.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Mt Washington Pediatric Hospital Inc

Employer identification number
52-0591483

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

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

Schedule D (Form 990) 2018

Part VII

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

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

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ADVANCES FROM 3RD PARTY PAY	3,471,792
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	3,471,792

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 52-0591483
Name: Mt Washington Pediatric Hospital Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Hospital is a not-for-profit corporation as described under Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Corporation follows a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. Management does not believe that there are any unrecognized tax benefits that should be recognized.

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Return Reference

Explanation

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Mt Washington Pediatric Hospital Inc

Employer identification number
52-0591483

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
b	If "Yes," was it a written policy?	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 50000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	Yes	No
1a		Yes	
1b		Yes	
3a		Yes	
3b		Yes	
4		Yes	
5a		Yes	
5b		Yes	
5c			No
6a		Yes	
6b		Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			9,230	0	9,230	0.01 %
2 Economic development			0	0	0	0 %
3 Community support			9,502	0	9,502	0.02 %
4 Environmental improvements			20,837	0	20,837	0.03 %
5 Leadership development and training for community members			0	0	0	0 %
6 Coalition building			63,319	0	63,319	0.10 %
7 Community health improvement advocacy			33,373	0	33,373	0.05 %
8 Workforce development			0	0	0	0 %
9 Other			0	0	0	0 %
10 Total	0	0	136,261	0	136,261	0.22 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	570,431	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	10,710
6 Enter Medicare allowable costs of care relating to payments on line 5	6	0
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	10,710
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	No
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	No

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

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group 1

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

Community Health Needs Assessment

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

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	

Part V Facility Information (continued)**Billing and Collections**

1

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

1

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Part VI

Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH CONT	<p>MWPH recognizes that uninsured and underserved individuals experience more health disparities than their wealthier counterparts. To make an impact on improving health equity and providing more patient-centered care, it is necessary to better understand and address the underlying causes of poor health. MWPH prides itself in serving those in need both on our campus and beyond the walls of the hospital, into the community. Examples of this can be seen in our programs targeted to improve health equity through improving health literacy, access to care and tackling chronic disease through prevention, education and treatment. Improving Health Literacy for Parent Families Having a child in the hospital can cause extensive physical, mental and emotional trauma for parents and families. This distress rises when a child has complex medical conditions and requires the use of complex medical equipment well after discharge. While training at bedside works for many scenarios, it is not possible to simulate emergency situations that caregivers are likely to face when at home. The MWPH Simulation for Caregivers Program (Simulation Lab) utilizes lifelike manikins in a simulation lab to provide hands-on training and education to parents and families. The educator is able to simulate a variety of emergency situations that better prepare the caregiver for situations they may face when they take their child home. Some of the training include the use of ventilators, tracheostomy care, feeding tube use and maintenance, specialty car seat installations and usage, and CPR and choking to name a few. Improving Access to Care Mt. Washington Pediatric Hospital provides care to patients and their families from diverse cultural and linguistic backgrounds. Accurate interpretation and communication is essential and can be life-threatening if done incorrectly-specifically in a health care setting. The Collaborative Care and Language Services Programs at MWPH aims to improve communication and access to care for non and limited English speaking population through the incorporation of MARTTI (My Accessibly Real-time Trusted Interpreter). MARTTI is a HIPPA-approved two-way video and audio wireless 'robot-like device' linked to a skilled, certified medical interpreter that is utilized in both inpatient and outpatient settings to bridge the communication gap to improve access to care, improve outcomes, reduce anxiety and provide more efficient care. Preventing Chronic Disease/Illness Since 1990, Mt. Washington Pediatric Hospital's Lead Treatment Clinic has provided a childhood lead poisoning prevention and treatment program, which includes inpatient, outpatient and community outreach services. Lead poisoning can affect a child's brain function and development. The Lead Poisoning Treatment Program is the only lead poisoning specialty program in Maryland. An interdisciplinary team, including a Nurse Practitioner, Social Worker, Nurse, Child Life Specialist and Dietitian, work extensively with children to develop interventions. The community benefits team provides no cost, on-site lead blood level testing as needed at pre-schools, head starts programs and elementary schools. In community health education and prevention talks equip the parents and families to guard against lead poisoning. Adverse results are reported to the State Health Department and immediately sent for treatment as directed. We are proud to serve our community and appreciate our partners who allow us to fulfill our mission. We will always do what is right for the patient, no matter where they are in their health journey, and will always strive to have our patients receive care in the community they reside. As a part of the University of Maryland Medical System (UMMS) we are shaping a new paradigm in care delivery that we believe should be the future standard of care.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c CRITERIA FOR FREE OR DISCOUNTED CARE	MWPH IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

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Form and Line Reference	Explanation
Schedule H, Part I, Line 6b ANNUAL COMMUNITY BENEFIT REPORT	THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC. THE REPORT CAN BE FOUND AT HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX .

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 NEEDS ASSESSMENT CONT	<p>Mental/Behavioral Health * With behavioral health, the law requires that patients must receive services in a regulated facility before reimbursement can be made. In most cases, there are no incentives in the community for behavioral health. * Chronic pain management - substance abuse concerns * Providers understanding all resources that are available for Neonatal Abstinence Syndrome (NAS) babies * Undiagnosed trauma/need to self-medicate * The epidemic of substance abuse in Baltimore City plays a role in healthcare and child care * Insurance not covering needed services like group therapy * Paraprofessionals needed for better coordinated services and care * Education (school system), school-based mental health services * Lack of pediatric specialty services in rural areas * Health literacy- parents ability to understand the complexity of treatment/diagnoses Trauma * Children with autism had access to services in the home where TBI patients did not have that additional support (paraprofessionals) SDoH/Environmental * The gaps in care when a woman becomes pregnant. It usually takes usually 6-8 weeks to be eligible for insurance. This often delays women receiving care until their second trimester. * Affordable reliable child care. Many parents do not meet the income requirements for early education programs/aftercare such as Head Start. Language Barriers * Finding primary care is challenging for families who do not use English as a primary language. * Transition from MWPH to a primary care provider is often delayed because the primary providers that provide services to children with complex medical needs often will not accept the patient if no one speaks English because they don't have the ability to provide translation services. Healthy People 2020 Data is available for the following Healthy People (HP 2020) Disability and Health objectives: Objective DH-5: Increase the proportion of youth with special healthcare needs whose healthcare provider has discussed transition planning from pediatric to adult healthcare Progress toward this objective continues to be addressed. This objective presents greater disparities when adjusted for race and ethnicity. At baseline, the best group rate for this objective, 46.5 percent, was attained by the White only, not Hispanic or Latino population. The Hispanic or Latino population attained the worst group rate for this objective at 26.3 percent, at baseline. Data reviewed for the following Maternal, Infant, and Child Health objectives: Objective MICH-29: Increase of the proportion of young children with autism spectrum disorder (ASD) and other developmental delays that are screened, evaluated, and enrolled in early intervention services in a timely manner. * MICH-29. Increase the proportion of children (ages 10-35 months) who have been screened for ASD and other developmental delays. Progress in screening for ASD and other developmental delays is moving in the right direction. * MICH-3 0.2 Increase the proportion of children, including those with special healthcare needs, who have access to a medical home. * MICH -30.2. Increase the proportion of children with special healthcare needs who have access to a medical home. Progress toward the target level has decreased since baseline. Activities informing providers and caregivers of the importance of a medical home are needed. This objective presents greater disparities when adjusted for race and ethnicity. At baseline the best group rate for this objective, 52.8 percent, was attained by the White only, not Hispanic or Latino population. The Hispanic or Latino population attained the worst group rate for this objective, 32.2 percent, followed by Black or African American (36.0 percent) at baseline. Healthy Baltimore 2020 Current Snapshot of Health in Baltimore City Behavioral Health: 1. Over 10% of residents in the Baltimore metropolitan area age 12 and up are estimated to have a drug or alcohol abuse disorder. Nearly 20,000 people are estimated to use heroin 2. 30 percent of children in Baltimore, compared to 19 percent statewide, have Adverse Childhood Experience (ACE) scores of 2 or more, meaning that they have experienced more than two incidences of events such as domestic violence, living with someone with an alcohol/drug problem, the death of a parent, or being a victim/witness of neighborhood violence. Violence: 1. Baltimore City experienced 344 homicides in 2015, the 3rd highest murder rate in the nation and highest rate per capita in Baltimore's history. Additional Data Source Data was also obtained from the following sources: * MCDD Needs Assessment * Maryland Title V Agency 2015 Needs Assessment * PPMD/Maryland Parent Survey 2018/Maryland Consortium of Care * Maryland State Department of Education Parent Survey * Maryland Resource Health Commission (MRHC) * MWPH Focus Group Sessions * Other Community Meetings: MWPH participated in the Baltimore City Council Education and Youth Committee Meeting, Public Safety Meeting, Local Health</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 NEEDS ASSESSMENT CONT	<p>Improvement Coalition Analysis LHIC Steering Committee Meetings, Neighborhood Association Meetings for CSAs. * What is Healthy People 2020 Telling US in 2018? * State Health Improvement Process (SHIP) * Healthy Baltimore 2020 * A Call to Action on Behalf of MD Children and Youth with Special Care Needs * County Rankings County Health Rankings and Roadmaps drive health outcomes. The data provides a starting point for communities as they work to improve health and wellness of their citizens * Other Available: Data collected through community meetings, reports, and survey findings by partner organizations provided a holistic view of the needs of the population. This data, available at different levels -local, state , and national---was analyzed.</p>

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	661362

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	<p>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.</p>

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Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>As a specialty hospital serving children with medically complex conditions, Mt. Washington Pediatric Hospital (MWPH) recognizes that uninsured and underserved individuals experience more health disparities than their wealthier counterparts. To make an impact on improving health equity and providing more patient-centered care, MWPH aims to better understand and address the underlying causes of poor health through a variety of community building activities targeting the unmet community needs identified by the Community Health Needs Assessment priorities. Including, health literacy and chronic disease prevention, violence and child maltreatment, behavioral health and substance abuse, access to health care, mental health, obesity and access to healthy foods and transportation These activities include a unique collaboration between MWPH senior leadership, physicians, nurses and associates, with local and state government, public school districts, head start programs, and community engagement groups, to address the true drivers of health outcomes. These drivers include socioeconomic factors, health behaviors and the physical environment that impact the quality of life of children in Baltimore City, Baltimore County and surrounding areas. The focus is to alleviate the burdens and disparities of the population who receive the specialty care provided by MWPH. Examples of these activities include the formation of the MWPH Community Health Advisory Board (CHAB). The advisory board began under the leaderships of the MWPH senior executives and medical staff and was created to more effectively guide the MWPH Community Benefit Program. Using data from WPH's Community Needs Assessment (CHNA), a comprehensive health assessment that identifies key health needs and issues through data collection and analysis, the group addresses the disproportionate unmet needs of the hospital's primary and secondary service areas. Members of CHAB help plan, develop and implement community outreach programs in order to meet these needs and improve the health equity of the communities we serve. Through the guidance of the Community Health Advisory Board, MWPH Community Benefit Program participates and maintains open dialogue with multiple community advocacy organizations including the Baltimore City Department of Health, Y of Central Maryland Head Start, Comprehensive Housing Assistance, Inc (CHAI), Jewish Volunteer Connection, Baltimore City Department of Public Works, Hungry Harvest, Maryland Food Bank, the Arlington Elementary/Middle and Pamlico Elementary/Middle Health Advocacy Committees as well as the Baltimore County Health Departments, faith-based organizations, and community resource centers, to name a few.</p>

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Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL. IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF: 1. REVENUE GROWTH PER CAPITA 2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY 3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY 4. MEDICARE READMISSION RATES 5. HOSPITAL ACQUIRED CONDITION RATE BECAUSE OF THIS SYSTEM, THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE. REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE. AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>

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Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE ORGANIZATION FILES ANNUALLY A COMMUNITY BENEFIT REPORT WITH THE STATE OF MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE HSCRC, WHICH OPERATES UNDER A MEDICARE WAIVER, DOES NOT CONSIDER MEDICARE SHORTFALL AS COMMUNITY BENEFIT. THE COSTING METHODOLOGY USED BY THE ORGANIZATION IS A COST-TO-CHARGE RATIO.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	<p>THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY. PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	1 - MT. WASHINGTON PEDIATRIC HOSPITAL: Line 16a URL: https://www.mwph.org/patients-and-guests/financial/assistance ;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	1 - MT. WASHINGTON PEDIATRIC HOSPITAL: Line 16b URL: https://www.mwph.org/patients-and-guests/financial/assistance;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	1 - MT. WASHINGTON PEDIATRIC HOSPITAL: Line 16c URL: https://www.mwph.org/patients-and-guests/financial/assistance;

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>To focus the organization's efforts around community health improvement and provide structure for addressing the determinants of health and illness in the community, MWPH utilized the Association for Community Health Improvement's (ACHI) 6-step Community Health Assessment Process in conducting the 2018 Community Health Needs Assessment (CHNA). The University of Maryland Medical System (UMMS), Community Health Improvement Council (CHIC) served as the lead team to conduct the Community Health Needs Assessment (CHNA) with input from other University of Maryland Medical System Baltimore City-based hospitals, community leaders, the academic community, the public, health experts, and the Baltimore City Health Department (BCHD). MWPH adopted the following ACHI 6-step process:</p> <p>Establishing the assessment infrastructure, defining the purpose and scope, collecting and analyzing data, selecting priorities, documenting and communicating results and planning for action and monitoring progress. Data was collected from areas illustrated below to complete a comprehensive assessment of the community's needs. The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below:</p> <ul style="list-style-type: none"> * An Online Community Survey: Conducted from late September 2017 through late March 2018 in collaboration with the Baltimore City Health Department, University of Maryland Medical System, Johns Hopkins University, Mercy Hospital, MedStar Health, and LifeBridge Health. All hospitals participated in data collection. * Summarized results in tables to follow * 4,755 responses from Baltimore City residents * 1,236 responses from MWPH (241 staff, 881 community-based surveys, 114 patient families) * 2016-17 Parents Place of Maryland (PPMD) Parent Calls: Data was collected on demographic and other relevant information for calls received by PPMD July 2016 through June 2017 (N=2,266). * Average of 188 calls/month * Parents seeking information or services for Children or Youth with Special Health Care Needs (CYSCHN). * Demographic data included child's age, gender, ethnicity, county of residence, disability and insurance type, as well as the parent's reason for calling and services provided. * Maryland Parent Survey (2014 & 2017): Surveys were conducted by Parent's Place of Maryland (PPMD) in partnership with MDH Office for Genetics and People with Special Health Care Needs (OGPSHCN) and Bloomberg School of Public Health, Johns Hopkins University. * Paper and electronic versions made available to families. * Surveys explored a variety of health issues related to access to health care for CYSCHN. * Diagnoses skewed towards children with variety of developmental disabilities and associated health problems. * Results - 839 respondents in 2017 - 1090 respondents in 2014 * Focus Group Discussions: A community leader and stakeholder focus group meeting was held on November 2, 2017. There were 30 leaders/stakeholders who participated including representatives from the American Heart Association, American Cancer Society, American Disabilities Association, and Green & Healthy Homes Initiative. The purpose of the focus group was to gather expert-level, qualitative feedback from a variety of health and social service providers, with an active role and a broad understanding of the health care system and health needs of Baltimore City residents and parents of CYSCHN. Community Perspective As mentioned above, the community's perspective was obtained through two surveys offered to the public during health fairs throughout Baltimore City. A six-item survey asked respondents to identify their top health concerns and their top barriers in accessing health care. A longer survey was also created and posted online on the public website. Methods included a three-item survey distributed to the public at a variety of outreach events in FY18 (short form) and made available in the UMMS publication Maryland's Health Matters (N=1,212). A 25-item online survey was also posted to survey monkey and at www.umm.edu for the community to complete (long form). The community advocacy actively engaged community members from attending and participating in several neighborhood meetings hosted by Baltimore City Health Department and other local community organizations. The results identified the top five health concerns, top 5 barriers to health care, and presented an opportunity for participants to provide recommendations or solutions. The top five health concerns identified were 1) substance abuse (n=2743), 2) diabetes (n=1715), 3) mental health (n=1720), 4) smoking (n=1265), 5) obesity (n=1600), and 6) heart disease/blood pressure (n=1321). The top five barriers to healthcare were identified as 1) transportation, 2) cost, 3) uninsured, 4) insurance not accepted, and 5) underinsured. There were also 103 individual responses that provided additional insight into local health disparities. Analysis by community benefit service area

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>(CBSA) targeted zip codes identified very similar health concerns and top health barriers with little to no deviation from overall Baltimore City data, or the MWPH CHNA completed in 2015. MWPH Health Expert Interviews & Clinical Focus Groups MWPH Community Advocacy Team facilitated focus group meetings to include the local school of medicine, MWPH nursing, recreational therapy, psychology, rehabilitation services, social work and other employees who engage in community affairs. Additionally, MWPH community benefit team conducted a telephone interview with Baltimore City Health Department Commissioner, Dr. Leana Wen. Review of the National Prevention Strategy Priorities, State Health Improvement Plan (SHIP) indicators, and Health Baltimore 2020 plan from BCHD was also conducted. Results were based on the following: * National Prevention Strategy - 7 Priority Areas * SHIP: 39 Objectives in 6 Vision Areas for State, includes targets for Baltimore City * Healthy Baltimore 2020 A Blueprint For Health: Health Equity Objectives and Strategic Priorities BCHD Local Health Improvement Committee/ Interview with Health Commissioner (2/15/18). Method: Interview, Dr. Leana Wen, MPH, MSc, Office of Chronic Disease Prevention, Baltimore City Health Department (2/15/18) Results were as follows: Identified the top four (4) health problems: 1. Behavioral Health- (opioid overdose deaths) 2. Violence Prevention- (youth homicides, high school absences, and child deaths) 3. Chronic Disease- (obesity, food insecurity, childhood poisoning) 4. Life Course and Core Services- (life expectancy and infant mortality) Top Barriers to Health: * Race, Equity and Inclusion * Focus on Well-Being (Cyclical Nature of Trauma) * Health-in-all-policies (Health impacts all policies whether it is education, labor, or transportation, health must be a part of the conversation. "a sick child cannot go to school and a sick adult cannot work" * Knowledge deficit with respect to health insurance * Lack of care connectors and/or health navigators * Families experience difficulty understanding Medicaid and MCOs * General Education/Literacy (SDoH) On the status of pediatric health and wellness in Baltimore City, the following were identified: * Very divergent by income; health determined by income * Pimlico and Park Heights are not wealthy; have poor health outcomes; there is a correlation between race, income and those outcomes. * Access to healthcare * Access to good employment, role models, and schools-Neighborhood have lost their core. * Maryland is very good at providing coverage * Other social issues prevent positive health outcomes. Providing connections to these (social) services for children is hard. It seems as if there are more social issues other than number of physicians available.</p>

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>The patient financial assistance policy at MWPH is a comprehensive policy designed to assess the needs of patients and families that have expressed concerns about their ability to pay for needed medical services. MWPH makes every effort to make financial assistance information available to patients/families. These efforts include signage at outpatient desks and inpatient welcome areas, notices on patient bills and admissions packets as well as a thorough description on the MWPH website. This includes both the Roger's Avenue, Baltimore and Prince George's County locations. Information sheets are provided to patients both upon admission, discharge and on request. The information sheet includes the following items: a. description of the hospital's financial assistance policy; b. a description of the patient's rights and obligations with regards to hospital billing and collection c. contact information for the individual or office at the hospital that is available to assist the patient or the patient representative in understanding the hospital bill and how to apply for free and reduced care. d. contact information for the Maryland medical assistance program. e. a statement that physician discharges are not included in the hospital bill and is billed separately. For additional questions, information or assistance in applying for financial assistance, please call: * Mary Miller, Vice President of Finance, 410-578-5163 * Linda Ryder, Director of Patient Accounting, 410-578-5206 * Denise Pudinski, Director of Collaborative Care, 410-578-2669 (inpatient only) * Debbie Fike, Credentialing & Payer Relations, 410-578-5334 * Katine Brown, Patient Access Coordinator, 410-578-7859</p>

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>The licensed bed designation of MWPH is 102, which includes pediatric specialty, pediatric chronic illness, and neonatal transitional care. Inpatient admissions for FY 17 were 636. Medicaid patients accounted for 81% of the total MWPH admissions and 5% of these Medicaid patients live in the 21215 zip code. MWPH is located in the northwest quadrant of Baltimore City, serving both its immediate neighbors and others from throughout Baltimore City, Baltimore County and surrounding regions. There are approximately 1.3 million children in Maryland and the healthcare provider market has largely consolidated into three major systems, UMMS, Johns Hopkins Medicine and MedStar Health. The Mt Washington Pediatric Hospital serves a large portion of Baltimore County and Baltimore City. MWPH draws 59% of discharges from a defined market area with four sub-areas within the Baltimore County and Baltimore City. MWPH's core market is defined as 13 contiguous ZIP codes in Baltimore City from which MWPH draws 54% of discharges. These 13 targeted zip codes include: 21222, 21220, 21206, 21215, 21213, 21061, 21221, 21205, 21217, 21224, 21227, 21225, 21037. However, because MWPH is a specialty pediatric facility, MWPH patient's residence span the state of Maryland and many more from out of state. MWPH determined that the specific zip codes of 21215 & 21216 (Southern Park Heights-SPH and Pimlico/Arlington/Hilltop-PAH) define the hospital's Community Benefit Service Area (CBSA) Demographics of the community MWPH serves children, adolescents, and young adults primarily from Maryland, but also many states in the Northeast region. MWPH has two locations, one in Northwest Baltimore City and the other in Prince George's County at UM Capital Regional Hospital. Data analyzed during the last three fiscal years---2015, 2016, and 2017---indicate that 93% of all inpatients and outpatients served by the MWPH are Maryland residents, with patients from nearly every county across the state. MWPH receives patients from across the state due to limited access to pediatric specialists in rural parts of Maryland. According to the 2017 Maryland Parent Survey, 73% of parents with CYSCHN reported driving 25 or more miles for pediatric specialty care, with 25% reporting that they had to drive 100+ miles roundtrip. In order to make the community programming impactful, MWPH further defined its community by looking at the top 60% of inpatient admissions and outpatient visits. MWPH's service community demographic constitutes an area that is predominantly African American with below average median family income, above average rates for unemployment, and other social determinants of poor health. Approximately 48% of MWPH service community are Black or African American, 39% are Caucasian, 4% of patients are Latino or Hispanic and 4% identified as Asian. Approximately 3% identified as Other/Biracial. More females than males constitute the service community population with 30% between the ages of 0-17 years of age, 4.3% at 18-24 yrs, 10.6% at 24-44 yrs, 15.9% at 45-64 yrs and 13.4% at 65+ respectively. In addition, relying on data from the American Community Survey, SPH median household income was \$26,015 and PAH median household was \$32,410. This is compared to Baltimore City's median household income of \$41,819 in 2014. In addition, Medicaid patients accounted for 81% of the total MWPH admissions in FY17. Five-percent (5%) of these Medicaid patients live in the 21215 zip code which is a target area of the hospital's community benefit service area.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>MWPH CHAB reviewed the data from the communities served by the hospital as well as the Maryland's State Health Improvement Process (SHIP) and identified 1) Improving Access to Healthcare, 2) Literacy/Chronic Disease Prevention Education, 3) Obesity and Access to Healthy Foods and 4) Behavioral Health/Substance Abuse as the three areas of furthering the cause of health promotion in the community services by MWPH. Below describe some of the activities and outline the CHNA priorities and their outcomes.</p> <p>Initiative 1 Parenting from the Heart - Community Lecture Series CHAN Health Needs Targeted: Access to Healthcare Services, Literacy/Chronic Disease Prevention Education, Obesity and Access to Healthy Foods, Behavioral Health/Substance Abuse, Mental Health, Children's Health, Disability and Health, Injury Prevention, Oral Health, Physical Activity, Disease Prevention, Health-Related Quality of Life & Well-being. Objective: Program aims to give parents and families in the underserved communities access to expert healthcare by bringing providers to their communities, including local community centers, schools and faith-based organizations. Parenting from the Heart Community Health Lecture Series provide patient parents, family members and community practical health strategies, advice and education on disease prevention and treatment on topics ranging from anxiety and adverse childhood experiences to ADHD and smoking cessation. Attendees have access to expert physicians, nurses and clinicians in a non-judgmental, intimate space where they can ask questions and address specific concerns. Target Population: Underserved patient parents, community members in the Pimlico, Arlington, Hilltop Community of Baltimore City as well as areas of Baltimore County. The target demographic includes men and women ranging from late teens to early forties. # of People Reached: 1200 Intervention: Chronic condition-based intervention: prevention intervention, community engagement intervention, health education and awareness, social determinants of health intervention. Community Partners: Safe Kids, KISS/Car Seat Safety, B'More Healthy Babies, Baltimore City Department of Health, Arlington Elem/Middle, Pimlico Elem/Middle. Outcomes: To date, two sets of Parenting Seminars have been offered with total of 322 participants who registered.- Some of the comments from the attendees in the post evaluation stated that, "the seminar(s) were extremely helpful" and that, "they gave them the tools necessary to address health concerns they don't always get the chance to in a short pediatric visit." Initiative 2 MWPH Car Seat Program (Education, Installation and Low-cost Car Seat Program) CHNA Priorities: Injury Prevention, Maternal and Infant Health, Children's Health, Disability and Health, Educational and Community-based Programs, Health Literacy, Health-related Quality of Life & Well-being. Objectives: Target Population: New and/or returning parents of MWPH. Parents and families of children receiving post acute care at MWPH. Community: Low-income, underserved communities in Baltimore City and surrounding areas served by MWPH. # of People Reached: 1800 Intervention: Community engagement intervention, social determinants of health intervention, injury prevention intervention and health education via preventive care. Community Partners: Safe Kids, KISS/Car Seat Safety, local fire and police departments, Head Start Programs, Baltimore City Public Schools. Outcomes: While the program was offered to all the families served by MWPH, for the fiscal year, total of 426 car seats were installed and/or education and outreach was provided. Pre and posttest provided at community car seat checks event revealed that 99 % of the individuals who participated in the hands-on demonstration/education were more knowledgeable in the proper selection, installation, positioning and harnessing the car seat for their child/children. Additionally: 10 patients and families took advantage of the low-cost car seat program.</p> <p>Initiative 3 League of Dreams CHNA Priorities: Adolescent Health, Disability and Health, Health-related Quality of Life and Well-being, Physical Activity. Objective: Bringing the love of physical activities and lifelong learning through the love of baseball to underserved individuals and families with children with special needs. Target Population: New and returning patients, parents and families of MWPH, children and families living in the underserved communities served by MWPH. # of People Reached: 2500 Intervention: Community engagement intervention, social determinants of health intervention, disease prevention through health education. Community Partners: League of Dreams, Inc, Baltimore Orioles, Baltimore City Public School System, Stevenson University, Towson University. Outcomes: More than 250 participants attended the event. Comments from attendees include, "it was great for parents and families to watch the children be a part of something that perhaps</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>ps, they never thought they would be able to do. It was great to see every child participate, no matter what their medical or developmental challenges were." Initiative 4 Vision Screening Program CHNA Priorities: Injury Prevention, Behavioral Health, Children's Health, Disability and Health, Vision, Health Literacy, Health-related Quality of Life & Well-being, Other Social Determinants of Health. Objective: The primary objective of the initiative is to detect vision problems in children early so that they can be treated and/or resolved early. Early detection and interventions are key to successful outcomes. Target Population: This initiative targets low-income, underserved, underinsured and uninsured children ages 3 years to 18 years of age (school aged children). Vision screenings are provided at various locations to children in head start programs, elementary, middle and high schools, as well as at youth events and other programs. # of People Reached: 556 Intervention: Chronic condition-based intervention: Prevention intervention, Acute condition-based intervention: Treatment intervention, Acute condition-based intervention: Prevention intervention. Community Partners: MWPH worked with Baltimore City Public School System (Arlington Elem, Pimlico Elem/Middle, Catherine's Youth and Family Services, Baltimore County Public Schools, Health Start Programs, Pre Schools, Faith-based organizations. Outcomes: MWPH Community Benefit observed that of the 556 vision screenings that were provided, 139 indicated that the child needed a complete eye exam. Of those that needed a complete eye exam, 43 were noted to receive eye glasses. Initiative 5 Smoking Cessation and Education CHNA Priorities: Adolescent Health, Cancer, Educational and Community-based Programs, Heart Disease and Stroke, Respiratory Diseases, Tobacco Use. Objectives: To educate on the health impacts on the body, environment and family of tobacco use as well as provide strategies to smoking cessation. Target Population: MWPH patient parent population, families, associates, community. # of People Reached: 700 Intervention: Chronic disease prevention, acute condition-based intervention: Prevention Community Partners: Baltimore City Health Department Outcomes: More than 700 community members and associates were reached in educating on the dangers of smoking and its impact on the body and environment. A series of four smoking cessation classes were offered with 23 people registering for the classes. Five total smokers reported quitting smoking for at least 3 months. MWPH operates under a unique regulatory system that caps hospital revenues and provides adjustments to allow for population health improvement investments. Under Maryland's global budget revenue model, MWPH reports on a regular basis how it is investing in efforts to improve population health. MWPH provides on-going services that are fundamental to addressing the identified community health needs that demonstrate the extent to which our commitment to serve our community is integrated into our care delivery model.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>The University of Maryland Medical System Corporation (UMMS) is a private, not-for-profit corporation providing comprehensive healthcare services through an integrated regional network of hospitals and related clinical enterprises. UMMS was created in 1984 when its founding hospital was privatized by the State of Maryland. Over its 30-year history, UMMS evolved into a multi-hospital system with academic, community and specialty service missions reaching primarily across Maryland. As part of the University of Maryland Medical System (UMMS), MWPH understands that health care goes beyond the walls of the hospital and into the community it serves. UMMS hospitals are committed to strengthening their neighboring communities. In doing so, MWPH assesses the community's health needs, identifies key priorities, and responds with services, programs and initiatives that make a positive, sustained impact on the health of the community. With representation from all UMMS hospitals, the Medical System's Community Health Improvement Council coordinates the effective and efficient utilization and deployment of resources for community-based activities and evaluates how services and activities meet targeted community needs within defined geographic areas. MWPH is committed to health education, advocacy, community partnerships, and engaging programs which focus on health and wellness with the goal of eliminating health care disparities in the Baltimore community.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	MD

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 52-0591483
Name: Mt Washington Pediatric Hospital Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	MT WASHINGTON PEDIATRIC HOSPITAL 1708 W ROGERS AVENUE BALTIMORE, MD 21209 WWW.MWPH.ORG 30-026	X		X							1

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 1	<p>Facility 1, 1 - MT. WASHINGTON PEDIATRIC HOSPITAL, INC.. To focus the organization's efforts around community health improvement and provide structure for addressing the determinants of health and illness in the community, MWPH utilized the Association for Community Health Improvement's (ACHI) 6-step Community Health Assessment Process in conducting the 2018 Community Health Needs Assessment (CHNA). The University of Maryland Medical System (UMMS), Community Health Improvement Council (CHIC) served as the lead team to conduct the Community Health Needs Assessment (CHNA) with input from other University of Maryland Medical System Baltimore City-based hospitals, community leaders, the academic community, the public health experts, and the Baltimore City Health Department (BCHD). MWPH adopted the following ACHI 6-step process: Establishing the assessment infrastructure, defining the purpose and scope, collecting and analyzing data, selecting priorities, documenting and communicating results and planning for action and monitoring progress. Data was collected from areas illustrated below to complete a comprehensive assessment of the community's needs. The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below: An Online Community Survey: Conducted from late September 2017 through late March 2018 in collaboration with the Baltimore City Health Department, University of Maryland Medical System, Johns Hopkins University, Mercy Hospital, MedStar Health, and LifeBridge Health. All hospitals participated in data collection. * Summarized results in tables to follow * 4,755 responses from Baltimore City residents * 1,236 responses from MWPH (241 staff, 881 community-based surveys, 114 patient families) 2016-17 Parents Place of Maryland (PPMD) Parent Calls: Data was collected on demographic and other relevant information for calls received by PPMD July 2016 through June 2017 (N = 2,266). * Average of 188 calls/month * Parents seeking information or services for Children or Youth with Special Health Care Needs (CYSCHN). * Demographic data included child's age, gender, ethnicity, county of residence, disability and insurance type, as well as the parent's reason for calling and services provided. Maryland Parent Survey (2014 & 2017): Surveys were conducted by Parent's Place of Maryland (PPMD) in partnership with MDH Office for Genetics and People with Special Health Care Needs (OGPSHCN) and Bloomberg School of Public Health, Johns Hopkins University. * Paper and electronic versions made available to families. * Surveys explored a variety of health issues related to access to health care for CYSCHN. * Diagnoses skewed towards children with variety of developmental disabilities and associated health problems. Results: * 839 respondents in 2017 * 1090 respondents in 2014 Focus Group Discussions: A community leader and stakeholder focus group meeting was held on November 2, 2017. There</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 1	<p>were 30 leaders/stakeholders who participated including representatives from the American Heart Association, American Cancer Society, American Disabilities Association, and Green & Healthy Homes Initiative. The purpose of the focus group was to gather expert-level, qualitative feedback from a variety of health and social service providers, with an active role and a broad understanding of the health care system and health needs of Baltimore City residents and parents of CYSHCN. Community Perspective: As mentioned above, the community's perspective was obtained through two surveys offered to the public during health fairs throughout Baltimore City. A six-item survey asked respondents to identify their top health concerns and their top barriers in accessing health care. A longer survey was also created and posted online on the public website. Methods included a three-item survey distributed to the public at a variety of outreach events in FY18 (short form) and made available in the UMMS publication Maryland's Health Matters (N=1,212). A 25-item online survey was also posted to survey monkey and at www.umm.edu for the community to complete (long form). The community advocacy actively engaged community members from attending and participating in several neighborhood meetings hosted by Baltimore City Health Department and other local community organizations. The results identified the top five health concerns, top 5 barriers to health care, and presented an opportunity for participants to provide recommendations or solutions. The top five health concerns identified were 1) substance abuse (n=2743), 2) diabetes (n=1715), 3) mental health (n=1720), 4) smoking (n=1265), 5) obesity (n=1600), and 6) heart disease/blood pressure (n=1321). The top five barriers to healthcare were identified as 1) transportation, 2) cost, 3) uninsured, 4) insurance not accepted, and 5) underinsured. There were also 103 individual responses that provided additional insight into local health disparities. Analysis by community benefit service area (CBSA) targeted zip codes identified very similar health concerns and top health barriers with little to no deviation from overall Baltimore City data, or the MWPH CHNA completed in 2015. MWPH Health Expert Interviews & Clinical Focus Groups MWPH Community Advocacy Team facilitated focus group meetings to include the local school of medicine, MWPH nursing, recreational therapy, psychology, rehabilitation services, social work and other employees who engage in community affairs. Additionally, MWPH community benefit team conducted a telephone interview with Baltimore City Health Department Commissioner, Dr. Leana Wen. Review of the National Prevention Strategy Priorities, State Health Improvement Plan (SHIP) indicators, and Health Baltimore 2020 plan from BCHD was also conducted. Results were based on the following: * National Prevention Strategy - 7 Priority Areas * SHIP: 39 Objectives in 6 Vision Areas for State, includes targets for Baltimore</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 1	<p>Itimore City * Healthy Baltimore 2020 A Blueprint For Health: Health Equity Objectives and Strategic Priorities BCHD Local Health Improvement Committee/ Interview with Health Commi ssioner (2/15/18). Method: Interview, Dr. Leana Wen, MPH, MSc, Office of Chronic Disease P revention, Baltimore City Health Department (2/15/18) Results were as follows: Identified the top four (4) health problems: 1. Behavioral Health- (opioid overdose deaths) 2. Violen ce Prevention- (youth homicides, high school absences, and child deaths) 3. Chronic Diseas e- (obesity, food insecurity, child lead poisoning) 4. Life Course and Core Services- (lif e expectancy and infant mortality) Top Barriers to Health: * Race, Equity and Inclusion * Focus on Well-Being (Cyclical Nature of Trauma) * Health-in-all-policies (Health impacts a ll policies whether it is education, labor, or transportation, health must be a part of th e conversation. "a sick child cannot go to school and a sick adult cannot work" * Knowledg e deficit with respect to health insurance * Lack of care connectors and/or health navigat ors * Families experience difficulty understanding Medicaid and MCOs * General Education/L iteracy (SDoH) On the status of pediatric health and wellness in Baltimore City, the follo wing were identified: * Very divergent by income; health determined by income * Pimlico an d Park Heights are not wealthy; have poor health outcomes; there is a correlation between race, income and those outcomes. * Access to healthcare * Access to good employment, role models, and schools-Neighborhood have lost their core. * Maryland is very good at providin g coverage other social issues prevent positive health outcomes. Providing connections to these (social) services for children is hard. It seems as if there are more social issues other than number of physicians available. Mental/Behavioral Health * With behavioral heal th, the law requires that patients must receive services in a regulated facility before re imbursement can be made. In most cases, there are no incentives in the community for behav ioral health. * Chronic pain management - substance abuse concerns * Providers understandi ng all resources that are available for Neonatal Abstinence Syndrome (NAS) babies * Undiag nosed trauma/need to self-medicate * The epidemic of substance abuse in Baltimore City pla ys a role in healthcare and child care * Insurance not covering needed services like group therapy * Paraprofessionals needed for better coordinated services and care * Education (school system), school-based mental health services * Lack of pediatric specialty services in rural areas * Health literacy- parents ability to understand the complexity of treatme nt/diagnoses Trauma * Children with autism had access to services in the home where TBI pa tients did not have that additional support (paraprofessionals)</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 2	Facility 1, 2 - MT. WASHINGTON PEDIATRIC HOSPITAL. SDoH/Environmental * The gaps in care w hen a woman becomes pregnant. It usually takes usually 6-8 weeks to be eligible for insura nce. This often delays women receiving care until their second trimester. * Affordable rel iable child care. Many parents do not meet the income requirements for early education pro grams/aftercare such as Head Start. Language Barriers * Finding primary care is challengin g for families who do not use English as a primary language. * Transition from MWPH to a p rimary care provider is often delayed because the primary providers that provide services to children with complex medical needs often will not accept the patient if no one speaks English because they don't have the ability to provide translation services. Healthy Peopl e 2020 Data is available for the following Healthy People (HP 2020) Disability and Health objectives: Objective DH-5: Increase the proportion of youth with special healthcare needs whose healthcare provided has discussed transition planning from pediatric to adult healt hcare Progress toward this objective continues to be addressed. This objective presents gr eater disparities when adjusted for race and ethnicity. At baseline, the best group rate f or this objective, 46.5 percent, was attained by the White only, not Hispanic or Latino po pulation. The Hispanic or Latino population attained the worst group rate for this objecti ve at 26.3 percent, at baseline. Data reviewed for the following Maternal, Infant, and Chi ld Health objectives: Objective MICH-29: Increase of the proportion of young children with autism spectrum disorder (ASD) and other developmental delays that are screened, evaluate d, and enrolled in early intervention services in a timely manner. * MICH-29. Increase the proportion of children (ages 10-35 months) who have been screened for ASD and other devel opmental delays. Progress in screening for ASD and other developmental delays is moving in the right direction. MICH-30.2 Increase the proportion of children, including those with special healthcare needs, who have access to a medical home. * MICH -30.2. Increase the pr oportion of children with special healthcare needs who have access to a medical home. Prog ress toward the target level has decreased since baseline. Activities informing providers and caregivers of the importance of a medical home are needed. This objective presents gre ater disparities when adjusted for race and ethnicity. At baseline the best group rate for this objective, 52.8 percent, was attained by the White only, not Hispanic or Latino popu lation. The Hispanic or Latino population attained the worst group rate for this objective , 32.2 percent, followed by Black or African American (36.0 percent) at baseline. Healthy Baltimore 2020 Current Snapshot of Health in Baltimore City Behavioral Health: 1. Over 10% of residents in the Baltimore metro area age 12 and up are estimated to have a drug or al cohool abuse disorder. Nearly 2

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 2	<p>0,000 people are estimated to use heroin 2. 30 percent of children in Baltimore, compared to 19 percent statewide, have Adverse Childhood Experience (ACE) scores of 2 or more, mean ing that they have experienced more than two incidences of events such as domestic violenc e, living with some with an alcohol/drug problem, the death of parent, or being a victim/w itness of neighborhood violence. Violence: 1. Baltimore City experienced 344 homicides in 2015, the 3rd highest murder rate in the nation and highest rate per capita in Baltimore's history. Additional Data Source Data was also obtained from the following sources: * MCDD Needs Assessment * Maryland Title V Agency 2015 Needs Assessment * PPMD/Maryland Parent S urvey 2018/Maryland Consortium of Care * Maryland State Department of Education Parent Sur vey * Maryland Resource Health Commission (MRHC) * MWPH Focus Group Sessions * Other Commu nity Meetings: MWPH participated in the Baltimore City Council Education and Youth Committ ee Meeting, Public Safety Meeting, Local Health Improvement Coalition Analysis LHIC Steeri ng Committee Meetings, Neighborhood Association Meetings for CSAs. * What is Healthy Peopl e 2020 Telling US in 2018? * State Health Improvement Process (SHIP * Healthy Baltimore 20 20 * A Call to Action on Behalf of MD Children and Youth with Special Care Needs * County Rankings County Health Rankings and Roadmaps drive health outcomes. The data provides a st arting point for communities as they work to improve health and wellness of their citizens * Other Available: Data collected through community meetings, reports, and survey finding s by partner organizations provided a holistic view of the needs of the population. This d ata, available at different levels -local, state, and national---was analyzed.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility 1, 1	Facility 1, 1 - MT. WASHINGTON PEDIATRIC HOSPITAL, INC.. THE MWPH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED WITH THE AFFILIATED BALTIMORE CITY HOSPITALS OF UMMS, SPECIFICALLY, UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) AND UNIVERSITY OF MD MIDTOWN CAMPUS (MARYLAND GENERAL HOSPITAL, MGH).

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 1	<p>Facility 1, 1 - MT. WASHINGTON PEDIATRIC HOSPITAL, INC.. BASED ON THE DATA REVIEWED AND THE MEETINGS ATTENDED IN THE COMMUNITIES, PRIORITIZATION, OF IDENTIFIED NEEDS INCLUDED SEVERAL CONSIDERATIONS. EACH PRIORITY WAS CONSIDERED USING THE FOLLOWING CRITERIA: -COMMUNITY INPUT/NATIONAL/STATE PRIORITIES: DOES THE IDENTIFIED NEED ALIGN WITH NATIONAL AND STATE PRIORITIES, SUCH AS HEALTHY PEOPLE 2020 OBJECTIVES, MATERNAL AND CHILD HEALTH BUREAU PERFORMANCE MEASURES, AND COMMUNITY INPUT FROM PUBLIC MEETINGS?</p> <p>-RESPONSIBILITY/CAPACITY: DOES THE IDENTIFIED NEED FIT WITHIN THE MISSION AND CAPACITY OF MWPH? -AVAILABILITY OF RESOURCES /FEASIBILITY: DOES MWPH AND PARTNER AGENCIES HAVE ADEQUATE RESOURCES AVAILABLE AND KNOWLEDGE TO ADDRESS THE IDENTIFIED NEED?</p> <p>-MAGNITUDE/SEVERITY: BY ADDRESSING THE IDENTIFIED NEED, IS THERE AN IMPACT ON THE WELL-BEING OF THE COMMUNITY? HOW DO THE DATA AND INDICATORS OF THE IDENTIFIED NEED COMPARE OF THOSE OF THE NATION AND OTHER STATES? PRIORITIZE COMMUNITY HEALTH ISSUES: ON APRIL 30, 2018, A COMMUNITY STAKEHOLDER MEETING WAS HELD TO DETERMINE THE MOST PRESSING COMMUNITY HEALTH NEEDS. ATTENDEES INCLUDED COMMUNITY MEMBERS, COMMUNITY LEADERS, HOSPITAL MANAGEMENT AND EXECUTIVE BOARD, AND MEMBERS OF THE HOSPITAL AND FOUNDATION BOARD. THE CRITERIA FOR PRIORITIZATION: -MAGNITUDE OF THE PROBLEM -SEVERITY OF THE PROBLEM -NEED AMONG VULNERABLE POPULATIONS -ABILITY TO HAVE A MEASURABLE IMPACT ON THE ISSUE -EXISTING INTERVENTIONS FOCUSED ON THE ISSUE -WHETHER THE ISSUE IS A ROOT CAUSE OF OTHER PROBLEMS -TRENDING HEALTH CONCERNS IN THE COMMUNITY -ALIGNMENT WITH MWPH'S EXITING PRIORITIES AND WHETHER FINANCES/RESOURCES TO ADDRESS THE HEALTH CONCERN -POTENTIAL BARRIERS OR CHALLENGES TO ADDRESSING THE NEED SOCIAL DETERMINANTS OF HEALTH IDENTIFIED AS PRIORITIES/UNMET COMMUNITY HEALTH NEEDS: THERE WERE SEVERAL SOCIAL DETERMINANTS OF HEALTH OR EXTERNAL FACTORS IDENTIFIED AS "PRIMARY NEEDS" OR "ROOT CAUSES" IN THE PRIORITIZATION PROCESS. THESE INCLUDED: HEALTH EQUITY, POVERTY/UNEMPLOYMENT, AND HOUSING. THESE PRIORITIES WILL BE IDENTIFIED IN THE IMPLEMENTATION PLAN AS "COMMUNITY SUPPORT SERVICES". IT IS IMPRACTICAL FOR MWPH TO PRIORITIZE THESE ADDITIONAL CONSIDERATIONS AS PART OF THE CHNA, GIVEN THE INABILITY TO MAKE A SIGNIFICANT IMPACT IN A 3-YEAR PERIOD. THE DATA PRESENTED WERE COLLECTED, REVIEWED, AND ANALYZED BY MULTIPLE STAKEHOLDERS. THE TOP PRIORITY AREAS WERE: -HEALTH LITERACY & CHRONIC DISEASE PREVENTION EDUCATION -VIOLENCE & CHILD MALTREATMENT -TRANSPORTATION -BEHAVIORAL HEALTH & SUBSTANCE ABUSE -ACCESS TO HEALTH CARE -MENTAL HEALTH -OBESITY AND ACCESS TO HEALTHY FOODS</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility 1, 1	Facility 1, 1 - MT. WASHINGTON PEDIATRIC HOSPITAL, INC.. THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Mt Washington Pediatric Hospital Inc		Employer identification number 52-0591483

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

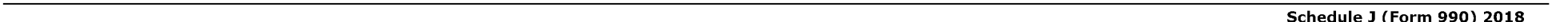
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Part III **Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DURING THE FISCAL YEAR ENDED JUNE 30, 2019, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE MWPH SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION: SHELDON STEIN MARY MILLER THOMAS ELLIS JENNIFER BOWIE JILL FEINBERG JUSTINA STAROBIN

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.



Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 52-0591483

Name: Mt Washington Pediatric Hospital Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jennifer Bowie	(i)	159,569	15,991	752	18,378	14,206	208,896	0
VP Nursing Admin	(ii)	0	0	0	0	0	0	0
Thomas Ellis	(i)	144,004	22,149	1,973	49,771	28,642	246,539	0
VP Human Resources	(ii)	0	0	0	0	0	0	0
Jill Feinberg	(i)	116,710	18,770	515	14,344	4,737	155,076	0
VP Fund Development	(ii)	0	0	0	0	0	0	0
Mary Miller	(i)	152,260	26,817	1,383	32,707	37,890	251,057	0
VP Finance and CFO	(ii)	0	0	0	0	0	0	0
Justina Starobin	(i)	126,960	17,038	1,082	14,691	29,672	189,443	0
VP-Outpatient Svcs	(ii)	0	0	0	0	0	0	0
Sheldon Stein	(i)	289,873	101,367	8,230	168,673	34,560	602,703	0
President and CEO	(ii)	0	0	0	0	0	0	0
Ajoke Akintade	(i)	201,085	0	717	11,004	717	213,523	0
Neonatal Program Director	(ii)	0	0	0	0	0	0	0
Tikee Aparece	(i)	211,628	0	424	10,391	3,089	225,532	0
Attending Physician	(ii)	0	0	0	0	0	0	0
Tarek Belal	(i)	203,580	0	130	1,731	15,512	220,953	0
Attending Physician	(ii)	0	0	0	0	0	0	0
Bradford Harris	(i)	198,907	0	436	8,588	23,418	231,349	0
Attending Physician	(ii)	0	0	0	0	0	0	0
Karen Willing	(i)	203,158	0	422	8,659	20,242	232,481	0
Attending Physician	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Mt Washington Pediatric Hospital Inc

Employer identification number
52-0591483

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MARYLAND HEALTH & HIGHER EDUCATIONAL FACILITIES	50-0936091		11-01-2007	7,585,000	Repayment of taxable loan		X		X		X

Part II Proceeds

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►								
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Mt Washington Pediatric Hospital Inc

Employer identification number
52-0591483

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KELLY & ASSOCIATES INSURANCE GROUP	SEE PART V	173,558	SEE PART V		No
(2) DR TERI KAHN	SEE PART V	120,041	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS LINE 1	John Kelly is a director of the filing organization, and an owner of Kelly & Associates Insurance Group. Kelly & Associates Insurance Group was paid commissions and administrative fees, at or below fair market value, related to employee benefits.
Schedule L, Part IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS LINE 2	Dr. Teri Kahn is a family member of Steven Czinn, a director of the filing organization. Dr. Teri Kahn was paid reasonable compensation as an employee of the filing organization.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
Mt Washington Pediatric Hospital Inc**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection****Employer identification number**

52-0591483

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	JOHNS HOPKINS HEALTH SYSTEM (JHHS) AND UMMS ARE EQUAL MEMBERS OF MWPH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	JHHS AND UMMS EACH ELECT AN EQUAL NUMBER OF MEMBERS TO THE BOARD OF MWPH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	<p>The University of Maryland Medical System ("UMMS") prepares the IRS Form 990 for UMMS and its affiliates. Information needed to complete the return is gathered by accounting personnel in the Finance Shared Services department under the supervision of the UMMS Tax Director. Draft returns are prepared using IRS-approved tax software. Once a draft return is prepared, it undergoes multiple levels of review both internally by UMMS tax & finance personnel, and externally by Ernst & Young LLP. Following any necessary changes to the return, a final draft is reviewed by each affiliate's vice president of finance and/or CFO. Prior to filing the IRS Form 990, the organization's board chairman, treasurer, governance committee, finance committee or other member(s) of the board with similar authority will review the IRS Form 990. All board members are provided with a copy of the final IRS Form 990 before filing.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>THE ORGANIZATION'S OFFICERS, DIRECTORS AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF UMMS REVIEWS THE RESPONSES FOR UMMS AND CERTAIN OTHER AFFILIATES. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UMMS SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES. THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY. WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS. ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION: ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT. IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MASSACHUSETTS VIA THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTHER - Total Revenue: 49542, Related or Exempt Function Revenue: 49542, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	RESTRICTED CHANGE IN ECONOMIC INTEREST IN FOUNDATION - 780078; UNRESTRICTED CHANGE IN ECONOMIC INTEREST IN THE FOUNDATION - 913102; UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION - -411718; NET ASSETS RELEASED FROM RESTRICTIONS - -554534;

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Mt Washington Pediatric Hospital Inc

Employer identification number
52-0591483

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MWP COMMUNITY HEALTH SERVICES 1708 W ROGERS AVENUE BALTIMORE, MD 21209 38-3987088	HEALTHCARE	MD	236,692	324,823	MWPH
(2) Mt Washington Pediatric Community Behavioral Health Services LLC 1708 W Rogers Ave Baltimore, MD 21209 84-2276906	Healthcare	MD	0	0	MWPH

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MOUNT WASHINGTON PEDIATRIC FOUNDATION 1708 WEST ROGERS AVENUE BALTIMORE, MD 21209 52-1736672	FUNDRAISING	MD	501(c)(3)	Type I	MWPH	Yes	

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

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

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

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MT WASHINGTON PEDIATRIC FOUNDATION INC	C	1,554,534	FMV

Schedule R (Form 990) 2018

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation