

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 07/01, 2021, and ending 06/30, 20 22

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

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

D Employer identification number 52-0591483

E Telephone number (410) 578-8600

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

G Gross receipts \$ 88,355,293

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: <u>MT. WASHINGTON PEDIATRIC HOSPITAL IS DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE OF THE CHILDREN WE SERVE.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>15</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>14</u>
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>730</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>281</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>8,263,659</u>	<u>3,791,720</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>60,497,735</u>	<u>59,943,981</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,457,293</u>	<u>7,782,965</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>390,225</u>	<u>551,281</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>70,608,912</u>	<u>72,069,947</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>42,489,157</u>	<u>42,516,888</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>	<u>0</u>	<u>0</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>19,750,675</u>	<u>22,764,762</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>62,239,832</u>	<u>65,281,650</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>8,369,080</u>	<u>6,788,297</u>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>171,025,864</u>	<u>155,771,584</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>26,985,336</u>	<u>24,463,927</u>	
		<u>144,040,528</u>	<u>131,307,657</u>	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
MARY MILLER, CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name AMBER GAZICA Preparer's signature _____ Date _____
 Check if self-employed PTIN P01391011
 Firm's name ▶ ERNST YOUNG U.S. LLP Firm's EIN ▶ 34-6565596
 Firm's address ▶ 1101 NEW YORK AVE NW, WASHINGTON, DC 20005 Phone no. (202) 327-6000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2021)

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 \$ 55,872,154 including grants of \$ 0) (Revenue \$ 60,396,809)
MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 16,611 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 57,966 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. 80% OF INPATIENTS AND 50% OF OUTPATIENTS RECEIVED MEDICAL ASSISTANCE.

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

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

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

4e Total program service expenses ▶ 55,872,154

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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>	✓	
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>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>	✓	
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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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>	✓	
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>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	730		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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		
	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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 on Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 ►
 AMY M MYERS, 900 ELKRIDGE LANDING ROAD - 3 EAST, LINTHICUM, MD 21090, (443) 462-3573

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS ELLIS VP HUMAN RESOURCES	40.0 0.0			✓				431,345	0	67,417
(2) SHELDON STEIN PRESIDENT AND CEO	40.0 0.0			✓				437,888	0	47,787
(3) STEPHEN NICHOLS, MD ATTENDING PHYSICIAN	40.0 0.0					✓		243,109	0	46,001
(4) BARINDA GIADOM, MD ATTENDING PHYSICIAN	40.0 0.0					✓		219,355	0	45,362
(5) MARY MILLER VP FINANCE AND CFO	40.0 0.0			✓				196,497	0	61,740
(6) KAREN WILLING, MD ATTENDING PHYSICIAN	40.0 0.0					✓		221,112	0	30,066
(7) DENISE PUDINSKI VP NURSING ADMIN	40.0 0.0			✓				180,203	0	67,763
(8) AJOKE AKINTADE, MD NEONATAL PROGRAM DIRECTOR	40.0 0.0					✓		229,494	0	18,343
(9) TIKEE APARECE, MD ATTENDING PHYSICIAN	40.0 0.0					✓		223,160	0	13,402
(10) JILL FEINBERG VP DEVELOPMENT/EXTERNAL AFFAIRS	40.0 0.0			✓				209,030	0	15,466
(11) JUSTINA STAROBIN VP OUTPATIENT SVCS	40.0 0.0			✓				163,227	0	42,937
(12) TONYA TILLMAN SECRETARY (ENDED 12/21)	40.0 0.0			✓				68,132	0	16,125
(13) ANGELA WENMAN ASSISTANT SECRETARY (ENDED 01/22)	40.0 0.0			✓				76,458	0	5,114
(14) LISA ARCE-WILLIAMS SECRETARY (START DATE 01/22)	40.0 0.0			✓				49,964	0	20,525

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATHERINE PABICH ASSISTANT SECRETARY (START DATE 01/22)	40.0 0.0			✓				42,657	0	26,865
(16) DAVID HACKAM, MD VICE CHAIRMAN	1.0 0.0	✓		✓				0	0	0
(17) FRED WOLF, III, ESQ CHAIRMAN	1.0 1.0	✓		✓				0	0	0
(18) BERYL ROSENSTEIN, MD TRUSTEE	1.0 0.0	✓						0	0	0
(19) CYNTHIA A KELLEHER TRUSTEE	1.0 0.0	✓						0	0	0
(20) KAREN E DOYLE, MBA TRUSTEE	1.0 0.0	✓						0	0	0
(21) KEVIN SOWERS, MSN,RN,FAAN TRUSTEE	1.0 0.0	✓						0	0	0
(22) LAUREN PERLIN TRUSTEE	1.0 1.0	✓						0	0	0
(23) LAWRENCE C PAKULA, MD TRUSTEE	1.0 0.0	✓						0	0	0
(24) MARGARET MOON TRUSTEE	1.0 0.0	✓						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								2,991,631	0	524,913
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,991,631	0	524,913

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 **▶** 55

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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>	✓	
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>		✓

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPREHENSIVE PHARMACY SERVICES, LLC, PO BOX 638316, CINCINNATI, OH 45263-8316	PHARMACY	2,826,602
JOHNS HOPKINS HOSPITAL, 1800 ORLEANS STREET, BALTIMORE, MD 21287	PHYSICIAN SERVICES	2,010,019
WHITING TURNER CONTRACTING, PO BOX 17596, BALTIMORE, MD 21297	CONSTRUCTION	1,351,706
SLEEP SERVICES OF AMERICA, INC, PO BOX 198320, ATLANTA, GA 30384-8320	NEUROLOGY SERVICES	1,028,725
MEDLINE INDUSTRIES, INC., PO BOX 382075, PITTSBURGH, PA 15251-8075	MEDICAL SUPPLIES	832,514

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 **▶** 34

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	451,169			
	d	Related organizations	1d	1,190,642			
	e	Government grants (contributions)	1e	221,252			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,928,657			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f ▶		3,791,720			
	Program Service Revenue	2a	NET PATIENT REVENUE	Business Code			
			622110	59,943,981	59,943,981	0	
b							
c							
d							
e							
f		All other program service revenue . .		0	0	0	
g	Total. Add lines 2a-2f ▶		59,943,981				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		544,585	0	0	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
			6b				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	23,465,990	0		
			7b	16,227,610	0		
	b	Less: cost or other basis and sales expenses	7b				
c	Gain or (loss)	7c	7,238,380	0			
d	Net gain or (loss) ▶		7,238,380	0	0		
8a	Gross income from fundraising events (not including \$ 451,169 of contributions reported on line 1c). See Part IV, line 18	8a	26,330				
b	Less: direct expenses	8b	57,736				
c	Net income or (loss) from fundraising events . . ▶		(31,406)		0		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances	10a					
		10b					
		c	Net income or (loss) from sales of inventory . . . ▶				
Miscellaneous Revenue	11a	CAFETERIA	Business Code				
			722514	125,023	0	0	
	b	MEDICAL RECORDS		4,836	0	0	
	c	SCHOOL FOR THE BLIND		120,492	120,492	0	
	d	All other revenue		332,336	332,336	0	
e	Total. Add lines 11a-11d ▶		582,687				
12	Total revenue. See instructions ▶		72,069,947	60,396,809	0	7,881,418	

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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,855,401	1,544,992	310,409	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)				
7	Other salaries and wages	32,515,968	27,076,047	5,439,921	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,343,845	1,119,020	224,825	0
9	Other employee benefits	4,437,408	3,695,030	742,378	0
10	Payroll taxes	2,364,266	1,968,724	395,542	0
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	612,105	0	612,105	0
d	Lobbying	504	0	504	0
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	74,602	0	74,602	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	4,779,586	4,446,130	333,456	0
12	Advertising and promotion	42,571	35,449	7,122	0
13	Office expenses	508,064	423,065	84,999	0
14	Information technology				
15	Royalties				
16	Occupancy	1,100,030	915,995	184,035	0
17	Travel	19,371	16,130	3,241	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	56,389	46,955	9,434	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,152,738	4,810,596	342,142	0
23	Insurance	1,664,232	1,650,840	13,392	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>MEDICAL SUPPLIES</u>	4,359,432	4,359,432	0	0
b	<u>REPAIRS/MAINTENANCE</u>	862,254	717,999	144,255	0
c	<u>CLAIMS SERVICES</u>	729,681	607,605	122,076	0
d	<u>BAD DEBT</u>	621,141	621,141	0	0
e	All other expenses	2,182,062	1,817,004	365,058	0
25	Total functional expenses. Add lines 1 through 24e	65,281,650	55,872,154	9,409,496	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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	22,803,376	1	8,363,039
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	1,980,380	3	1,802,221
	4 Accounts receivable, net	7,778,376	4	5,189,866
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	177,942	8	98,674
	9 Prepaid expenses and deferred charges	10,440,396	9	9,973,111
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 85,385,978		
	b Less: accumulated depreciation	10b 48,485,131	39,038,802	10c 36,900,847
	11 Investments—publicly traded securities	51,064,899	11	63,960,099
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	37,741,693	15	29,483,727
16 Total assets. Add lines 1 through 15 (must equal line 33)	171,025,864	16	155,771,584	
Liabilities	17 Accounts payable and accrued expenses	18,473,559	17	16,911,864
	18 Grants payable	0	18	0
	19 Deferred revenue	351,100	19	239,199
	20 Tax-exempt bond liabilities	3,544,085	20	3,133,884
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	4,616,592	25	4,178,980
	26 Total liabilities. Add lines 17 through 25	26,985,336	26	24,463,927
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	120,334,005	27	109,897,835
	28 Net assets with donor restrictions	23,706,523	28	21,409,822
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	144,040,528	32	131,307,657
33 Total liabilities and net assets/fund balances	171,025,864	33	155,771,584	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	72,069,947
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,281,650
3	Revenue less expenses. Subtract line 2 from line 1	3	6,788,297
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	144,040,528
5	Net unrealized gains (losses) on investments	5	(13,260,204)
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 on Schedule O)	9	(6,260,964)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	131,307,657

Part XII Financial Statements and Reporting

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

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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MARK R MARCANTANO ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(26) MOHAN SUNTHA, MD ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(27) PETER MANCINO ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(28) ROSLYN STOLER ----- TRUSTEE	1.0 ----- 1.0	✓						0	0	0
(29) STEVEN J CZINN, MD ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(30) SUSAN T COSTER ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(31) ALFRED A PIETSCH ----- TREASURER	1.0 ----- 0.0			✓				0	0	0
(32) RICHARD KATZ, MD ----- VP MEDICAL AFFAIRS	40.0 ----- 0.0			✓				0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. 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		<input type="checkbox"/>
b 33 1/3% support test—2020. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2021. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2020. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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

Employer identification number 52-0591483

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 12,725	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 10,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 8,209	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 7,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ ----- 5,027	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ ----- 10,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ ----- 8,395	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ ----- 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ ----- 5,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 172,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,471	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ ----- 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ ----- 5,423	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ ----- 84,746	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	----- ----- -----	\$ ----- 1,190,642	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ ----- 6,425	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	----- ----- -----	\$ ----- 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ ----- 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	----- ----- -----	\$ ----- 107,197	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	----- ----- -----	\$ ----- 5,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	----- ----- -----	\$ ----- 5,575	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	----- ----- -----	\$ ----- 51,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	----- ----- -----	\$ ----- 6,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	----- ----- -----	\$ ----- 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	----- ----- -----	\$ ----- 131,506	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	----- ----- -----	\$ ----- 37,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 8,167	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		504
j Total. Add lines 1c through 1i			504
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>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 2.52% AND 26.47% 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.</p>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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 make 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 program
- e** Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

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

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

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

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		63,143,432	34,946,096	28,197,336
c Leasehold improvements		263,509	243,881	19,628
d Equipment		19,932,225	12,547,212	7,385,013
e Other		2,046,812	747,942	1,298,870
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				36,900,847

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	370,557
(2) OTHER ACCOUNTS RECEIVABLE	2,527,268
(3) ECONOMIC INTEREST IN MWP FOUNDATION	26,544,486
(4) FINANCING LEASE - ASSETS	41,416
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	29,483,727

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM 3RD PARTY PAY	4,105,776
(3) FINANCING LEASE - LIABILITY	73,204
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,178,980

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>GOLF</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	327,769	149,730	0	477,499
	2 Less: Contributions	327,769	123,400	0	451,169
	3 Gross income (line 1 minus line 2)	0	26,330	0	26,330
Direct Expenses	4 Cash prizes		2,350		2,350
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages		23,362		23,362
	8 Entertainment				0
	9 Other direct expenses		32,024		32,024
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				57,736
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(31,406)	

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))
		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: _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52 0591483
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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	✓	
1b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	✓	
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?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			4,847	0	4,847	0.01
b Medicaid (from Worksheet 3, column a)			0	0	0	0.00
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	0	4,847	0	4,847	0.01
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			540,626	0	540,626	0.84
f Health professions education (from Worksheet 5)			951,282	0	951,282	1.47
g Subsidized health services (from Worksheet 6)			691,603	251,778	439,825	0.68
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			22,622	0	22,622	0.03
j Total. Other Benefits	0	0	2,206,133	251,778	1,954,355	3.02
k Total. Add lines 7d and 7j	0	0	2,210,980	251,778	1,959,202	3.03

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			0	0	0	0.00
2 Economic development			0	0	0	0.00
3 Community support			0	0	0	0.00
4 Environmental improvements			0	0	0	0.00
5 Leadership development and training for community members			22,969	0	22,969	0.04
6 Coalition building			42,999	0	42,999	0.07
7 Community health improvement advocacy			0	0	0	0.00
8 Workforce development			0	0	0	0.00
9 Other			0	0	0	0.00
10 Total	0	0	65,968	0	65,968	0.10

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	556,232
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	0
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	0
8	Describe in Part VI the extent to which any shortfall reported on 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	✓
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✓

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year? 1

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

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

2

3

4

5

6

7

8

9

10

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group 1

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

		Yes	No
Community Health Needs Assessment			
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?		✓
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		✓
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):			
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: <u>20 20</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	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
6b	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		✓
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):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</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	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>(SEE STATEMENT)</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group 1

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group 1

	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?	✓	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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?	✓	
If "No," indicate why:		
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group 1

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

Part V, Section C

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

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>Facility Name: MT. WASHINGTON PEDIATRIC HOSPITAL</p> <p>Description: From July 2020 to May 2021, MWPH undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of children with special health care needs in Baltimore City, Maryland. The aim of the assessment was to reinforce MWPH's commitment to the health of residents and align its health prevention efforts with the community's greatest needs. The assessment examined several health indicators including chronic health conditions, access to health care, and Social Determinants of Health (SoDH).</p> <p>The MWPH Community Health Improvement Team served as the lead team to conduct the CHNA. MWPH worked with the Baltimore City Hospital Community Benefit Collaborative (BCHCBC) where local Baltimore City hospitals joined together (initially in 2014), to collaborate on several key data collection strategies for a joint community health needs assessment.</p> <p>MWPH continued to partner with BCHCBC to include, University of Maryland Medical Systems (UMMC), Johns Hopkins Hospital, Sinai Hospital Lifebridge Health, MedStar Health, St. Agnes Health System, and Mercy Medical Center. All of the above hospitals/health systems had been collaborating on several initiatives prior to the CHNA year and agreed that it would be beneficial to work on a more detailed level on a joint city-wide CHNA.</p> <p>To complete a comprehensive assessment of the needs of the community, the Association for Community Health Improvement's (ACHI) 9-step Community Health Assessment Process and was utilized as an organizing methodology. Data was collected from areas illustrated below to complete a comprehensive assessment of the community's needs. The CHNA was comprised of both quantitative and qualitative research components.</p> <p>The findings from the assessment were utilized by MWPH to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. This CHNA targets the needs of children and young adults with developmental disabilities and other disorders in Baltimore City as well as their families. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.</p> <p>Using the ACHI frameworks, data was collected from multiple sources, groups, and individuals and integrated into a comprehensive document which was utilized at a retreat on March 29, 2021 with the MWPH Community Health Advisory Board (CHAB) along with several other community organizations, faith-based leaders, elected officials, patient families, hospital leadership. During that strategic planning retreat, priorities were identified using the collected data and an adapted version of the Catholic Health Association's (CHA) priority setting criteria.</p> <p>The identified priorities were also validated by a panel of MWPH clinical experts. MWPH used primary and secondary sources of data as well as quantitative and qualitative data and consulted with numerous individuals and organizations during the CHNA. Including, University of Maryland Medical Center Midtown Campus, University of Maryland Hospital for Children, Johns Hopkins Health, other BCHCHC hospitals, community leaders, community partners, the University of Maryland Baltimore (UMB) academic community, the general public, patient families, local health experts, and the Baltimore City Health Department.</p> <p>MWPH also joined together to collaborate on several key data collection strategies for a joint community health needs assessment. This effort was initially launched in 2014 and (as mentioned previously) was identified as the Baltimore City Hospital Community Health Collaborative. In addition to UMMS and JHH, BCHCHC included multiple Baltimore based health systems/hospitals. Including, Sinai Hospital Lifebridge Health, MedStar Health, St. Agnes Health System, and Mercy Medical Center. All of the above hospitals/health systems had been collaborating on several initiatives prior to the CHNA year and agreed that it would be beneficial to work on a more detailed level on a joint city-wide CHNA. This multi-hospital collaborative worked on the following data collection components together:</p> <ul style="list-style-type: none"> - Public survey of Baltimore City residents - Key stakeholder interviews - Key population focus groups - Key community partner focus groups for Implementation Strategy (asthma, mental health, children's health) <p>After the data were collected and analyzed jointly, each individual hospital used the collected data for their respective community benefit service areas to identify their unique priorities for their communities. The collaborating hospitals/health systems did agree to jointly focus on mental health as a key city-wide priority. The following describes the individual data collection strategies with the accompanying results.</p> <p>Please note: Due to the COVID-19 pandemic and the limitations on in-person gatherings, the number of surveys, focus groups and other engagement strategies were challenged. However, every effort was made to ensure quality and quantity of engagement and data collection.</p> <p>Community Perspective - Surveys The community's perspective was obtained through one survey offered to the public using several methods throughout Baltimore City. Due to the COVID-19 pandemic, routine methods of collecting responses to the survey posed a great challenge. MWPH and BCHCHC was unable to distribute as many surveys as majority of the community events were canceled. However, MWPH worked closely with community partners, hospital staff (associates, leadership and physicians), Baltimore City Health Department and other stakeholders to distribute the surveys electronically and in-person at COVID relief efforts (food pantries, clothing drive, virtual job fairs and via social media platforms). See Appendix for the actual survey.</p> <p>Methods 6-item survey distributed in FY2020 using the following methods: * Conducted from late September through November 2020 * All hospitals participated in data collection throughout the city * Distributed in person and offered online * Offered in English, Spanish * Collected 2,475 surveys * All Baltimore City zip codes represented</p> <p>Results Top 5 Health Concerns: *Alcohol *Mental Health *Diabetes/High Blood Sugar</p>

Return Reference - Identifier	Explanation
	<p>*Heart Disease/High Blood Pressure *Overweight/Obesity Analysis by CBSA targeted zip codes revealed the same top health concerns and top health barriers with little deviation from the overall Baltimore City data. The sample size was 2,475 for all of Baltimore City and 889 for residents from the identified MWPH CBSA.</p> <p>A) Community Perspective - Telephone Town Hall COVID-19 pandemic significantly restricted face-to-face and large group interactions, MWPH with the hospitals in BHCHC participated in Telephone Town Halls were conducted by the Sexton Group (see appendix in CHNA posted online for full report). The purpose of the town halls was to reach a broader community perspective since limited numbers of surveys were collected. Sexton Group utilized their database of both mobile and landline records of residents in Baltimore City based on CBSA zip codes for all BHCHC hospitals. Those in attendance were advised of the purpose of the town hall. Three questions were asked during the town halls, focusing on the biggest health problem facing the community, SoDH impacting the community and barriers to obtaining health. The following format was used for the Tele-town hall:</p> <ol style="list-style-type: none"> 1. Invitation to participate was sent to selected number of participants in a specific zip codes: BHCHC CBSA zip codes were selected. 2. At the top of the call, callers were asked about three areas related to the health of their communities: medical services; social needs; access to care. 3. Examples were provided in each of the three categories, then time was provided time for participants to share their comments. 5. Participants were then asked to vote their major concerns or share other issues of concern. When voting is done, ask callers if there are other health issues they are concerned about. 6. The same process was followed for social services and access to care. <p>In total 6,913 attended the town hall; some remained on the line for an extended period.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>Facility Name: MT. WASHINGTON PEDIATRIC HOSPITAL</p> <p>Description: B) Health Experts</p> <p>Methods -Reviewed and included National Prevention Strategy Priorities, Maryland State Health Improvement Plan (SHIP) indicators, and Healthy Baltimore 2020 plan from the Baltimore City Health Department (please note: due to the pandemic no new data is available/previous data was used). -Reviewed Healthy Baltimore 2020: A blueprint for health -Reviewed Baltimore City Health Department's 2017 Community Health Assessment -Conducted two focus groups including patient families, families who have children with medically complex needs and MWPH CHAB. -Conducted stakeholder retreat in March 2020, with community partners, hospital leadership, patient families and foundation board members.</p> <p>Results -National Prevention Strategy - 7 Priority Areas *Tobacco Free Living *Preventing Drug Abuse and Excessive Alcohol Use *Healthy Eating *Active Living *Injury and Violence Free Living *Reproductive and Sexual Health *Mental and Emotional Well Being</p> <p>-SHIP: 39 Objectives in 5 Vision Areas for the State, includes targets for Baltimore City - (While progress has been made since 2018, measures within Baltimore City have not met identified targets; even wider minority disparities exist within the City) -Healthy Baltimore 2020: Four Priority Areas for Baltimore City</p> <p>1) Strategic Priority 1: Behavioral Health 2) Strategic Priority 2: Violence Prevention 3) Strategic Priority 3: Chronic Disease Prevention 4) Strategic Priority 4: Life Course Approach and Core Services</p> <p>C) Community Leaders Two focus groups were conducted in December 2019, March 2020 and April 2020 (the second focus group was divided into two sessions). The findings are outlined below:</p> <p>Access to Care Focus group attendees were asked to discuss barriers related to accessing health care services for Children or Youth with Special Health Care Needs (CYSHCN) in Baltimore City. The following themes emerged from the discussions in the sessions Lack of Specialty Care Providers and Long Wait Times Lack of specialty care providers was commonly voiced as a significant barrier in these sessions. This issue often correlated with longer wait periods to see a specialist. Four issues related to access to specialists were cited repeatedly: 1) Families reported problems getting needed specialist care, especially for CYSHCN with emotional, behavioral, or developmental (EBD) issues. 2) Families reported long wait times for specialist appointments especially for diagnostics or mental health services. 3) For families who reported their health insurance was not adequate, they also said that their child did not see a specialist in the last 12 months. 4) Most families reported getting referrals, but a small sub-section (about 10%) reported they had problems getting referrals when needed.</p> <p>Insurance Deductibles and Price of Durable Medical Equipment (DME) and Medications for CYSHCN Difficulties with access to care, dealing with insurance coverage and piecing together needed services from a fragmented system takes its toll on families at MWPH raising CYSHCN. The toll is both emotional and financial. Families are frustrated by the impact the fragmented system has on their ability to parent all of their children.</p> <p>Fragmentation of Health Care System/Care Coordination The issue of lack of coordination of services and supports for CYSHCN was a frequent theme in group discussions with families. Overall 7603% of CYSHCN had parents who reported that services and supports did not receive care in a well-functioning system. And even higher percentage (81.1%) of parents with children rated as having the most severe conditions and the highest needs reported that the system was not easy to use. Children with family incomes of 100-199% of the federal poverty level had even more parents who were having difficulty using the system (89.3%). Families reported that finding services were difficult, time consuming and the processes and forms were overwhelming.</p> <p>Lack of Transportation Transportation was the most discussed area of concern in all focus groups at MWPH, from executive level staff, clinical content experts, and parents of CYSHCN the like.</p> <p>Lack of Mental Health Providers and Stigma When parents were asked if there were certain health care related services for CYSHCN were delayed or not received in the past 12 months, participants overwhelmingly identified therapies, mental health services, and behavioral supports as the most frequently delayed or not received services. Impact on Family Well Being Families reported that the burden of the out of pocket costs can have an impact on the financial status of the family. Case Managers It was acknowledged that MWPH patients interact with any number of care providers across multiple settings it would make it easier for patient families to get better and be healthier if they could have case managers who help streamline their different care and assist with navigating the health system. Training Caregivers Parents were mentioned as an important existing force in the service delivery process. Educating these caregivers to better understand the medical needs of their CYSHCN was mentioned as the best alternative to improve the health outcome of patients. Community Involvement, Advocacy and Partnership Focus group participants were then asked, "What do you think could encourage more community involvement, advocacy, and partnership around health issues that would benefit the public/your child as it pertains to your organizations</p>

Return Reference - Identifier	Explanation
	<p>services?" Coalition The need to coalesce around cross-cutting causes and objectives was emphasized in the discussions, to this end, an active convener that would help partners to form coalitions was cited as a potentially useful resource. Outreach (Community Paramedicine/Telemedicine) The overwhelming majority of participants seemed to agree that many people have difficulty getting to pediatric specialty services and suggested the need for being proactive in rethinking the current health care system of delivery so to get providers out in the neighborhoods and communities where people reside. This need was significantly intensified during the COVID-19 pandemic. Stakeholders Retreat Stakeholder retreat was conducted in March 2021 to select and vote on priorities. All quantitative and qualitative health needs, social determinants of health and barriers to health were shared. Below are the top priorities section outlines the priorities.</p> <p>D) Social Determinants of Health (SDoH) Defined by the World Health Organization as:the conditions in which people are born, grow, live, work and age... Methods Reviewed data from Baltimore Neighborhood Indicator Alliance (Demographic data and SDoH data) *Reviewed data from identified 2011 Baltimore City Health Department's Baltimore City Neighborhood Profiles, *Reviewed Baltimore City Food Desert Map - Please note that data available was from 2018-No new data from 2020 is available and previous data was utilized per BCHD. (See Figure 4) Results *Baltimore City Summary of CBSA targeted zip codes (See Appendix 2) *Top SDoHs: Low Education Attainment (52.6% w/ less than a HS degree)</p> <p>High Poverty Rate (15.7%)/High Unemployment Rate (11%) *Violence *Poor Food Environment (See Figure 5) *Housing Instability</p> <p>E) Health Statistics/Indicators Methods Utilized/reviewed the following data: City and State trends and data sources: *Baltimore City Health Department State of Health in Baltimore *MD HSCRC Statewide Integrated Health Improvement Strategy Proposal *Maryland Department of Health Vital Statistics</p> <p>National trends and data sources: *Healthy People 2030 *County Health Rankings *Centers for Disease Control Reports/Updates</p> <p>Results *Baltimore City Health Outcomes Summary *Baltimore City Health Rankings *Top 3 Causes of Death in Baltimore City in rank order: -Heart Disease -Cancer - Stroke *Maternal Morbidity Rate *Cause of Pediatric Deaths</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>Facility Name: MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>Description: THE MWPH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED WITH University of Maryland Medical System and Center (UMMC), Johns Hopkins Hospital, Sinai Hospital Lifebridge Health, MedStar Health, St. Agnes Health System, and Mercy Medical Center.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>https://www.mwph.org/community/community-health-needs-assessment-and-reports</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)</p>	<p>https://www.mwph.org/community/community-health-needs-assessment-and-reports</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>Description: Based on the data reviewed and the meetings attended in the communities, prioritization, of identified needs included several considerations. Each priority was considered using the following criteria: *Community Input/National State Priorities: Does the identified need align with national and state priorities, such as Healthy People 2030 objectives, Maternal and Child Health Bureau performance measures, and community input from public meetings? *Responsibility/Capacity: Does the identified need fit within the mission and capacity of MWPH? *Availability of Resources /Feasibility: Does MWPH and partner agencies have adequate resources available and knowledge to address the identified need? *Magnitude/Severity: By addressing the identified need, is there an impact on the well-being of the community? How do the data and indicators of the identified need compare of those of the nation and other states? Prioritize Community Health Issues: On March 29, 2021, 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</p> <p>Social Determinants of Health Identified as Priorities/Unmet Community Health Needs: There were several social determinants of health or external factors identified as "primary needs" or "root causes" in the prioritization process. These included: health equity, poverty/unemployment, and housing. These priorities will be identified in the implementation plan as "Community Support Services." It is impractical for MWPH to prioritize these additional considerations as part of the CHNA, given the inability to make a significant impact in a 3-year period. The data presented were collected, reviewed, and analyzed by multiple stakeholders. The top priority areas were: 1) Mental Health 2) Food Insecurity/Obesity Prevention 3) Health Care Access/Literacy 4) Violence Prevention/Maltreatment</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>Facility Name: MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</p> <p>Description: THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>https://www.mwph.org/patients-and-guests/financial/assistance</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p>https://www.mwph.org/patients-and-guests/financial/assistance</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p>https://www.mwph.org/patients-and-guests/financial/assistance</p>

Part V Facility Information (continued)

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

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

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

Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - CRITERIA FOR FREE OR DISCOUNTED CARE	MWPH IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART I, LINE 6B - ANNUAL COMMUNITY BENEFIT REPORT	THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC. THE REPORT CAN BE FOUND AT HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX .
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	621,141

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY</p>	<p>AS A SPECIALTY HOSPITAL SERVING CHILDREN WITH MEDICALLY COMPLEX CONDITIONS, MT. WASHINGTON PEDIATRIC HOSPITAL (MWPH) RECOGNIZES THAT UNINSURED AND UNDERSERVED INDIVIDUALS EXPERIENCE MORE HEALTH DISPARITIES THAN THEIR WEALTHIER COUNTERPARTS. TO MAKE AN IMPACT ON IMPROVING HEALTH EQUITY AND PROVIDING MORE PATIENT-CENTERED CARE, MWPH AIMS TO BETTER UNDERSTAND AND ADDRESS THE UNDERLYING CAUSES OF POOR HEALTH THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES TARGETING THE UNMET COMMUNITY NEEDS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES, INCLUDING HEALTH LITERACY AND CHRONIC DISEASE PREVENTION, VIOLENCE AND CHILD MALTREATMENT, BEHAVIORAL HEALTH AND SUBSTANCE ABUSE, ACCESS TO HEALTH CARE, MENTAL HEALTH, OBESITY AND ACCESS TO HEALTHY FOODS AND TRANSPORTATION.</p> <p>THESE ACTIVITIES INCLUDE A UNIQUE COLLABORATION BETWEEN MWPH SENIOR LEADERSHIP, PHYSICIANS, NURSES AND ASSOCIATES, WITH LOCAL AND STATE GOVERNMENT, PUBLIC SCHOOL DISTRICTS, HEAD START PROGRAMS, AND COMMUNITY ENGAGEMENT GROUPS, TO ADDRESS THE TRUE DRIVERS OF HEALTH OUTCOMES. THESE DRIVERS INCLUDE SOCIOECONOMIC FACTORS, HEALTH BEHAVIORS AND THE PHYSICAL ENVIRONMENT THAT IMPACT THE QUALITY OF LIFE OF CHILDREN IN BALTIMORE CITY, BALTIMORE COUNTY AND SURROUNDING AREAS. THE FOCUS IS TO ALLEVIATE THE BURDENS AND DISPARITIES OF THE POPULATION WHO RECEIVE THE SPECIALTY CARE PROVIDED BY MWPH.</p> <p>EXAMPLES OF THESE ACTIVITIES INCLUDE THE CONTINUED GROWTH OF THE MWPH COMMUNITY HEALTH ADVISORY BOARD (CHAB). THE ADVISORY BOARD BEGAN UNDER THE LEADERSHIPS OF THE MWPH SENIOR EXECUTIVES AND MEDICAL STAFF AND WAS CREATED TO MORE EFFECTIVELY GUIDE THE MWPH COMMUNITY BENEFIT PROGRAM. USING DATA FROM WPH'S COMMUNITY NEEDS ASSESSMENT (CHNA), A COMPREHENSIVE HEALTH ASSESSMENT THAT IDENTIFIES KEY HEALTH NEEDS AND ISSUES THROUGH DATA COLLECTION AND ANALYSIS, THE GROUP ADDRESSES THE DISPROPORTIONATE UNMET NEEDS OF THE HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS. MEMBERS OF CHAB HELP PLAN, DEVELOP AND IMPLEMENT COMMUNITY OUTREACH PROGRAMS IN ORDER TO MEET THESE NEEDS AND IMPROVE THE HEALTH EQUITY OF THE COMMUNITIES WE SERVE.</p> <p>MEMBERS OF CHAB WERE SPECIFICALLY SELECTED FROM BALTIMORE CITY AND BALTIMORE COUNTY COMMUNITY ORGANIZATIONS AND ADVOCACY GROUPS. THE GROUP ALSO INCLUDES ELECTED OFFICIALS AND MWPH'S EXECUTIVE LEADERSHIP. THE GROUP HAS EXPANDED FROM TWELVE INITIAL MEMBERS TO EIGHTEEN, INCLUDING THREE ELECTED OFFICIALS, ELEMENTARY AND MIDDLE SCHOOLS AND A CIVIC ORGANIZATION.</p> <p>IN TAX YEAR 2019, THE BOARD SET OUT TO IMPLEMENT NEW PROGRAMS FOCUSING ON MWPH COMMUNITY HEALTH NEEDS ASSESSMENT CHNA PRIORITIES OF 1) MENTAL HEALTH 2) FOOD INSECURITY/OBESITY PREVENTION 3) HEALTH CARE ACCESS/LITERACY 4) VIOLENCE PREVENTION/MALTREATMENT</p>
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.</p> <p>IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF:</p> <ol style="list-style-type: none"> 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
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>BECAUSE OF THE UNIQUE PAYMENT SYSTEM DESCRIBED ON LINE 2 (ABOVE), THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP.</p>

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>FROM JULY 2020 TO MAY 2021, MWPH UNDERTOOK A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO EVALUATE THE HEALTH NEEDS OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS IN BALTIMORE CITY, MARYLAND. THE AIM OF THE ASSESSMENT WAS TO REINFORCE MWPH'S COMMITMENT TO THE HEALTH OF RESIDENTS AND ALIGN ITS HEALTH PREVENTION EFFORTS WITH THE COMMUNITY'S GREATEST NEEDS. THE ASSESSMENT EXAMINED SEVERAL HEALTH INDICATORS INCLUDING CHRONIC HEALTH CONDITIONS, ACCESS TO HEALTH CARE, AND SOCIAL DETERMINANTS OF HEALTH (SODH).</p> <p>THE MWPH COMMUNITY HEALTH IMPROVEMENT TEAM SERVED AS THE LEAD TEAM TO CONDUCT THE CHNA. MWPH WORKED WITH THE BALTIMORE CITY HOSPITAL COMMUNITY BENEFIT COLLABORATIVE (BCHCBC) WHERE LOCAL BALTIMORE CITY HOSPITALS JOINED TOGETHER (INITIALLY IN 2014), TO COLLABORATE ON SEVERAL KEY DATA COLLECTION STRATEGIES FOR A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT.</p> <p>MWPH CONTINUED TO PARTNER WITH BCHCBC TO INCLUDE, UNIVERSITY OF MARYLAND MEDICAL SYSTEM AND CENTER (UMMC), JOHNS HOPKINS HOSPITAL, SINAI HOSPITAL LIFEBRIDGE HEALTH, MEDSTAR HEALTH, ST. AGNES HEALTH SYSTEM, AND MERCY MEDICAL CENTER. ALL OF THE ABOVE HOSPITALS/HEALTH SYSTEMS HAD BEEN COLLABORATING ON SEVERAL INITIATIVES PRIOR TO THE CHNA YEAR AND AGREED THAT IT WOULD BE BENEFICIAL TO WORK ON A MORE DETAILED LEVEL ON A JOINT CITY-WIDE CHNA.</p> <p>TO COMPLETE A COMPREHENSIVE ASSESSMENT OF THE NEEDS OF THE COMMUNITY, THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 9-STEP COMMUNITY HEALTH ASSESSMENT PROCESS AND WAS UTILIZED AS AN ORGANIZING METHODOLOGY DATA WAS COLLECTED FROM AREAS ILLUSTRATED BELOW TO COMPLETE A COMPREHENSIVE ASSESSMENT OF THE COMMUNITY'S NEEDS. THE CHNA WAS COMPRISED OF BOTH QUANTITATIVE AND QUALITATIVE RESEARCH COMPONENTS.</p> <p>THE FINDINGS FROM THE ASSESSMENT WERE UTILIZED BY MWPH TO PRIORITIZE PUBLIC HEALTH ISSUES AND DEVELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN FOCUSED ON MEETING COMMUNITY NEEDS. THIS CHNA TARGETS THE NEEDS OF CHILDREN AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES AND OTHER DISORDERS IN BALTIMORE CITY AS WELL AS THEIR FAMILIES. THIS CHNA FINAL SUMMARY REPORT SERVES AS A COMPILATION OF THE OVERALL FINDINGS OF EACH RESEARCH COMPONENT.</p> <p>USING THE ACHI FRAMEWORKS, DATA WAS COLLECTED FROM MULTIPLE SOURCES, GROUPS, AND INDIVIDUALS AND INTEGRATED INTO A COMPREHENSIVE DOCUMENT WHICH WAS UTILIZED AT A RETREAT ON MARCH 29, 2021 WITH THE MWPH COMMUNITY HEALTH ADVISORY BOARD (CHAB) ALONG WITH SEVERAL OTHER COMMUNITY ORGANIZATIONS, FAITH-BASED LEADERS, ELECTED OFFICIALS, PATIENT FAMILIES, HOSPITAL LEADERSHIP. DURING THAT STRATEGIC PLANNING RETREAT, PRIORITIES WERE IDENTIFIED USING THE COLLECTED DATA AND AN ADAPTED VERSION OF THE CATHOLIC HEALTH ASSOCIATION'S (CHA) PRIORITY SETTING CRITERIA.</p> <p>THE IDENTIFIED PRIORITIES WERE ALSO VALIDATED BY A PANEL OF MWPH CLINICAL EXPERTS. MWPH USED PRIMARY AND SECONDARY SOURCES OF DATA AS WELL AS QUANTITATIVE AND QUALITATIVE DATA AND CONSULTED WITH NUMEROUS INDIVIDUALS AND ORGANIZATIONS DURING THE CHNA. INCLUDING, UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS, UNIVERSITY OF MARYLAND HOSPITAL FOR CHILDREN, JOHNS HOPKINS HEALTH, OTHER BCHCBC HOSPITALS, COMMUNITY LEADERS, COMMUNITY PARTNERS, THE UNIVERSITY OF MARYLAND BALTIMORE (UMB) ACADEMIC COMMUNITY, THE GENERAL PUBLIC, PATIENT FAMILIES, LOCAL HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH DEPARTMENT.</p> <p>MWPH ALSO JOINED TOGETHER TO COLLABORATE ON SEVERAL KEY DATA COLLECTION STRATEGIES FOR A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT. THIS EFFORT WAS INITIALLY LAUNCHED IN 2014 AND (AS MENTIONED PREVIOUSLY) WAS IDENTIFIED AS THE BALTIMORE CITY HOSPITAL COMMUNITY HEALTH COLLABORATIVE. IN ADDITION TO UMMS AND JHH, BCHCBC INCLUDED MULTIPLE BALTIMORE BASED HEALTH SYSTEMS/HOSPITALS. INCLUDING, SINAI HOSPITAL LIFEBRIDGE HEALTH, MEDSTAR HEALTH, ST. AGNES HEALTH SYSTEM, AND MERCY MEDICAL CENTER. ALL OF THE ABOVE HOSPITALS/HEALTH SYSTEMS HAD BEEN COLLABORATING ON SEVERAL INITIATIVES PRIOR TO THE CHNA YEAR AND AGREED THAT IT WOULD BE BENEFICIAL TO WORK ON A MORE DETAILED LEVEL ON A JOINT CITY-WIDE CHNA. THIS MULTI-HOSPITAL COLLABORATIVE WORKED ON THE FOLLOWING DATA COLLECTION COMPONENTS TOGETHER:</p> <ul style="list-style-type: none"> - PUBLIC SURVEY OF BALTIMORE CITY RESIDENTS - KEY STAKEHOLDER INTERVIEWS - KEY POPULATION FOCUS GROUPS - KEY COMMUNITY PARTNER FOCUS GROUPS FOR IMPLEMENTATION STRATEGY (ASTHMA, MENTAL HEALTH, CHILDREN'S HEALTH) <p>AFTER THE DATA WERE COLLECTED AND ANALYZED JOINTLY, EACH INDIVIDUAL HOSPITAL USED THE COLLECTED DATA FOR THEIR RESPECTIVE COMMUNITY BENEFIT SERVICE AREAS TO IDENTIFY THEIR UNIQUE PRIORITIES FOR THEIR COMMUNITIES. THE COLLABORATING HOSPITALS/HEALTH SYSTEMS DID AGREE TO JOINTLY FOCUS ON MENTAL HEALTH AS A KEY CITY-WIDE PRIORITY. THE FOLLOWING DESCRIBES THE INDIVIDUAL DATA COLLECTION STRATEGIES WITH THE ACCOMPANYING RESULTS.</p> <p>PLEASE NOTE: DUE TO THE COVID-19 PANDEMIC AND THE LIMITATIONS ON IN-PERSON GATHERINGS, THE NUMBER OF SURVEYS, FOCUS GROUPS AND OTHER ENGAGEMENT STRATEGIES WERE CHALLENGED. HOWEVER, EVERY EFFORT WAS MADE TO ENSURE QUALITY AND QUANTITY OF ENGAGEMENT AND DATA COLLECTION.</p> <p>COMMUNITY PERSPECTIVE - SURVEYS THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH ONE SURVEY OFFERED TO THE PUBLIC USING SEVERAL METHODS THROUGHOUT BALTIMORE CITY. DUE TO THE COVID-19 PANDEMIC, ROUTINE METHODS OF COLLECTING RESPONSES TO THE SURVEY POSED A GREAT CHALLENGE. MWPH AND BCHCBC WAS UNABLE TO DISTRIBUTE AS MANY SURVEYS AS MAJORITY OF THE COMMUNITY EVENTS WERE CANCELED. HOWEVER, MWPH WORKED CLOSELY WITH COMMUNITY PARTNERS, HOSPITAL STAFF (ASSOCIATES, LEADERSHIP AND PHYSICIANS), BALTIMORE CITY HEALTH DEPARTMENT AND OTHER STAKEHOLDERS TO DISTRIBUTE THE SURVEYS ELECTRONICALLY AND IN-PERSON AT COVID RELIEF EFFORTS (FOOD PANTRIES, CLOTHING DRIVE, VIRTUAL JOB FAIRS AND VIA SOCIAL MEDIA PLATFORMS). SEE APPENDIX FOR THE ACTUAL SURVEY. METHODS 6-ITEM SURVEY DISTRIBUTED IN FY2020 USING THE FOLLOWING METHODS: * CONDUCTED FROM LATE SEPTEMBER THROUGH NOVEMBER 2020</p>

Return Reference - Identifier	Explanation
	<p>* ALL HOSPITALS PARTICIPATED IN DATA COLLECTION THROUGHOUT THE CITY * DISTRIBUTED IN PERSON AND OFFERED ONLINE * OFFERED IN ENGLISH, SPANISH * COLLECTED 2,475 SURVEYS * ALL BALTIMORE CITY ZIP CODES REPRESENTED RESULTS TOP 5 HEALTH CONCERNS: *ALCOHOL *MENTAL HEALTH *DIABETES/HIGH BLOOD SUGAR *HEART DISEASE/HIGH BLOOD PRESSURE *OVERWEIGHT/OBESITY ANALYSIS BY CBSA TARGETED ZIP CODES REVEALED THE SAME TOP HEALTH CONCERNS AND TOP HEALTH BARRIERS WITH LITTLE DEVIATION FROM THE OVERALL BALTIMORE CITY DATA. THE SAMPLE SIZE WAS 2,475 FOR ALL OF BALTIMORE CITY AND 889 FOR RESIDENTS FROM THE IDENTIFIED MWPH CBSA.</p> <p>A) COMMUNITY PERSPECTIVE - TELEPHONE TOWN HALL COVID-19 PANDEMIC SIGNIFICANTLY RESTRICTED FACE-TO-FACE AND LARGE GROUP INTERACTIONS, MWPH WITH THE HOSPITALS IN BHCHC PARTICIPATED IN TELEPHONE TOWN HALLS WERE CONDUCTED BY THE SEXTON GROUP (SEE APPENDIX IN CHNA POSTED ONLINE FOR FULL REPORT). THE PURPOSE OF THE TOWN HALLS WAS TO REACH A BROADER COMMUNITY PERSPECTIVE SINCE LIMITED NUMBERS OF SURVEYS WERE COLLECTED. SEXTON GROUP UTILIZED THEIR DATABASE OF BOTH MOBILE AND LANDLINE RECORDS OF RESIDENTS IN BALTIMORE CITY BASED ON CBSA ZIP CODES FOR ALL BHCHC HOSPITALS. THOSE IN ATTENDANCE WERE ADVISED OF THE PURPOSE OF THE TOWN HALL. THREE QUESTIONS WERE ASKED DURING THE TOWN HALLS, FOCUSING ON THE BIGGEST HEALTH PROBLEM FACING THE COMMUNITY, SODH IMPACTING THE COMMUNITY AND BARRIERS TO OBTAINING HEALTH. THE FOLLOWING FORMAT WAS USED FOR THE TELE-TOWN HALL: 1. INVITATION TO PARTICIPATE WAS SENT TO SELECTED NUMBER OF PARTICIPANTS IN A SPECIFIC ZIP CODES: BHCHC CBSA ZIP CODES WERE SELECTED. 2. AT THE TOP OF THE CALL, CALLERS WERE ASKED ABOUT THREE AREAS RELATED TO THE HEALTH OF THEIR COMMUNITIES: MEDICAL SERVICES; SOCIAL NEEDS; ACCESS TO CARE. 3. EXAMPLES WERE PROVIDED IN EACH OF THE THREE CATEGORIES, THEN TIME WAS PROVIDED TIME FOR PARTICIPANTS TO SHARE THEIR COMMENTS. 5. PARTICIPANTS WERE THEN ASKED TO VOTE THEIR MAJOR CONCERNS OR SHARE OTHER ISSUES OF CONCERN. WHEN VOTING IS DONE, ASK CALLERS IF THERE ARE OTHER HEALTH ISSUES THEY ARE CONCERNED ABOUT. 6. THE SAME PROCESS WAS FOLLOWED FOR SOCIAL SERVICES AND ACCESS TO CARE.</p> <p>IN TOTAL 6,913 ATTENDED THE TOWN HALL; SOME REMAINED ON THE LINE FOR AN EXTENDED PERIOD.</p>

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<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT CONTINUED</p>	<p>B) HEALTH EXPERTS METHODS -REVIEWED AND INCLUDED NATIONAL PREVENTION STRATEGY PRIORITIES, MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) INDICATORS, AND HEALTHY BALTIMORE 2020 PLAN FROM THE BALTIMORE CITY HEALTH DEPARTMENT (PLEASE NOTE: DUE TO THE PANDEMIC NO NEW DATA IS AVAILABLE/PREVIOUS DATA WAS USED). -REVIEWED HEALTHY BALTIMORE 2020: A BLUEPRINT FOR HEALTH -REVIEWED BALTIMORE CITY HEALTH DEPARTMENT'S 2017 COMMUNITY HEALTH ASSESSMENT -CONDUCTED TWO FOCUS GROUPS INCLUDING PATIENT FAMILIES, FAMILIES WHO HAVE CHILDREN WITH MEDICALLY COMPLEX NEEDS AND MWPH CHAB. -CONDUCTED STAKEHOLDER RETREAT IN MARCH 2020, WITH COMMUNITY PARTNERS, HOSPITAL LEADERSHIP, PATIENT FAMILIES AND FOUNDATION BOARD MEMBERS. RESULTS -NATIONAL PREVENTION STRATEGY - 7 PRIORITY AREAS *TOBACCO FREE LIVING *PREVENTING DRUG ABUSE AND EXCESSIVE ALCOHOL USE *HEALTHY EATING *ACTIVE LIVING *INJURY AND VIOLENCE FREE LIVING *REPRODUCTIVE AND SEXUAL HEALTH *MENTAL AND EMOTIONAL WELL BEING</p> <p>-SHIP: 39 OBJECTIVES IN 5 VISION AREAS FOR THE STATE, INCLUDES TARGETS FOR BALTIMORE CITY - (WHILE PROGRESS HAS BEEN MADE SINCE 2018, MEASURES WITHIN BALTIMORE CITY HAVE NOT MET IDENTIFIED TARGETS; EVEN WIDER MINORITY DISPARITIES EXIST WITHIN THE CITY) -HEALTHY BALTIMORE 2020: FOUR PRIORITY AREAS FOR BALTIMORE CITY</p> <ol style="list-style-type: none"> 1) STRATEGIC PRIORITY 1: BEHAVIORAL HEALTH 2) STRATEGIC PRIORITY 2: VIOLENCE PREVENTION 3) STRATEGIC PRIORITY 3: CHRONIC DISEASE PREVENTION 4) STRATEGIC PRIORITY 4: LIFE COURSE APPROACH AND CORE SERVICES <p>C) COMMUNITY LEADERS TWO FOCUS GROUPS WERE CONDUCTED IN DECEMBER 2019, MARCH 2020 AND APRIL 2020 (THE SECOND FOCUS GROUP WAS DIVIDED INTO TWO SESSIONS). THE FINDINGS ARE OUTLINED BELOW:</p> <p>ACCESS TO CARE FOCUS GROUP ATTENDEES WERE ASKED TO DISCUSS BARRIERS RELATED TO ACCESSING HEALTH CARE SERVICES FOR CHILDREN OR YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSCHN) IN BALTIMORE CITY. THE FOLLOWING THEMES EMERGED FROM THE DISCUSSIONS IN THE SESSIONS LACK OF SPECIALTY CARE PROVIDERS AND LONG WAIT TIMES LACK OF SPECIALTY CARE PROVIDERS WAS COMMONLY VOICED AS A SIGNIFICANT BARRIER IN THESE SESSIONS. THIS ISSUE OFTEN CORRELATED WITH LONGER WAIT PERIODS TO SEE A SPECIALIST. FOUR ISSUES RELATED TO ACCESS TO SPECIALISTS WERE CITED REPEATEDLY: 1) FAMILIES REPORTED PROBLEMS GETTING NEEDED SPECIALIST CARE, ESPECIALLY FOR CYSCHN WITH EMOTIONAL, BEHAVIORAL, OR DEVELOPMENTAL (EBD) ISSUES. 2) FAMILIES REPORTED LONG WAIT TIMES FOR SPECIALIST APPOINTMENTS ESPECIALLY FOR DIAGNOSTICS OR MENTAL HEALTH SERVICES. 3) FOR FAMILIES WHO REPORTED THEIR HEALTH INSURANCE WAS NOT ADEQUATE, THEY ALSO SAID THAT THEIR CHILD DID NOT SEE A SPECIALIST IN THE LAST 12 MONTHS. 4) MOST FAMILIES REPORTED GETTING REFERRALS, BUT A SMALL SUB-SECTION (ABOUT 10%) REPORTED THEY HAD PROBLEMS GETTING REFERRALS WHEN NEEDED.</p> <p>INSURANCE DEDUCTIBLES AND PRICE OF DURABLE MEDICAL EQUIPMENT (DME) AND MEDICATIONS FOR CYSCHN DIFFICULTIES WITH ACCESS TO CARE, DEALING WITH INSURANCE COVERAGE AND PIECING TOGETHER NEEDED SERVICES FROM A FRAGMENTED SYSTEM TAKES ITS TOLL ON FAMILIES AT MWPH RAISING CYSCHN. THE TOLL IS BOTH EMOTIONAL AND FINANCIAL. FAMILIES ARE FRUSTRATED BY THE IMPACT THE FRAGMENTED SYSTEM HAS ON THEIR ABILITY TO PARENT ALL OF THEIR CHILDREN.</p> <p>FRAGMENTATION OF HEALTH CARE SYSTEM/CARE COORDINATION THE ISSUE OF LACK OF COORDINATION OF SERVICES AND SUPPORTS FOR CYSCHN WAS A FREQUENT THEME IN GROUP DISCUSSIONS WITH FAMILIES. OVERALL 7603% OF CYSCHN HAD PARENTS WHO REPORTED THAT SERVICES AND SUPPORTS DID NOT RECEIVE CARE IN A WELL-FUNCTIONING SYSTEM. AND EVEN HIGHER PERCENTAGE (81.1%) OF PARENTS WITH CHILDREN RATED AS HAVING THE MOST SEVERE CONDITIONS AND THE HIGHEST NEEDS REPORTED THAT THE SYSTEM WAS NOT EASY TO USE. CHILDREN WITH FAMILY INCOMES OF 100-199% OF THE FEDERAL POVERTY LEVEL HAD EVEN MORE PARENTS WHO WERE HAVING DIFFICULTY USING THE SYSTEM (89.3%). FAMILIES REPORTED THAT FINDING SERVICES WERE DIFFICULT, TIME CONSUMING AND THE PROCESSES AND FORMS WERE OVERWHELMING.</p> <p>LACK OF TRANSPORTATION TRANSPORTATION WAS THE MOST DISCUSSED AREA OF CONCERN IN ALL FOCUS GROUPS AT MWPH, FROM EXECUTIVE LEVEL STAFF, CLINICAL CONTENT EXPERTS, AND PARENTS OF CYSCHN THE LIKE.</p> <p>LACK OF MENTAL HEALTH PROVIDERS AND STIGMA WHEN PARENTS WERE ASKED IF THERE WERE CERTAIN HEALTH CARE RELATED SERVICES FOR CYSCHN WERE DELAYED OR NOT RECEIVED IN THE PAST 12 MONTHS, PARTICIPANTS OVERWHELMINGLY IDENTIFIED THERAPIES, MENTAL HEALTH SERVICES, AND BEHAVIORAL SUPPORTS AS THE MOST FREQUENTLY DELAYED OR NOT RECEIVED SERVICES. IMPACT ON FAMILY WELL BEING FAMILIES REPORTED THAT THE BURDEN OF THE OUT OF POCKET COSTS CAN HAVE AN IMPACT ON THE FINANCIAL STATUS OF THE FAMILY. CASE MANAGERS IT WAS ACKNOWLEDGED THAT MWPH PATIENTS INTERACT WITH ANY NUMBER OF CARE PROVIDERS ACROSS MULTIPLE SETTINGS IT WOULD MAKE IT EASIER FOR PATIENT FAMILIES TO GET BETTER AND BE HEALTHIER IF THEY COULD HAVE CASE MANAGERS WHO HELP STREAMLINE THEIR DIFFERENT CARE AND ASSIST WITH NAVIGATING THE HEALTH SYSTEM.</p>

Return Reference - Identifier	Explanation
	<p>TRAINING CAREGIVERS PARENTS WERE MENTIONED AS AN IMPORTANT EXISTING FORCE IN THE SERVICE DELIVERY PROCESS. EDUCATING THESE CAREGIVERS TO BETTER UNDERSTAND THE MEDICAL NEEDS OF THEIR CYSHCN WAS MENTIONED AS THE BEST ALTERNATIVE TO IMPROVE THE HEALTH OUTCOME OF PATIENTS. COMMUNITY INVOLVEMENT, ADVOCACY AND PARTNERSHIP FOCUS GROUP PARTICIPANTS WERE THEN ASKED, "WHAT DO YOU THINK COULD ENCOURAGE MORE COMMUNITY INVOLVEMENT, ADVOCACY, AND PARTNERSHIP AROUND HEALTH ISSUES THAT WOULD BENEFIT THE PUBLIC/YOUR CHILD AS IT PERTAINS TO YOUR ORGANIZATIONS SERVICES?" COALITION THE NEED TO COALESCE AROUND CROSS-CUTTING CAUSES AND OBJECTIVES WAS EMPHASIZED IN THE DISCUSSIONS, TO THIS END, AN ACTIVE CONVENER THAT WOULD HELP PARTNERS TO FORM COALITIONS WAS CITED AS A POTENTIALLY USEFUL RESOURCE. OUTREACH (COMMUNITY PARAMEDICINE/TELEMEDICINE) THE OVERWHELMING MAJORITY OF PARTICIPANTS SEEMED TO AGREE THAT MANY PEOPLE HAVE DIFFICULTY GETTING TO PEDIATRIC SPECIALTY SERVICES AND SUGGESTED THE NEED FOR BEING PROACTIVE IN RETHINKING THE CURRENT HEALTH CARE SYSTEM OF DELIVERY SO TO GET PROVIDERS OUT IN THE NEIGHBORHOODS AND COMMUNITIES WHERE PEOPLE RESIDE. THIS NEED WAS SIGNIFICANTLY INTENSIFIED DURING THE COVID-19 PANDEMIC. STAKEHOLDERS RETREAT STAKEHOLDER RETREAT WAS CONDUCTED IN MARCH 2021 TO SELECT AND VOTE ON PRIORITIES. ALL QUANTITATIVE AND QUALITATIVE HEALTH NEEDS, SOCIAL DETERMINANTS OF HEALTH AND BARRIERS TO HEALTH WERE SHARED. BELOW ARE THE TOP PRIORITIES SECTION OUTLINES THE PRIORITIES.</p> <p>D) SOCIAL DETERMINANTS OF HEALTH (SDOH) DEFINED BY THE WORLD HEALTH ORGANIZATION AS:THE CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, LIVE, WORK AND AGE... METHODS: REVIEWED DATA FROM BALTIMORE NEIGHBORHOOD INDICATOR ALLIANCE (DEMOGRAPHIC DATA AND SDOH DATA) *REVIEWED DATA FROM IDENTIFIED 2011 BALTIMORE CITY HEALTH DEPARTMENT'S BALTIMORE CITY NEIGHBORHOOD PROFILES, *REVIEWED BALTIMORE CITY FOOD DESERT MAP - PLEASE NOTE THAT DATA AVAILABLE WAS FROM 2018- NO NEW DATA FROM 2020 IS AVAILABLE AND PREVIOUS DATA WAS UTILIZED PER BCHD. (SEE FIGURE 4) RESULTS *BALTIMORE CITY SUMMARY OF CBSA TARGETED ZIP CODES (SEE APPENDIX 2) *TOP SDOHS: LOW EDUCATION ATTAINMENT (52.6% W/ LESS THAN A HS DEGREE)</p> <p>HIGH POVERTY RATE (15.7%)/HIGH UNEMPLOYMENT RATE (11%) *VIOLENCE *POOR FOOD ENVIRONMENT (SEE FIGURE 5) *HOUSING INSTABILITY</p> <p>E) HEALTH STATISTICS/INDICATORS</p> <p>METHODS UTILIZED/REVIEWED THE FOLLOWING DATA: CITY AND STATE TRENDS AND DATA SOURCES: *BALTIMORE CITY HEALTH DEPARTMENT STATE OF HEALTH IN BALTIMORE *MD HSCRC STATEWIDE INTEGRATED HEALTH IMPROVEMENT STRATEGY PROPOSAL *MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS</p> <p>NATIONAL TRENDS AND DATA SOURCES: *HEALTHY PEOPLE 2030 *COUNTY HEALTH RANKINGS *CENTERS FOR DISEASE CONTROL REPORTS/UPDATES</p> <p>RESULTS *BALTIMORE CITY HEALTH OUTCOMES SUMMARY *BALTIMORE CITY HEALTH RANKINGS *TOP 3 CAUSES OF DEATH IN BALTIMORE CITY IN RANK ORDER: -HEART DISEASE -CANCER - STROKE *MATERNAL MORBIDITY RATE *CAUSE OF PEDIATRIC DEATHS</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>THE PATIENT FINANCIAL ASSISTANCE POLICY AT MWPH IS A COMPREHENSIVE POLICY DESIGNED TO ASSESS THE NEEDS OF PATIENTS AND FAMILIES THAT HAVE EXPRESSED CONCERNS ABOUT THEIR ABILITY TO PAY FOR NEEDED MEDICAL SERVICES.</p> <p>MWPH MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO PATIENTS/FAMILIES. THESE EFFORTS INCLUDE SIGNAGE AT OUTPATIENT DESKS AND INPATIENT WELCOME AREAS, NOTICES ON PATIENT BILLS AND ADMISSIONS PACKETS AS WELL AS A THOROUGH DESCRIPTION ON THE MWPH WEBSITE.</p> <p>THIS INCLUDES BOTH THE ROGER'S AVENUE, BALTIMORE AND PRINCE GEORGE'S COUNTY LOCATIONS. INFORMATION SHEETS ARE PROVIDED TO PATIENTS BOTH UPON ADMISSION, DISCHARGE AND ON REQUEST. THE INFORMATION SHEET INCLUDES THE FOLLOWING ITEMS:</p> <p>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.</p> <p>FOR ADDITIONAL QUESTIONS, INFORMATION OR ASSISTANCE IN APPLYING FOR FINANCIAL ASSISTANCE, PLEASE CALL:</p> <p>*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 AND PAYER RELATIONS, 410-578-5334 *KATINE BROWN, PATIENT ACCESS COORDINATOR, 410-578-7859</p>
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>MWPH SERVES CHILDREN, ADOLESCENTS, AND YOUNG ADULTS PRIMARILY FROM MARYLAND, BUT ALSO MANY STATES IN THE NORTHEAST REGION. MWPH HAS TWO LOCATIONS, ONE IN NORTHWEST BALTIMORE CITY AND THE OTHER IN PRINCE GEORGE'S COUNTY AT UM CAPITAL REGIONAL HOSPITAL. DATA ANALYZED DURING THE LAST THREE FISCAL YEARS---2018, 2019, AND 2020---INDICATE THAT 93% OF ALL INPATIENTS AND OUTPATIENTS SERVED BY THE MWPH ARE MARYLAND RESIDENTS, WITH PATIENTS FROM NEARLY EVERY COUNTY ACROSS THE STATE.</p> <p>MWPH RECEIVES PATIENTS FROM ACROSS THE STATE DUE TO LIMITED ACCESS TO PEDIATRIC SPECIALISTS IN RURAL PARTS OF MARYLAND. ACCORDING TO THE 2017 MARYLAND PARENT SURVEY, 73% OF PARENTS WITH CYSCHN REPORTED DRIVING 25 OR MORE MILES FOR PEDIATRIC SPECIALTY CARE, WITH 25% REPORTING THAT THEY HAD TO DRIVE 100+ MILES ROUNDTRIP. IN ORDER TO MAKE THE COMMUNITY PROGRAMMING IMPACTFUL, MWPH FURTHER DEFINED ITS COMMUNITY BY LOOKING AT THE TOP 60% OF INPATIENT ADMISSIONS AND OUTPATIENT VISITS.</p> <p>MWPH'S SERVICE COMMUNITY DEMOGRAPHIC CONSTITUTES AN AREA THAT IS PREDOMINANTLY AFRICAN AMERICAN WITH BELOW AVERAGE MEDIAN FAMILY INCOME, ABOVE AVERAGE RATES FOR UNEMPLOYMENT, AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH.</p> <p>APPROXIMATELY 48% OF MWPH SERVICE COMMUNITY ARE BLACK OR AFRICAN AMERICAN, 39% ARE CAUCASIAN, 4% OF PATIENTS ARE LATINO OR HISPANIC AND 4% IDENTIFIED AS ASIAN. APPROXIMATELY 3% IDENTIFIED AS OTHER/BIRACIAL. MORE FEMALES THAN MALES CONSTITUTE THE SERVICE COMMUNITY POPULATION WITH 30% BETWEEN THE AGES OF 0-17 YEARS OF AGE, 4.3% AT 18-24 YRS, 10.6% AT 24-44 YRS, 15.9% AT 45-64 YRS AND 13.4% AT 65+ RESPECTIVELY.</p> <p>IN ADDITION, RELYING ON DATA FROM THE AMERICAN COMMUNITY SURVEY, SPH MEDIAN HOUSEHOLD INCOME WAS \$26,015 AND PAH MEDIAN HOUSEHOLD WAS \$32,410. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$41,819 IN 2014.</p> <p>IN ADDITION, MEDICAID PATIENTS ACCOUNTED FOR 81% OF THE TOTAL MWPH ADMISSIONS IN FY17. FIVE-PERCENT (5%) OF THESE MEDICAID PATIENTS LIVE IN THE 21215 ZIP CODE WHICH IS A TARGET AREA OF THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA.</p> <p>THE LICENSED BED DESIGNATION OF MWPH IS 102, WHICH INCLUDES PEDIATRIC SPECIALTY, PEDIATRIC CHRONIC ILLNESS, AND NEONATAL TRANSITIONAL CARE. MEDICAID PATIENTS ACCOUNTED FOR 81% OF THE TOTAL MWPH ADMISSIONS AND 5% OF THESE MEDICAID PATIENTS LIVE IN THE 21215 ZIP CODE. MWPH IS LOCATED IN THE NORTHWEST QUADRANT OF BALTIMORE CITY, SERVING BOTH ITS IMMEDIATE NEIGHBORS AND OTHERS FROM THROUGHOUT BALTIMORE CITY, BALTIMORE COUNTY AND SURROUNDING REGIONS.</p> <p>THERE ARE APPROXIMATELY 1.3 MILLION CHILDREN IN MARYLAND AND THE HEALTHCARE PROVIDER MARKET HAS LARGELY CONSOLIDATED INTO THREE MAJOR SYSTEMS, UMMS, JOHNS HOPKINS MEDICINE AND MEDSTAR HEALTH.</p> <p>THE MT WASHINGTON PEDIATRIC HOSPITAL SERVES A LARGE PORTION OF BALTIMORE COUNTY AND BALTIMORE CITY. MWPH DRAWS 59% OF DISCHARGES FROM A DEFINED MARKET AREA WITH FOUR SUB-AREAS WITHIN THE BALTIMORE COUNTY AND BALTIMORE CITY. MWPH'S CORE MARKET IS DEFINED AS 13 CONTIGUOUS ZIP CODES IN BALTIMORE CITY FROM WHICH MWPH DRAWS 54% OF DISCHARGES. THESE 13 TARGETED ZIP CODES INCLUDE: 21222, 21220, 21206, 21215, 21213, 21061, 21221, 21205, 21217, 21224, 21227, 21225, 21037. HOWEVER, BECAUSE MWPH IS A SPECIALTY PEDIATRIC FACILITY, MWPH PATIENT'S RESIDENCE SPAN THE STATE OF MARYLAND AND MANY MORE FROM OUT OF STATE. MWPH DETERMINED THAT THE SPECIFIC ZIP CODES OF 21215 AND 21216 (SOUTHERN PARK HEIGHTS-SPH AND PIMLICO/ARLINGTON/HILLTOP-PAH) DEFINE THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA).</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>INITIATIVE I PRIORITY: HEALTH CARE LITERACY/ACCESS MWPB RECOGNIZES THAT UNDER RESOURCED POPULATIONS OFTEN FACE SIGNIFICANT BARRIERS TO HEALTH CARE ACCESS DUE TO MULTIPLE FACTORS. INCLUDING, TRANSPORTATION, LANGUAGE, STIGMA AND BIASED AMONG MEDICAL COMMUNITY AND INSUFFICIENT INSURANCE TO NAME A FEW. CHILDREN LIVING IN UNDERSERVED COMMUNITIES SERVED BY MWPB WERE NOT EXCEPTION. WORKING WITH COMMUNITY SCHOOLS, MWPB FOUND THAT NEARLY 18% OF ELEMENTARY AND MIDDLE SCHOOL CHILDREN LIVING IN ZIP CODES SERVED BY MWPB NEEDED UP-TO-DATE IMMUNIZATIONS TO ATTEND SCHOOL. THIS CONSTITUTES FOR NEARLY 2000 STUDENTS. MWPB PARTNERED WITH STATE OF MARYLAND VACCINES FOR CHILDREN, BALTIMORE CITY PUBLIC SCHOOL SYSTEM (BCPSS), MAYOR'S OFFICE OF REFUGEES AND IMMIGRATION TO OFFER TWO PROGRAMS: MWPB BACK-TO-SCHOOL IMMUNIZATION CLINICS AND MWPB REFUGEE CLINICS. TRANSPORTATION AND LANGUAGE SERVICES WERE PROVIDED FOR BOTH CLINIC TYPES.</p> <p>MWPB BACK-TO-SCHOOL IMMUNIZATION CLINICS: OFFERED FREE CHILDHOOD VACCINES TO CHILDREN TO ENSURE SCHOOL READINESS. IN ADDITION, INADEQUATELY VACCINATED CHILDREN MEANS LOSS OF PER PUPIL FUNDING OF \$7000 PER CHILD FOR THE CHILD'S HOME SCHOOL.</p> <p>MWPB REFUGEE CLINICS: DESIGNED TO PROVIDE FREE WELL-CHILD PHYSICALS, IMMUNIZATIONS, VISION, HEARING AND BMI TEST TO REFUGEE AND UNINSURED CHILDREN IN BALTIMORE CITY. REFERRALS TO COST FREE/SLIDING SCALE CLINICS AND RESOURCES WERE ALSO PROVIDED TO THOSE NEEDED FURTHER EVALUATIONS, MEDICATIONS AND ADDITIONAL SPECIALTY SERVICES. -5 REFUGEE CLINICS COMPLETED, 4 PHYSICIAN VOLUNTEERS, 5 NURSES, 43 REFUGEE CHILDREN SERVED -3 IMMUNIZATION CLINICS PROVIDED -19 BALTIMORE CITY SCHOOLS SERVED -543 VACCINES TO 323 CHILDREN, SAVING BALTIMORE CITY SCHOOLS 2, 261,000 PER PUPIL FUNDING FOR NONCOMPLIANCE</p> <p>INITIATIVE II PRIORITY: FOOD INSECURITY/OBESITY PREVENTION ACCORDING TO THE BALTIMORE CITY HEALTH DEPARTMENT AS A DIRECT RESULT OF THE PANDEMIC, FOOD INSECURITY RATES INCREASED FROM 18% TO 21.7% IN BALTIMORE CITY, WITH 33% OF CHILDREN BEING FOOD INSECURE, SIMILARLY PARTICIPATION IN SNAB INCREASED FROM 25% TO 33% (AN INCREASE OF 200,000 PEOPLE). THIS IS PARTICULARLY ALARMING BECAUSE MUCH OF THE POPULATION IMPACTED ALREADY SUFFER FROM MULTIPLE BARRIERS TO ACCESSING HEALTH, FURTHER INCREASING THE DISPARITY GAP.</p> <p>TO ADDRESS THIS DISPARITY IN PARK HEIGHTS, MWPB PARTNERED WITH BALTIMORE CITY-FOOD POLICY AND PLANNING, PARK HEIGHTS RENAISSANCE, PLANTATION PARK HEIGHTS-URBAN GARDEN, AT THE HOUSE AND BALTIMORE CITY COUNCIL TO LAUNCE FOUR COMMUNITY GARDENS. THIS TEAM ALONG WITH 45 VOLUNTEERS (INCLUDING NEIGHBORS, STUDENTS, EDUCATORS AND COMMUNITY MEMBERS), CONVERTED VACANT AND EXISTING LOTS INTO FUNCTIONING GARDENS THAT PRODUCED FRESH FRUITS, VEGETABLES AND HERBS FOR THE COMMUNITY. THESE GARDENS WERE ALSO UTILIZED BY THE UNIVERSITY OF MARYLAND EXCHANGE TO EDUCATED COMMUNITY AND SCHOOL ON FOOD AND NUTRITION, COOKING AND GARDENING.</p> <p>ADDITIONAL EFFORTS: -MORE THAN 2000 LBS OF PRODUCE HARVESTED AND DISTRIBUTED. -100,000 LBS OF FRESH PRODUCE BOXES DISTRIBUTED THROUGH LOCAL FOOD PANTRIES. -48,000 LBS OF NON-PERISHABLE, HEALTHY FOOD OPTIONS DISTRIBUTED. -880 WEEKEND FOOD PACKS DISTRIBUTED TO STUDENTS.</p> <p>INITIATIVE III PRIORITY: MENTAL HEALTH SCHOOL-BASED PROGRAMS IN OCTOBER, THE AMERICAN ACADEMY OF PEDIATRICS, THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY, AND THE CHILDREN'S HOSPITAL ASSOCIATION DECLARED A STATE OF EMERGENCY IN CHILDREN'S MENTAL HEALTH. TWO MONTHS LATER, THE U.S. SURGEON GENERAL ISSUED A DETAILED ADVISORY ON THE URGENT NEED TO ADDRESS THE NATION'S YOUTH MENTAL HEALTH CRISIS. DATA COLLECTED IN IN 2021 INDICATED THE EXISTING MENTAL HEALTH SERVICES IN PARK HEIGHTS SCHOOLS WAS ABLE MEET ONLY 18% OF STUDENT POPULATION. REMAINING STUDENTS IN NEED WERE EITHER PLACED ON WAITLIST OR GIVEN A REFERRAL TO OUTSIDE SERVICES WITH EXTENSIVE WAITING LISTS. TO ADDRESS THIS SEVERE NEED IN MENTAL HEALTH INTERVENTION, THE MWPB BEHAVIORAL HEALTH PARTNERED WITH BALTIMORE CITY PUBLIC SCHOOL HOME AND HEALTH TO PROVIDE TELEHEALTH MENTAL HEALTH SERVICES TO PROVIDE TELEMENTAL HEALTH SERVICES TO STUDENT SUFFERING FROM ADVERSE CHILDHOOD EXPERIENCES AMONG OTHERS. MWPB OFFERED BEHAVIOR ASSESSMENTS ONSITE AND VIRTUAL THERAPY IN HOME. TO DATE, 23 STUDENTS HAVE BEEN GIVEN PRIORITY ASSESSMENTS AND THERAPY. CURRENTLY, A PLAN IS BEING PRESENTED TO ALLOW THERAPY TO TAKE PLACE ON-SITE AT SCHOOL WITH WELLNESS COORDINATORS. ADDITIONALLY, THIS PARTNERSHIP WILL ALSO PROVIDE COST-FREE DYSLEXIA AND AUTISM SCREENING ALONG WITH THERAPEUTIC PLAN TO THREE PARK HEIGHTS SCHOOLS.</p> <p>INITIATIVE IV MENTAL HEALTH ECONOMIC HARDSHIP - HOLIDAY TOY SHOP TO ALLEVIATE TRAUMA EXPERIENCED BY ECONOMIC HARDSHIP, MWPB HELD IT'S 9TH ANNUAL HOLIDAY TOY SHOP IN DECEMBER. THE TOY SHOP BROUGHT THE HOLIDAY EXPERIENCE AND BIG SMILES TO FAMILIES IN NEED. TO ELIMINATE CHILDCARE AND OTHER BARRIERS, THE EVENT WAS OFFERED BOTH IN-PERSON AND VIA DRIVE THRU. ADDITIONALLY, TRANSPORTATION TO AND FROM AND LANGUAGE SERVICES WERE PROVIDED TO THOSE IN NEED. DIAPERS, WRAPPING PAPER AND NON-PERISHABLE FOOD BAGS WERE PROVIDED TO FAMILIES EXPERIENCING FOOD INSECURITY AND BABY ITEM NEEDS. TOTAL OF 474 FAMILIES, 1,896 CHILDREN WERE SERVED. TOTAL OF 9,151 TOYS, 1,422 WRAPPING PAPER AND 2,800 BABY ITEMS (DIAPERS AND WIPES) WERE DISTRIBUTED. NEARLY 95 VOLUNTEERS MADE THIS EVENT A SUCCESS.</p> <p>INITIATIVE V CHILD MALTREATMENT/VIOLENCE PREVENTION CHILD PASSENGER SAFETY PROGRAM TO ADDRESS THIS PRIORITY, MWPB EXPANDED THE CHILD PASSENGER SAFETY PROGRAM TO PARTNER</p>

Return Reference - Identifier	Explanation
	<p>WITH A NATIONAL AUTOMOBILE DISTRIBUTOR HERITAGE AUTOMOTIVE GROUP/MILEONE. THROUGH THE PARTNERSHIP WITH HERITAGE, KIDS IN SAFETY SEATS AND SAFE KIDS, MWPH WAS ABLE TO EXPAND OUR COMMUNITY CAR SEAT CHECKS FROM THREE TO 6 PER YEAR. EACH EVENT OFFERED REGISTRANTS HANDS-ON INSTALLATION INSTRUCTION, EDUCATION AND PRE AND POSTTEST TO GAUGE BEHAVIOR CHANGE AND IMPROVED KNOWLEDGE OF CAR SEAT SAFETY. BELOW RESULTS OUTLINE OUTCOMES: 242 CAR SEATS INSTALLED 350 NEW CAR SEATS DISTRIBUTED TO THOSE IN NEED 1, 233 FAMILIES EDUCATED ON CHILD PASSENGER SAFETY (INCLUDING DANGERS OF LEAVING CHILDREN UNATTENDED IN CARS).</p> <p>INITIATIVE VI PRIORITY: CHILD MALTREATMENT/VIOLENCE PREVENTION SWIM SAFETY PROGRAM BETWEEN, 2016-2021 THERE WERE SIX (15%) DROWNING RELATED DEATHS REPORTED IN CHILDREN LIVING IN BALTIMORE CITY. THESE DROWNINGS OCCURRED BECAUSE THE CHILDREN LACKED KNOWLEDGE OF WATER SAFETY AND HAD NOT BEEN TAUGHT TO SWIM. THESE DEATHS COULD HAVE BEEN PREVENTED IF THERE WERE MORE OPPORTUNITIES FOR SCHOOL-AGED CHILDREN IN BALTIMORE CITY TO LEARN WATER SAFETY AND BASIC SWIMMING SKILLS. MWPH PARTNERED WITH CALLOW HILL AQUATIC CENTER IN BALTIMORE CITY TO OFFER A 6-WEEK PILOT PROGRAM TO SCHOOL AGED CHILDREN 5-13 YEARS OF AGE. THE GOAL OF THE PROGRAM WAS TO TEACH WATER SAFETY, BASIC SWIMMING SKILLS, AND INTRODUCE HOW SWIMMING IS NOT ONLY FUN AND HEALTHY BUT ALSO THE ONLY SPORT THAT CAN SAVE A LIFE. TOTAL OF 25 STUDENTS PARTICIPATED IN THE PROGRAM. PRE AND POST TEST INDICATED THAT 100% OF THE STUDENTS LEARNED WATER SAFETY SKILLS FOR POOL AND OTHER BODIES OF WATER. 43% OF THE PARTICIPANTS LEARNED PHASE I SWIMMING SKILLS, INCLUDING PADDLING AND BEING ACQUAINTED WITH WATER. 39% OF PARTICIPANTS LEARNED BREATHING UNDER WATER AND HOW TO FLOAT. LASTLY, 18% GRADUATED TO PHASE III SWIM SKILLS TO SWIM AT LEAST 25 FEET WITHOUT STOPPING. THIS PILOT PROGRAM WILL NOW BE OFFERED ANNUALLY IN TWO LOCATIONS THROUGHT BALTIMORE CITY.</p> <p>INITIATIVE VII PRIORITY: COVID RELIEF EFFORTS COVID RELIEF EFFORTS CONTINUE TO EXTEND POST-COVID TO ENSURE BALTIMORE CITY RESIDENTS ARE SAFE AND DISEASE FREE. THREE INITIATIVES WERE SUPPORTED TO DRIVE THESE EFFORTS. CCVID VACCINATION CLINICS, BLOOD DRIVES AND DISEASE PREVENTION EFFORTS THROUGH EDUCATION AND COVID TESTING KIT DISTRIBUTION.</p> <p>BLOOD DRIVES PARTNERING WITH TWO AREA SCHOOLS 4 BLOOD DRIVES WERE OFFERED COLLECTING MORE THAN 120 UNITS OF BLOOD.</p> <p>CHRONIC DISEASE PREVENTION THE HOSPITAL DISTRIBUTED MASKS - ESPECIALLY CHILD-SIZE MASKS - AS WELL AS SOAP, SANITIZERS, AND HAND HYGIENE EDUCATION. MAKING IT EASIER TO FOLLOW PREVENTION GUIDELINES HELPED KEEP THE CHILDREN AND FAMILIES IN OUR COMMUNITY HEALTHY. MWPH COLLECTED AND DISTRIBUTED MORE THAN 2,500 MASKS, 1000 HAND SANITIZERS AND 250 COVID TESTING KITS WERE DISTRIBUTED. TOTAL OF 15 VACCINATION CLINICS WERE SUPPORTED IN CONJUNCTION WITH THE OFFICE OF COUNCILMAN ISAAC "YITZY" SCHLEIFER.</p>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) IS A PRIVATE, NOT-FOR-PROFIT CORPORATION PROVIDING COMPREHENSIVE HEALTHCARE SERVICES THROUGH AN INTEGRATED REGIONAL NETWORK OF HOSPITALS AND RELATED CLINICAL ENTERPRISES. UMMS WAS CREATED IN 1984 WHEN ITS FOUNDING HOSPITAL WAS PRIVATIZED BY THE STATE OF MARYLAND. OVER ITS 30-YEAR HISTORY, UMMS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING PRIMARILY ACROSS MARYLAND. AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), MWPH UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IT SERVES. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. IN DOING SO, MWPH ASSESSES THE COMMUNITY'S HEALTH NEEDS, IDENTIFIES KEY PRIORITIES, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES WHICH MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH IMPROVEMENT COUNCIL COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. MWPH IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND ENGAGING PROGRAMS WHICH FOCUS ON HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING HEALTH CARE DISPARITIES IN THE BALTIMORE COMMUNITY.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>MD</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

52-0591483

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>		
1b		
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>		
2		
<p>3 Indicate which, if any, of the following the 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.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>		<input checked="" type="checkbox"/>
4a		<input checked="" type="checkbox"/>
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	<input checked="" type="checkbox"/>	
4b	<input checked="" type="checkbox"/>	
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p>		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
<p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
<p>b Any related organization?</p>		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p>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:</p>		
<p>a The organization?</p>		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
<p>b Any related organization?</p>		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	<input checked="" type="checkbox"/>	
7	<input checked="" type="checkbox"/>	
<p>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</p>		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS ELLIS VP HUMAN RESOURCES	(i)	168,700	27,164	235,481	47,118	20,299	498,762	175,110
	(ii)	0	0	0	0	0	0	0
2 SHELDON STEIN PRESIDENT AND CEO	(i)	322,949	113,982	957	24,209	23,578	485,675	0
	(ii)	0	0	0	0	0	0	0
3 STEPHEN NICHOLS, MD ATTENDING PHYSICIAN	(i)	242,996	0	113	18,056	27,945	289,110	0
	(ii)	0	0	0	0	0	0	0
4 BARINDA GIADOM, MD ATTENDING PHYSICIAN	(i)	218,991	0	364	12,138	33,224	264,717	0
	(ii)	0	0	0	0	0	0	0
5 MARY MILLER VP FINANCE AND CFO	(i)	165,633	30,722	142	34,231	27,509	258,237	0
	(ii)	0	0	0	0	0	0	0
6 KAREN WILLING, MD ATTENDING PHYSICIAN	(i)	220,923	0	189	9,996	20,070	251,178	0
	(ii)	0	0	0	0	0	0	0
7 DENISE PUDINSKI VP NURSING ADMIN	(i)	154,531	25,296	376	46,581	21,182	247,966	0
	(ii)	0	0	0	0	0	0	0
8 AJOKI AKINTADE, MD NEONATAL PROGRAM DIRECTOR	(i)	229,219	0	275	17,340	1,003	247,837	0
	(ii)	0	0	0	0	0	0	0
9 TIKEE APARECE, MD ATTENDING PHYSICIAN	(i)	223,057	0	103	12,371	1,031	236,562	0
	(ii)	0	0	0	0	0	0	0
10 JILL FEINBERG VP DEVELOPMENT/EXTERNAL AFFAIRS	(i)	128,322	21,782	58,926	13,746	1,720	224,496	47,635
	(ii)	0	0	0	0	0	0	0
11 JUSTINA STAROBIN VP OUTPATIENT SVCS	(i)	139,190	23,874	163	13,958	28,979	206,164	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>DURING THE FISCAL YEAR ENDED JUNE 30, 2022, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE MT. WASHINGTON PEDIATRIC HOSPITAL 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:</p> <p>MARY MILLER JUSTINA STAROBIN DENISE PUDINSKI</p> <p>DURING THE FISCAL YEAR ENDED JUNE 30, 2022, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE MT. WASHINGTON PEDIATRIC HOSPITAL SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUAL LISTED BELOW HAS VESTED IN THE PLAN IN THE REPORTING TAX YEAR, THEREFORE THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION.</p> <p>THOMAS ELLIS, \$235,102 JILL FEINBERG, \$58,834</p>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.</p>

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2021

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 section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS LINE 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)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Employer Identification Number
52-0591483

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

Return Reference - Identifier	Explanation													
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:</p> <p>EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.</p> <p>THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.</p>													
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MARYLAND VIA THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM.</p>													
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 646 1304 674">(a) Description</th> <th data-bbox="1312 646 1513 674">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 684 1304 711">UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION</td> <td data-bbox="1312 684 1513 711">- 1,006,901</td> </tr> <tr> <td data-bbox="467 722 1304 749">NET ASSETS RELEASED FROM RESTRICTIONS</td> <td data-bbox="1312 722 1513 749">- 858,432</td> </tr> <tr> <td data-bbox="467 760 1304 787">CHANGE IN ECONOMIC INTEREST IN FOUNDATION - WITHOUT DONOR RESTRICTION</td> <td data-bbox="1312 760 1513 787">- 1,559,678</td> </tr> <tr> <td data-bbox="467 798 1304 825">CHANGE IN ECONOMIC INTEREST IN FOUNDATION - WITH DONOR RESTRICTION</td> <td data-bbox="1312 798 1513 825">- 2,899,951</td> </tr> <tr> <td data-bbox="467 835 1304 863">OTHER</td> <td data-bbox="1312 835 1513 863">63,998</td> </tr> </tbody> </table>		(a) Description	(b) Amount	UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION	- 1,006,901	NET ASSETS RELEASED FROM RESTRICTIONS	- 858,432	CHANGE IN ECONOMIC INTEREST IN FOUNDATION - WITHOUT DONOR RESTRICTION	- 1,559,678	CHANGE IN ECONOMIC INTEREST IN FOUNDATION - WITH DONOR RESTRICTION	- 2,899,951	OTHER	63,998
(a) Description	(b) Amount													
UNRESTRICTED CHANGE IN FUNDED STATUS OF PENSION	- 1,006,901													
NET ASSETS RELEASED FROM RESTRICTIONS	- 858,432													
CHANGE IN ECONOMIC INTEREST IN FOUNDATION - WITHOUT DONOR RESTRICTION	- 1,559,678													
CHANGE IN ECONOMIC INTEREST IN FOUNDATION - WITH DONOR RESTRICTION	- 2,899,951													
OTHER	63,998													

**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

2021

Open to Public Inspection

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

Employer identification number
52-0591483

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MWP COMMUNITY HEALTH SERVICES (38-3987088) 1708 W. ROGERS AVENUE, BALTIMORE, MD 21209	HEALTHCARE	MD	1,504,334	1,813,308	MWPH
(2) MT. WASHINGTON PEDIATRIC COMMUNITY BEHAVIORAL HEALTH SERVICES, LLC (84-2276906) 1708 W. ROGERS AVE, BALTIMORE, MD 21209	HEALTHCARE	MD	334,210	8,056	MWPH
(3)					
(4)					
(5)					
(6)					

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

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

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
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)		✓

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
MT. WASHINGTON PEDIATRIC FOUNDATION, INC	C	1,190,642	FMV
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries
Years Ended June 30, 2022 and 2021
With Report of Independent Auditors

Ernst & Young LLP



Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended June 30, 2022 and 2021

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Report of Independent Auditors

The Board of Trustees
Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Opinion

We have audited the consolidated financial statements of Mt. Washington Pediatric Hospital, Inc. (the Corporation) and subsidiaries, which comprise the consolidated balance sheets as of June 30, 2022 and 2021, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Corporation at June 30, 2022 and 2021, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor’s Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company’s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Supplementary Information

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

Ernst + Young LLP

October 26, 2022

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidated Balance Sheets

	June 30	
	2022	2021
Assets		
Current assets:		
Cash and cash equivalents	\$ 10,687,010	\$ 25,255,672
Current portion of assets limited as to use	179,217	150,153
Patient accounts receivable, net	6,617,286	8,890,240
Other accounts receivable	2,159,366	3,142,855
Inventories of supplies	98,674	177,942
Prepaid expenses and other current assets	322,370	487,472
Total current assets	20,063,923	38,104,334
Investments	69,911,776	57,228,383
Assets limited as to use, less current portion:		
Board-designated funds	–	4,000,000
Eliasberg construction fund	1,249,449	1,249,449
Funds restricted by donor	17,477,399	21,018,509
Self-insurance trust funds	7,237,973	7,904,094
	25,964,821	34,172,052
Property and equipment, net	36,900,847	39,038,804
Other assets	2,967,474	3,229,909
Total assets	\$ 155,808,841	\$ 171,773,482
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	\$ 425,000	\$ 410,000
Trade accounts payable	3,236,426	3,641,523
Accrued payroll benefits	5,445,143	6,214,627
Advances from third-party payors	4,105,776	4,492,978
Current portion of malpractice liabilities	179,217	150,153
Due to affiliates	506,037	925,942
Other current liabilities	4,048,198	4,880,012
Total current liabilities	17,945,797	20,715,235
Malpractice liabilities	3,846,503	3,250,059
Long-term debt, less current portion	2,708,884	3,134,085
Other long-term liabilities	–	633,575
Total liabilities	24,501,184	27,732,954
Net assets:		
Without donor restrictions	109,897,835	120,334,005
With donor restrictions	21,409,822	23,706,523
Total net assets	131,307,657	144,040,528
Total liabilities and net assets	\$ 155,808,841	\$ 171,773,482

See accompanying notes to consolidated financial statements.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30	
	2022	2021
Operating revenue, gains, and other support:		
Net patient service revenue	\$ 59,322,840	\$ 59,843,665
Other revenue	1,592,786	6,011,180
Total operating revenue, gains, and other support	60,915,626	65,854,845
Operating expenses:		
Salaries, wages, and benefits	42,517,391	42,489,738
Purchased services and supplies	16,859,079	14,145,903
Interest expense, net	56,389	728
Depreciation and amortization	5,152,738	4,841,406
Total operating expenses	64,585,597	61,477,775
Operating (loss) income	(3,669,971)	4,377,070
Nonoperating income and expenses, net:		
Contributions	1,757,612	764,907
Investment income, net	8,320,098	2,037,315
Other income, net	172,408	22,021
Support from Mt. Washington Pediatric Foundation, Inc.	(1,190,642)	(681,908)
Change in unrealized (losses) gains of trading securities	(15,339,844)	8,436,892
Total nonoperating (expense) income	(6,280,368)	10,579,227
(Deficit) excess of revenues over expenses	(9,950,339)	14,956,297
Net assets released from restrictions used for purchase of property and equipment	475,877	2,806,405
Change in funded status of defined benefit plan	(1,006,901)	1,428,919
Other changes in assets without donor restrictions	45,193	(60,522)
(Decrease) increase in net assets without donor restrictions	(10,436,170)	19,131,099
Changes in net assets with donor restriction:		
Contributions	2,062,559	2,908,245
Investment income, net	1,273,278	1,312,647
Net unrealized (losses) gains on donor restricted investments	(4,317,035)	2,123,606
Other changes in assets with donor restrictions	18,806	60,523
Net assets released from restrictions used for operations	(858,432)	(921,089)
Net assets released from restrictions used for purchase of property and equipment	(475,877)	(2,806,405)
(Decrease) increase in net assets with donor restrictions	(2,296,701)	2,677,527
Total (decrease) increase in net assets	(12,732,871)	21,808,626
Net assets, beginning of year	144,040,528	122,231,902
Net assets, end of year	\$ 131,307,657	\$ 144,040,528

See accompanying notes to consolidated financial statements.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2022	2021
Operating activities		
(Decrease) increase in net assets	\$ (12,732,871)	\$ 21,808,626
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	5,152,738	4,841,406
Amortization of debt issue costs	6,356	5,131
Loss on extinguishment of debt	35,000	-
Net realized losses (gains) and change in value of trading securities	6,465,563	(11,366,813)
Restricted contributions and investment income	(1,398,278)	(2,312,648)
Net unrealized losses (gains) on investments with donor restrictions	4,317,035	(2,123,606)
Change in funded status of defined benefit plan	1,006,901	(1,428,919)
Changes in operating assets and liabilities:		
Net patient accounts receivable	2,272,954	(2,200,556)
Other accounts receivable	983,489	(438,600)
Inventories of supplies	79,268	(71,007)
Prepaid expenses and other current assets	165,102	81,350
Other long-term assets	(744,466)	(661,697)
Amounts due to affiliates	(419,905)	5,292
Trade accounts payable	(405,097)	665,936
Accrued payroll benefits	(769,484)	1,329,753
Advances from third-party payors	(387,202)	1,165,216
Other liabilities	(839,881)	4,857,773
Net cash provided by operating activities	2,787,222	14,156,637
Investing activities		
Purchases of property and equipment	(3,014,783)	(5,420,954)
Purchases of investments and assets limited to use, net	(15,669,533)	(11,050,331)
Net cash used in investing activities	(18,684,316)	(16,471,285)
Financing activities		
Proceeds from debt issuance	3,380,000	-
Repayment of long-term debt	(3,790,000)	(400,000)
Payments of debt issuance costs	(41,557)	-
Restricted contributions and investment income	1,398,279	2,312,648
Net cash provided by financing activities	946,722	1,912,648
Decrease in cash and cash equivalents	(14,950,372)	(402,000)
Cash and cash equivalents at beginning of year, including restricted cash	26,007,939	26,409,939
Cash and cash equivalents at end of year, including restricted cash	\$ 11,057,567	\$ 26,007,939
Cash and cash equivalents	\$ 10,687,010	\$ 25,255,672
Restricted cash including assets limited as to use	370,557	752,267
Cash and cash equivalents at end of year, including restricted cash	\$ 11,057,567	\$ 26,007,939
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	\$ 62,121	\$ 45,421

See accompanying notes to consolidated financial statements.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules

June 30, 2022 and 2021

1. Organization

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

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

The Corporation incurred expenses of \$735,000 and \$733,608 for the years ended June 30, 2022 and 2021, respectively, for administrative services provided by UMMS. The Corporation is managed by UMMS, and accordingly, the results of the Corporation's operations and its financial condition could be different if it were autonomous.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Cash and Cash Equivalents

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

Inventories

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

Investments and Assets Limited as to Use

The Hospital participates in an investment pool of one of its owners, UMMS. The UMMS investment pool (investment pool) is classified as a trading portfolio. Each participating member of the investment pool has an undivided interest in the investment pool. The Hospital's percentage interest in the assets of the investment pool was approximately 4.45% and 4.57% at June 30, 2022 and 2021, respectively. Investment income and administrative expenses relating to the investment pool are allocated to the individual members based on this percentage.

The Hospital's investment portfolio, except alternative investments and the investment pool, are classified as trading, and is reported in the consolidated balance sheets, as long-term assets, at June 30, 2022 and 2021. Unrealized holding gains and losses on trading securities with readily determinable market values are included in nonoperating income. Investment income, including realized gains and losses, is included in nonoperating income in the accompanying consolidated statements of operations and changes in net assets. Investment income is reported net of investment fees.

The Foundation's investment portfolio is classified as trading and is reported in the consolidated balance sheets as long-term assets, at June 30, 2022 and 2021. Unrealized holding gains and losses on trading securities without donor restrictions with readily determinable market values are included in nonoperating income. Investment income, including realized gains and losses, is included in nonoperating income in the accompanying consolidated statements of operations and changes in net assets. Investment income is reported net of investment fees.

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

Assets limited as to use include investments set aside at the discretion of the board of trustees for the replacement or acquisition of property and equipment over which the board of trustees retains control and may at its discretion use for other purposes, self-insurance trust arrangements, and assets whose use is restricted by donors. Such investments are stated at fair value. Amounts required to meet current liabilities have been included in current assets in the consolidated balance sheets. Changes in fair values of donor-restricted investments are recorded in net assets unless without donor restriction otherwise required by the donor or state law to be included in net assets with donor restriction.

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

Fair Value Measurements

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

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

The Corporation has implemented the provisions of Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, in relation to fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. This guidance established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted market prices (unadjusted) in active markets for identical assets or liabilities that the Corporation has the ability to access at the measurement date.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

- Level 2 inputs are inputs other than quoted market prices including within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 inputs are unobservable inputs for the asset or liability.

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Corporation uses techniques consistent with the market approach and the income approach for measuring fair value of its Level 2 and Level 3 assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

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

As of June 30, 2022 and 2021, the Level 2 assets and liabilities listed in the fair value hierarchy tables below utilize the following valuation techniques and inputs:

Cash Equivalents

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

U.S. Government and Agency Securities

The fair value of investments in U.S. government, state, and municipal obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security specific characteristics.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

Corporate Bonds

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

Collateralized Corporate Obligations

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

Alternative Investments

Alternative investments measured at fair value represent funds included on the consolidated balance sheet that are reported using net asset value (NAV) as a practical expedient. These amounts are not required to be categorized in the fair value hierarchy. The fair value of these investments is based on the net asset value information provided by the general partners. Fair value is based on the proportionate share of the NAV based on the most recent partners' capital statements received from the general partners. Certain alternative investments are utilizing NAV to calculate fair value and are included in alternative investments in the fair value hierarchy tables presented in Notes 3.

Self-Insurance

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

Property and Equipment

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

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

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

Deferred Financing Costs

Costs incurred related to the issuance of long-term debt are deferred and are amortized over the life of the related debt using the straight-line method, which approximates the effective-interest method. Accumulated amortization of such costs amounted to \$5,441 and \$70,123 for the years ended June 30, 2022 and 2021, respectively. Deferred financing costs are presented as a component of long-term debt in the accompanying consolidated balance sheets.

Impairment of Long-Lived Assets

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

In estimating the future cash flows for determining whether an asset is impaired, the Corporation groups its assets at the lowest level for which there are identifiable cash flows independent of other groups of assets. If such costs are impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. There were no impairments in the years ended June 30, 2022 and 2021.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

Net Assets

The net assets of the Corporation and changes therein are classified as follows:

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

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

COVID-19 Pandemic and the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020

In response to COVID-19, the Coronavirus Aid, Relief and Economic Security (CARES) Act, was signed into law on March 27, 2020. The CARES Act authorizes funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (Relief Fund). Payments from the Relief Fund are to be used to prevent, prepare for, and respond to coronavirus, and shall reimburse the recipient for health care related expenses or lost revenues attributable to coronavirus and not required to be repaid, provided the recipients attest to and comply with the terms and conditions.

The U.S. Department of Health and Human Services' distributions from the Relief Fund include general distribution and targeted distributions to support hospitals in high impact areas and rural providers. For the years ended June 30, 2022 and 2021, the Corporation received and recognized as other operating revenue, approximately \$131,506 and \$5,020,459, respectively, in relief funding.

The CARES Act provided for deferred payment of the employer portion of social security taxes through December 31, 2020, with 50% of the deferred amount to December 31, 2021 and the remaining 50% due December 31, 2022. As of June 30, 2022, the Corporation deferred \$706,046, half of which is recorded in accrued payroll benefits in the accompanying consolidated balance sheet.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

Net Patient Service Revenue and Provision for Uncollectible Accounts

In accordance with ASC 606, *Revenue from Contracts with Customers*, net patient service revenue, which includes hospital inpatient services, hospital outpatient services, and other patient services revenue, is recorded at the transaction price estimated by the Corporation to reflect the total consideration due from patients and third-party payors (including commercial payers and government programs) and others. Revenue is recognized over time as performance obligations are satisfied in exchange for providing goods and services in patient care. Revenue is recorded as these goods and services are provided. The services provided to a patient during an inpatient stay or outpatient visit represent a bundle of goods and services that are distinct and accounted for as a single performance obligation.

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

The standard charges for goods and services for the Corporation reflects actual charges to patients based on rates established by the state of Maryland Health Services Cost Review Commission (HSCRC) in effect during the period in which the services are rendered. See Note 8 for further discussion on the HSCRC and regulated rates.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

Patient accounts are recorded at the net realizable value based on certain assumptions determined by each payor. For third-party payors including Medicaid and commercial insurance, the net realizable value is based on the estimated contractual adjustments which is based on approved discounts on charges as permitted by the HSCRC. For self-pay accounts, which includes patients who are uninsured and the patient responsibility portion for patients with insurance, the net realizable value is determined using estimates of historical collection experience.

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

Operating revenue by line of business are as follows:

	Year Ended June 30	
	2022	2021
Hospital	\$ 51,755,196	\$ 52,006,104
Physicians	7,567,644	7,837,561
Total revenue from contracts with customers	59,322,840	59,843,665
CARES Act funding	131,506	5,020,459
Other nonpatient care	1,461,280	990,721
Total operating revenue	\$ 60,915,626	\$ 65,854,845

Charity Care

The Hospital provides charity care to patients who are unable to pay or who meet certain criteria under its charity care policy. Such patients are identified based on information obtained from the patient and subsequent analysis. Because the Hospital does not expect collection of amounts determined to qualify as charity care, such amounts are not reported as revenue. Costs incurred are estimated based on the cost-to-charge ratio for the hospital and applied to charity care charges. Since the Hospital does not pursue collection of amounts determined to meet the criteria under the

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

charity care policy, such amounts are not reported as net patient service revenue. The amounts reported as charity care represent the cost of rendering such services. The Hospital estimates the total direct and indirect costs to provide charity care were \$5,413 and \$33,673 in the years ended June 30, 2022 and 2021, respectively.

Nonoperating Income and Expenses, Net

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

(Deficit) Excess of Revenues Over Expenses

The consolidated statement of operations and changes in net assets includes a performance indicator, the (deficit) excess of revenues over expenses. Changes in net assets without donor restriction that are excluded from the (deficit) excess of revenues over expenses, consistent with industry practice including contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets), pension-related changes other than net periodic pension costs and other items which are required by generally accepted accounting principles to be reported separately.

Income Tax Status

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

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

Donor-Restricted Gifts and Pledges Receivable

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the promise becomes unconditional. Contributions are reported as either net assets with donor restriction if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is satisfied, net assets with donor restriction are reclassified as net assets without donor restriction and either reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions for operations or net assets released from restrictions for property and equipment. Donor-restricted contributions for operations whose restrictions are met within the same year as received are reported as contributions without donor restriction in the accompanying consolidated financial statements. Revenue earned from contributed assets is considered unrestricted unless specifically restricted by the donor. Contributions restricted for the acquisition of land, buildings, and equipment are reported as net assets without donor restriction upon acquisition of the assets and the assets are placed in service.

The Corporation recognizes contributions made from the Foundation to the Hospital to be used for operations within Other Revenue on the consolidated Statement of Operations and Changes in Net Assets. Foundation contributions to the Hospital to be used for the acquisition of land, buildings, and equipment are reported as assets without donor restriction upon the acquisition of the assets upon their release to service. During 2022, the Corporation recognized Foundation contributions used for operations of \$858,431 and assets used for the acquisition of land, buildings, and equipment of \$91,418.

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

Unconditional promises to give cash and other assets are reported at fair value on the date the promise is received. Conditional promises to give, and indications of intentions to give, are reported at fair value on the date the gift is received.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

2. Summary of Significant Accounting Policies (continued)

Scheduled payments for pledges receivable are as follows:

	Year Ended June 30	
	2022	2021
Amounts due within 1 year	\$ 1,507,718	\$ 2,574,551
Amounts due in 1–5 years	656,439	472,830
Less: impact of discounting pledges receivable to present value	(19,546)	(10,092)
Total pledges receivable	<u>\$ 2,144,611</u>	<u>\$ 3,037,289</u>

Management has evaluated these gifts and has determined they are fully collectable.

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

Going Concern

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

Use of Estimates

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

3. Investments and Assets Limited as to Use

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

	June 30	
	2022	2021
Cash and cash equivalents	\$ 370,558	\$ 752,267
U.S. government and agency securities	966,490	769,117
Corporate obligations	4,135,334	4,953,184
Foreign bonds	187,815	213,471
Common stocks	13,066,651	15,579,918
UMMS investment pool	–	4,000,000
Self-insurance trust funds – MMCIP	7,417,190	8,054,248
Total assets limited or restricted as to use	26,144,038	34,322,205
Less amounts available for current liabilities	(179,217)	(150,153)
Total assets limited as to use, less current portion	\$ 25,964,821	\$ 34,172,052

Board-designated assets represent assets designated by the Hospital’s board of trustees for future capital improvements and expansion. The board retains control of these assets and may, at its discretion, subsequently use them for other purposes. The assets consist primarily of cash and cash equivalents, fixed-income securities, equity instruments, and the Hospital’s allocation of the UMMS investment pool. In 2022, the board released the designation of funds of approximately \$4,000,00, the funds are now included in Investments.

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

3. Investments and Assets Limited as to Use (continued)

The composition and carrying value of investments were as follows:

	June 30	
	2022	2021
Cash and cash equivalents	\$ 12,001,156	\$ —
U.S. government and agency securities	313,058	220,653
Foreign bonds	60,707	61,018
Corporate obligations	1,340,913	1,418,834
Common stocks	4,236,999	4,462,979
UMMS investment pool	51,958,943	51,064,899
	<u>\$ 69,911,776</u>	<u>\$ 57,228,383</u>

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

	June 30	
	2022	2021
Cash and cash equivalents	\$ 37,861,452	\$ 59,547,610
Corporate bonds	128,176,347	11,962,258
U.S. government and agency securities	89,228,944	38,389,887
Common stocks	387,027,372	384,706,422
Alternative investments	525,822,889	708,073,384
	<u>\$ 1,168,117,004</u>	<u>\$ 1,202,679,561</u>
Hospital's allocation (investments)	\$ 51,958,943	\$ 51,064,899
Hospital's allocation (assets limited as to use)	—	4,000,000

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

3. Investments and Assets Limited as to Use (continued)

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

	Year Ended June 30	
	2022	2021
Interest and dividend income, net of fees	\$ 719,095	\$ 420,041
Net realized gains on investments and assets limited to use	8,874,281	2,929,921
Change in unrealized (losses) gains on trading securities	(15,339,844)	8,436,892
Net unrealized (losses) gains on net assets with donor restrictions	(4,317,035)	2,123,606
	\$ (10,063,503)	\$ 13,910,460

Total investment return is classified in the consolidated statements of operations and changes in net assets as follows:

	Year Ended June 30	
	2022	2021
Operating investment income	\$ 8,320,098	\$ 2,037,315
Investment income on net assets with donor restriction	1,273,278	1,312,647
Net unrealized (losses) gains on net assets with donor restriction	(4,317,035)	2,123,606
Change in unrealized (losses) gains on trading securities	(15,339,844)	8,436,892
	\$ (10,063,503)	\$ 13,910,460

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

3. Investments and Assets Limited as to Use (continued)

The following table presents assets and liabilities that are measured at fair value on a recurring basis, excluding alternative investments in the amount of \$23,399,119 for investments in the UMMS investment pool, which are accounted for under the equity method, as of June 30, 2022:

	Level 1	Level 2	Level 3	Investments Reported at NAV	Total
Investments:					
Cash and cash equivalents	\$ 12,001,156	\$ —	\$ —	\$ —	\$ 12,001,156
Bonds – government agency	—	313,058	—	—	313,058
Corporate obligations	—	1,340,913	—	—	1,340,913
Common stocks	4,236,999	—	—	—	4,236,999
Foreign bonds	—	60,707	—	—	60,707
UMMS investment pool	—	—	—	28,559,824	28,559,824
Total investments	16,238,155	1,714,678	—	28,559,824	46,512,657
Assets limited:					
Cash and cash equivalents	370,557	—	—	—	370,557
Bonds – government agency	—	966,490	—	—	966,490
Corporate obligations	—	4,135,334	—	—	4,135,334
Common stocks	13,066,651	—	—	—	13,066,651
Foreign bonds	—	187,816	—	—	187,816
Self-insurance trust funds – MMCIP	—	—	—	7,417,190	7,417,190
Total assets limited as to use	13,437,208	5,289,640	—	7,417,190	26,144,038
	\$ 29,675,363	\$ 7,004,318	\$ —	\$ 35,977,014	\$ 72,656,695

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

3. Investments and Assets Limited as to Use (continued)

The following table presents assets and liabilities that are measured at fair value on a recurring basis, excluding alternative investments in the amount of \$30,103,446 for investments in the UMMS investment pool and \$2,358,049 for assets limited as to use, which are accounted for under the equity method, as of June 30, 2021:

	Level 1	Level 2	Level 3	Investments Reported at NAV	Total
Investments:					
Bonds – government agency	\$ 220,653	\$ –	\$ –	\$ –	\$ 220,653
Corporate obligations	–	1,479,852	–	–	1,479,852
Common stocks	4,462,978	–	–	–	4,462,978
UMMS investment pool	–	–	–	20,961,551	20,961,551
Total investments	4,683,631	1,479,852	–	20,961,551	27,125,034
Assets limited:					
Cash and cash equivalents	752,267	–	–	–	752,267
Bonds – government agency	769,117	–	–	–	769,117
Corporate obligations	–	5,166,654	–	–	5,166,654
Common stocks	15,579,918	–	–	–	15,579,918
UMMS investment pool	–	–	–	1,641,951	1,641,951
Self-insurance trust funds – MMCIP	–	–	–	8,054,248	8,054,248
Total assets limited	17,101,302	5,166,654	–	9,696,199	31,964,155
	\$ 21,784,933	\$ 6,646,506	\$ –	\$ 30,657,750	\$ 59,089,189

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

4. Property and Equipment

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

	June 30	
	2022	2021
Land and land improvements	\$ 1,520,394	\$ 1,645,180
Buildings and fixed equipment	63,145,431	63,356,133
Leasehold improvements	548,204	548,204
Major moveable equipment	7,865,498	13,108,150
Minor equipment	11,786,931	13,721,945
Construction in process	528,064	309,612
	85,394,522	92,689,224
Less: accumulated depreciation	(48,493,675)	(53,650,420)
Property and equipment, net	\$ 36,900,847	\$ 39,038,804

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

5. Retirement Plans

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

5. Retirement Plans (continued)

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

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

Vesting begins after three years of participation in the Plan. The funding policy is to make annual contributions to the Plan in amounts sufficient to satisfy the funding standards of the Employee Retirement Income Security Act of 1974. Pension expense for the defined benefit pension plan was approximately \$483,434 and \$729,559 for the years ended June 30, 2022 and 2021, respectively.

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

	2022	2021
Change in projected benefit obligations:		
Benefit obligations at beginning of year	\$ 14,743,917	\$ 13,500,029
Plan Amendment	—	222,990
Settlements	—	(246,544)
Service cost	686,245	765,786
Interest cost	432,035	394,440
Actuarial (gain) loss	(1,658,570)	116,567
Benefits paid	(282,546)	(9,351)
Projected benefit obligations at end of year	\$ 13,921,081	\$ 14,743,917

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

5. Retirement Plans (continued)

	2022	2021
Change in plan assets:		
Fair value of plan assets at beginning of year	\$ 15,490,343	\$ 12,447,095
Actual return on plan assets	(2,030,625)	2,199,143
Settlements	-	(246,544)
Employer contributions	800,000	1,100,000
Benefits paid	(282,546)	(9,351)
Fair value of plan assets at end of year	\$ 13,977,172	\$ 15,490,343
Accumulated benefit obligation at end of year	\$ 13,715,814	\$ 14,475,771

The funded status of the Plan and amounts recognized as other assets in the consolidated balance sheets are as follows:

	June 30	
	2022	2021
Funded status, end of period:		
Fair value of plan assets	\$ 13,977,172	\$ 15,490,343
Projected benefit obligations	13,921,081	14,743,917
Funded status	\$ 56,091	\$ 746,426
Amounts recognized in net assets without donor restriction as of June 30:		
Net actuarial loss	\$ (2,524,470)	\$ (1,485,071)
Unamortized prior service cost	(195,555)	(228,053)
	\$ (2,720,025)	\$ (1,713,124)

The estimated amounts that will be amortized from net assets with donor restriction into net periodic pension cost in fiscal 2023 are as follows:

Net actuarial loss	\$ 131,916
Prior service cost	16,349
	\$ 148,265

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

5. Retirement Plans (continued)

The components of net periodic pension cost are as follows:

	Year Ended June 30	
	2022	2021
Service cost	\$ 686,245	\$ 765,786
Interest cost	432,035	394,440
Expected return on plan assets	(778,747)	(693,473)
Amortization of prior service cost	32,498	2,242
Amortization of net actuarial loss	111,403	260,564
Total net periodic pension cost	\$ 483,434	\$ 729,559

Components of net benefit cost other than the service cost of \$686,245 and \$765,786 were recorded in other nonoperating income and expenses, net in the consolidated statements of operations and changes in net assets for the years ended June 30, 2022 and 2021, respectively. Service cost is included as a component of fringe benefits, which is recorded as salaries, wages, and benefits in the accompanying consolidated statements of operations and changes in net assets.

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

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

	June 30	
	2022	2021
Discount rate	4.86%	3.02%
Rate of compensation increase	3.00	3.00

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

5. Retirement Plans (continued)

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

	Year Ended June 30	
	2022	2021
Discount rate	3.02%	3.03%
Expected long-term return on plan assets	5.00	5.50
Rate of compensation increase	3.00	3.00

All of the Plan's assets are held in the UMMS Master Pension Trust (the Master Trust), which was established during the year ended June 30, 2012 for the investment assets of multiple-sponsored retirement plans. Each participating plan has an undivided interest in the Master Trust. The Plan's percentage interest in the net assets of the Master Trust was approximately 8.70% and 8.20% at June 30, 2022 and 2021, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on this percentage.

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

	June 30	
	2022	2021
Cash and cash equivalents	\$ 9,423,581	\$ 17,366,991
Bonds – corporate	–	2,837,750
Bonds – government and agency	–	9,198,527
Common and preferred stocks	12,258,791	21,191,024
Equity mutual funds	2,298,951	37,934,012
Fixed-income mutual funds	5,987,619	11,716,975
Other mutual funds	–	13,558,974
Alternative investments;	–	75,059,201
Equity and fixed income commingled funds	127,165,817	–
Hedge funds/private equity	3,219,905	–
Total Master Trust cash and investments	\$ 160,354,664	\$ 188,863,454
 Plan's interest in Master Trust	 \$ 13,977,172	 \$ 15,490,343

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

5. Retirement Plans (continued)

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

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

	Target Allocation	Percentage of Plan Assets	
		June 30	
		2022	2021
Cash and cash equivalents	0%–20%	6%	4%
Equity securities	15%–25%	10	44
Fixed-income securities	75%–85%	82	27
Global asset allocation	–%	–	15
Hedge funds/private equity	0%–20%	2	10
		100%	100%

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

5. Retirement Plans (continued)

The table below presents the Master Trust's and the Plan's allocated share of investments as of June 30, 2022 aggregated by the fair value hierarchies as described in Note 4:

	Level 1	Level 2	Level 3	Investments Reported at NAV*	Total
Cash and cash equivalents	\$ 9,423,581	\$ —	\$ —	\$ —	\$ 9,423,581
Common and preferred stocks	12,258,791	—	—	—	12,258,791
Equity mutual funds	2,298,951	—	—	—	2,298,951
Fixed-income mutual funds	5,987,619	—	—	—	5,987,619
Alternative investments					
Commingled funds	—	—	—	127,165,817	127,165,817
Hedge funds/private equity	—	—	—	3,219,905	3,219,905
	<u>\$ 29,968,942</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 130,385,722</u>	<u>\$ 160,354,664</u>
The Plan's allocation	<u>\$ 2,633,614</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 11,343,558</u>	<u>\$ 13,977,172</u>

*Fund investments reported at NAV as practical expedient estimate

The table below presents the Master Trust's and the Plan's allocated share of investments as of June 30, 2021 aggregated by the fair value hierarchies as described in Note 4:

	Level 1	Level 2	Level 3	Investments Reported at NAV*	Total
Cash and cash equivalents	\$ —	\$ 17,366,991	\$ —	\$ —	\$ 17,366,991
Corporate obligations	—	2,837,750	—	—	2,837,750
Bonds – government and agency	9,198,527	—	—	—	9,198,527
Common and preferred stocks	21,191,024	—	—	—	21,191,024
Equity mutual funds	37,934,012	—	—	—	37,934,012
Fixed-income mutual funds	—	—	—	11,716,975	11,716,975
Other mutual funds	13,558,974	—	—	—	13,558,974
Alternative investments	—	—	—	75,059,201	75,059,201
	<u>\$ 81,882,537</u>	<u>\$ 20,204,741</u>	<u>\$ —</u>	<u>\$ 86,776,176</u>	<u>\$ 188,863,454</u>
The Plan's allocation	<u>\$ 6,715,903</u>	<u>\$ 1,657,167</u>	<u>\$ —</u>	<u>\$ 7,117,273</u>	<u>\$ 15,490,343</u>

*Fund investments reported at NAV as practical expedient estimate

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

5. Retirement Plans (continued)

Alternative investments include hedge funds and commingled investment funds. The majority of these alternative investments held as of June 30, 2022, are subject to notice requirements of 30 days or less and are available to be redeemed on at least a monthly basis. There are funds, within the Master Trust, totaling \$3,072,000, which are subject to notice requirements of 30–60 days and are available to be redeemed on a monthly or quarterly basis. Funds totaling \$2,952,000, within the Master Trust, are subject to notice requirements of 90 days and can be redeemed monthly or quarterly. The Corporation had no unfunded commitments as of June 30, 2022.

The Corporation expects to contribute approximately \$896,000 to its defined benefit pension plans for the fiscal year ended June 30, 2023.

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

2023	\$ 1,165,097
2024	1,105,716
2025	1,222,704
2026	1,095,924
2027	984,624
2028–2032	4,784,532

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at June 30, 2022.

The Corporation also has a 403(b) retirement plan (Retirement Plan) covering substantially all employees. Employees are immediately eligible for elective deferrals of compensation as contributions to the Retirement Plan. The Retirement Plan currently has a discretionary provision for employer matching contributions. For the years ended June 30, 2022 and 2021, the Corporation made contributions of \$310,507 and \$307,093, respectively.

6. Leases

The Corporation determines if an arrangement is a lease at inception. Operating leases are included in other assets, other current liabilities, and other long-term liabilities on the consolidated balance sheet. The Corporation rents office and clinical space from UM Capital Region Medical Center, a related party, and administrative space from an unrelated third party and determined this arrangement classifies as a lease.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

6. Leases (continued)

Lease liabilities are recognized based on the present value, net of the future minimum lease payments over the lease term using the Corporation's incremental borrowing rate based on the information available at commencement. The ROU asset is derived from the lease liability and also includes any lease payments made and excludes lease incentives and initial direct costs incurred. Certain lease agreements for real estate include payments based on actual common area maintenance expenses and others include rental payments adjusted periodically for inflation. These variable lease payments are recognized in other operating expenses, net, but are not included in the right-of-use asset or liability balances. Lease agreements may include one or more renewal options which are at the Corporation's sole discretion. The Corporation does not consider the renewal options to be reasonably likely to be exercised, therefore they are not included in ROU assets and lease liabilities. Lease expense for minimum lease payments is recognized on a straight-line basis over the lease term for operating leases.

In accordance with ASC 842, the Corporation has elected to not recognize ROU assets and lease liabilities for short-term leases with a lease term of 12 months or less. The Corporation recognizes the lease payments associated with its short-term leases as an expense on a straight-line basis over the lease term. Variable lease payments associated with these leases are recognized and presented in the same manner as all other leases.

The following table summarizes the components of operating and finance lease assets and liabilities classified as current and noncurrent on the accompanying consolidated balance sheets:

Operating Leases	Balance Sheet Classification	June 30	
		2022	2021
Operating lease ROU asset	Other assets	\$ 41,416	\$ 91,977
Operating lease obligation – current	Other current liabilities	(42,226)	(51,853)
Operating lease obligation – long term	Other long-term liabilities	–	(42,226)

The Corporation discounted the lease using a rate of 3.29%. This rate is based on the estimated borrowing rate the Corporation would incur if a loan was obtained to purchase the asset.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

6. Leases (continued)

For the years ended June 30, 2022 and 2021, the Corporation amortized \$50,561 and \$52,919 in costs related to the right to use asset and incurred interest expense of \$2,321 and \$4,370, respectively. Total rent expense for the lease was \$253,284 and \$295,894 for the years ended June 30, 2022 and 2021, respectively.

Future noncancelable minimum lease payments under operating leases are as follows for the years ending June 30, 2023 is \$42,882.

7. Functional Expenses

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

	Healthcare Services	Management and General	Total
Year ended June 30, 2022			
Salaries, wages, and benefits	\$ 37,483,660	\$ 5,033,731	\$ 42,517,391
Purchased services	6,474,988	4,390,446	10,865,434
Expendable supplies	4,955,928	1,037,717	5,993,645
Depreciation and amortization	4,810,596	342,142	5,152,738
Interest expense, net	56,389	—	56,389
Total	\$ 53,781,561	\$ 10,804,036	\$ 64,585,597
Year ended June 30, 2021			
Salaries, wages, and benefits	\$ 37,397,761	\$ 5,091,977	\$ 42,489,738
Purchased services	4,220,915	4,089,187	8,310,102
Expendable supplies	4,787,880	1,047,921	5,835,801
Depreciation and amortization	4,522,842	318,564	4,841,406
Interest expense	728	—	728
Total	\$ 50,930,126	\$ 10,547,649	\$ 61,477,775

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

8. Maryland Health Services Cost Review Commission (HSCRC)

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

The current rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on an agreement between the Center for Medicare and Medicaid Services (CMS) and the HSCRC. This agreement is based upon a waiver from Medicare reimbursement principles under Section 1814(b) of the Social Security Act and will continue as long as certain conditions are met. Management believes that this program will remain in effect at least through June 30, 2023.

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

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

9. Long-Term Debt

Long-term debt is comprised of bonds totaling \$3,380,000 issued on August 2, 2021. Interest is payable monthly at a fixed rate of 1.77% through fiscal year 2028.

The Corporation extinguished \$3,580,000 in debt as a result of the new debt issued on August 2, 2021. In connection with this transaction, the Corporation wrote off \$35,000 of deferred financing costs.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

9. Long-Term Debt (continued)

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

Years ending June 30:	
2023	\$ 425,000
2024	455,000
2025	470,000
2026	495,000
2027	510,000
Thereafter	<u>815,000</u>
Total debt	3,170,000
Unamortized deferred financing costs	<u>(36,116)</u>
	<u>\$ 3,133,884</u>

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

10. Insurance

Professional Liability Insurance

In connection with the affiliation agreement with UMMS and effective July 1, 2006, the Corporation became self-insured with respect to professional and general liability through its participation in the Maryland Medicine Comprehensive Insurance Program Self Insurance Trust (the Trust). The Corporation is self-insured for claims up to the limits of \$1,000,000 on individual claims and \$3,000,000 in the aggregate on an annual basis. For amounts in excess of these limits, the risk of loss has been transferred to the Terrapin Insurance Company (Terrapin), an unconsolidated joint venture of UMMS. Terrapin provides insurance for claims related to UMMS and the Corporation for claims in excess of \$1,000,000 on individual claims and \$3,000,000 in the aggregate up to \$165,000,000 individually and \$227,000,000 in the aggregate under claims made policies between the aforementioned entities and Terrapin. For claims in excess of Terrapin's coverage limits, if any, the Corporation retains the risk of loss.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

10. Insurance (continued)

The Corporation provides for and funds the present value of the costs for professional and general liability claims and insurance coverage related to the projected liability from asserted and unasserted incidents, which the Corporation believes may ultimately result in a loss. These accrued malpractice losses are discounted using a discount rate of 2.5%. In management's opinion, these accruals provide an adequate and appropriate loss reserve. Malpractice liabilities include \$2,233,552 and \$1,898,676 as of June 30, 2022 and 2021, respectively, for which related reinsurance receivables have been recorded within other assets.

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

Total malpractice insurance (loss) gain, net of applicable investment returns, for the Corporation in 2022 and 2021 was \$(1,584,184) and \$504,611, respectively.

Workers' Compensation

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

Health Insurance

The Corporation maintains a self-insurance plan for employee health insurance. The Corporation has accrued \$519,000 as of June 30, 2022 and 2021, for estimated claims incurred but not reported, which are included in accrued payroll benefits.

11. Business and Credit Concentrations

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

11. Business and Credit Concentrations (continued)

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

Net receivables from patients and third-party payors consisted of the following:

	June 30	
	2022	2021
Medicaid	60%	64%
Blue Cross	18	17
Commercial insurance and HMO	10	13
Self-pay and others	12	6
	100%	100%

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

	June 30	
	2022	2021
Medicaid	72%	74%
Blue Cross	16	14
Commercial insurance and HMO	11	12
Self-pay and others	1	*
	100%	100%

*Represents less than 1% of total revenue

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

12. Endowment

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

Interpretation of Relevant Law

The board of trustees has interpreted UPMIFA as requiring that donor-restricted endowment funds be managed with the long-term objective of at least maintaining the real value (after inflation) of the funds. The Corporation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the directions of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment funds are classified in restricted net assets until those amounts are appropriated for expenditure by the board of trustees in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

12. Endowment (continued)

Endowment net assets consist of the following:

	June 30	
	2022	2021
Endowment net assets:		
Without donor restrictions	\$ –	\$ –
With donor restrictions	18,366,291	21,266,242
Total	<u>\$ 18,366,291</u>	<u>\$ 21,266,242</u>

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

	Without Donor Restriction	With Donor Restriction	Total
Endowment net assets, June 30, 2020	\$ –	\$ 16,769,466	\$ 16,769,466
Investment return, net	–	3,479,359	3,479,359
Contributions	–	1,023,000	1,023,000
Amount appropriated for expenditures	–	(5,583)	(5,583)
Endowment net assets, June 30, 2021	–	21,266,242	21,266,242
Investment return, net	–	(3,043,756)	(3,043,756)
Contributions	–	125,000	125,000
Amount appropriated for expenditures and other transfers	–	18,805	18,805
Endowment net assets, June 30, 2022	<u>\$ –</u>	<u>\$ 18,366,291</u>	<u>\$ 18,366,291</u>

Funds With Deficiencies

From time to time, the fair value of assets associated with an individual donor-restricted endowment fund may fall below the original value of the fund. As of June 30, 2022, there have been no deficiencies of this nature. Subsequent gains that restore the fair value of the assets of the endowment fund to the required level will be classified as an increase in net assets without donor restriction, as appropriate.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

12. Endowment (continued)

Return Objectives and Risk Parameters

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

13. Net Assets – With Donor Restrictions

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

Donor restricted net assets consist for the following purposes:

	June 30	
	2022	2021
Subject to expenditure for specific purpose:		
Funds to be used for programs and capital projects	\$ 3,043,531	\$ 2,440,281
Callaway Fund	26,383	26,298
Endowment funds to be used for renovations	3,501,014	4,091,553
Endowment funds, other	14,013,723	16,323,220
Total	20,584,651	22,881,352
Investment in perpetuity:		
Endowment funds to be used for renovations	5,000	5,000
Endowment funds, other	820,171	820,171
Total	825,171	825,171
Total net assets – with donor restriction	\$ 21,409,822	\$ 23,706,523

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

14. Liquidity and Availability of Resources

The Corporation had financial assets available to management for general expenditures within one year of the financial reporting date, or June 30, 2022 and 2021 as follows:

	June 30	
	2022	2021
Financial assets:		
Cash and cash equivalents	\$ 10,687,010	\$ 25,255,672
Patient accounts receivable, net	6,617,286	8,890,240
Investments	69,911,776	57,228,383
Total assets	87,216,072	91,374,295
Less		
Alternative investments	(23,399,119)	(30,103,446)
Total resources	\$ 63,816,953	\$ 61,270,849

15. Certain Significant Risks and Uncertainties

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

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

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

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

15. Certain Significant Risks and Uncertainties (continued)

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

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

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

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

16. Related Party

Mount Washington Pediatric Hospital awarded a construction contract that supports a capital project valued at approximately \$5.4 million, and capital expenditures incurred for fiscal year 2021 of approximately \$3.2 million. A Director who had served on the Board of Directors of the Mount Washington Pediatric Foundation is an executive of the construction company that was awarded the contract. The contract was competitively bid by Mount Washington Pediatric Hospital.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements and Schedules (continued)

17. Subsequent Events

The Corporation evaluated all events and transaction that occurred after June 30, 2022 and through October 26, 2022, the date the consolidated financial statements were issued. The Corporation did not have any material subsequent events during the period.

Supplementary Information

2208-4077179

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet

June 30, 2022

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Assets						
Current assets:						
Cash and cash equivalents	\$ 6,558,755	\$ 2,401,273	\$ 1,726,982	\$ -	\$ -	\$ 10,687,010
Current portion of assets limited as to use	179,217	-	-	-	-	179,217
Patient accounts receivable, less allowance for doubtful accounts of \$2,692,767	6,528,399	-	88,887	-	-	6,617,286
Other accounts receivable	2,560,117	122,567	(4,719)	8,056	(526,655)	2,159,366
Inventories of supplies	98,674	-	-	-	-	98,674
Prepaid expenses and other current assets	320,212	-	2,158	-	-	322,370
Total current assets	16,245,374	2,523,840	1,813,308	8,056	(526,655)	20,063,923
Investments	63,960,099	5,951,677	-	-	-	69,911,776
Assets limited as to use, less current portion:						
Eliasberg Construction Fund	-	1,249,449	-	-	-	1,249,449
Funds restricted by donor	370,557	17,106,842	-	-	-	17,477,399
Self-insurance trust funds	7,237,973	-	-	-	-	7,237,973
	7,608,530	18,356,291	-	-	-	25,964,821
Property and equipment, net	36,900,847	-	-	-	-	36,900,847
Economic interest in net assets of the Foundation	26,544,486	-	-	-	(26,544,486)	-
Other assets	2,728,141	239,333	-	-	-	2,967,474
Total assets	\$ 153,987,477	\$ 27,071,141	\$ 1,813,308	\$ 8,056	\$ (27,071,141)	\$ 155,808,841

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

June 30, 2022

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Liabilities and net assets						
Current liabilities:						
Current portion of long-term debt	\$ 425,000	\$ -	\$ -	\$ -	\$ -	\$ 425,000
Trade accounts payable	3,236,198	526,655	228	-	(526,655)	3,236,426
Accrued payroll benefits	5,445,143	-	-	-	-	5,445,143
Advances from third-party payors	4,105,776	-	-	-	-	4,105,776
Current portion of malpractice liabilities	179,217	-	-	-	-	179,217
Due to affiliates	506,037	-	-	-	-	506,037
Other current liabilities	4,048,198	-	-	-	-	4,048,198
Total current liabilities	17,945,569	526,655	228	-	(526,655)	17,945,797
Malpractice liabilities	3,846,503	-	-	-	-	3,846,503
Long-term debt, less current portion	2,708,884	-	-	-	-	2,708,884
Total liabilities	24,500,956	526,655	228	-	(526,655)	24,501,184
Net assets:						
Without donor restrictions	108,076,699	8,178,195	1,813,080	8,056	(8,178,195)	109,897,835
With donor restrictions	21,409,822	18,366,291	-	-	(18,366,291)	21,409,822
Total net assets	129,486,521	26,544,486	1,813,080	8,056	(26,544,486)	131,307,657
Total liabilities and net assets	\$ 153,987,477	\$ 27,071,141	\$ 1,813,308	\$ 8,056	\$ (27,071,141)	\$ 155,808,841

See accompanying independent auditors' report.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet

June 30, 2021

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Assets							
Current assets:							
Cash and cash equivalents	\$ 21,691,284	\$ 2,474,543	\$ 1,089,845	\$ -	\$ -	\$ -	\$ 25,255,672
Current portion of assets limited as to use	150,153	-	-	-	-	-	150,153
Patient accounts receivable, less allowance for	8,864,481	-	25,759	-	-	-	8,890,240
doubtful accounts of \$2,692,767	2,289,527	1,047,000	(4,011)	26,943	(216,604)		3,142,855
Other accounts receivable	177,942	-	-	-	-	-	177,942
Inventories of supplies	487,472	-	-	-	-	-	487,472
Prepaid expenses and other current assets	33,660,859	3,521,543	1,111,593	26,943	(216,604)		38,104,334
Total current assets	51,064,899	6,163,484	-	-	-	-	57,228,383
Investments	4,000,000	-	-	-	-	-	4,000,000
Assets limited as to use, less current portion:	-	1,249,449	-	-	-	-	1,249,449
Board-designated funds	-	20,266,242	-	-	-	-	21,018,509
Eliasberg Construction Fund	752,267	-	-	-	-	-	7,904,094
Funds restricted by donor	7,904,094	-	-	-	-	-	34,172,052
Self-insurance trust funds	12,656,361	21,515,691	-	-	-	-	39,038,804
Property and equipment, net	39,038,804	-	-	-	-	-	39,038,804
Economic interest in net assets of the Foundation	31,004,116	-	-	-	(31,004,116)		-
Other assets	3,209,909	20,000	-	-	-	-	3,229,909
Total assets	\$ 170,634,948	\$ 31,220,718	\$ 1,111,593	\$ 26,943	\$ (31,220,720)	\$	\$ 171,773,482

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

June 30, 2021

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Liabilities and net assets						
Current liabilities:						
Current portion of long-term debt	\$ 410,000	\$ -	\$ -	\$ -	\$ -	\$ 410,000
Trade accounts payable	3,641,440	216,602	85	-	(216,604)	3,641,523
Accrued payroll benefits	6,214,627	-	-	-	-	6,214,627
Advances from third-party payors	4,492,978	-	-	-	-	4,492,978
Current portion of malpractice liabilities	150,153	-	-	-	-	150,153
Due to affiliates	878,352	-	62,379	(14,789)	-	925,942
Other current liabilities	4,879,218	-	794	-	-	4,880,012
Total current liabilities	20,666,768	216,602	63,258	(14,789)	(216,604)	20,715,235
Malpractice liabilities	3,250,059	-	-	-	-	3,250,059
Long-term debt, less current portion	3,134,085	-	-	-	-	3,134,085
Other long-term liabilities	633,575	-	-	-	-	633,575
Total liabilities	27,684,487	216,602	63,258	(14,789)	(216,604)	27,732,954
Net assets:						
Without donor restrictions	119,243,938	9,737,874	1,048,335	41,732	(9,737,874)	120,334,005
With donor restrictions	23,706,523	21,266,242	-	-	(21,266,242)	23,706,523
Total net assets	142,950,461	31,004,116	1,048,335	41,732	(31,004,116)	144,040,528
Total liabilities and net assets	\$ 170,634,948	\$ 31,220,718	\$ 1,111,593	\$ 26,943	\$ (31,220,720)	\$ 171,773,482

See accompanying independent auditors' report.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2022

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Operating revenue, gains, and other support:						
Net patient service revenue	\$ 58,622,726	\$ -	\$ 448,104	\$ 252,010	\$ -	\$ 59,322,840
Other revenue	1,539,992	-	11,694	41,100	-	1,592,786
Total operating revenue, gains, and other support	60,162,718	-	459,798	293,110	-	60,915,626
Operating expenses:						
Salaries, wages, and benefits	41,945,647	-	422,558	149,186	-	42,517,391
Purchased services and supplies	16,780,835	-	72,244	6,000	-	16,859,079
Interest expense, net	56,389	-	-	-	-	56,389
Depreciation and amortization	5,152,738	-	-	-	-	5,152,738
Total operating expenses	63,935,609	-	494,802	155,186	-	64,585,597
Operating (loss) income	(3,772,891)	-	(35,004)	137,924	-	(3,669,971)
Nonoperating income and expenses, net:						
Contributions	640,249	1,117,363	-	-	-	1,757,612
Investment income, net	9,787,693	(1,467,595)	-	-	-	8,320,098
Other income (expense), net	171,456	-	953	(1)	-	172,408
Support from Mt. Washington Pediatric Foundation, Inc.	-	(1,190,642)	-	-	-	(1,190,642)
Change in unrealized losses of trading securities	(15,339,844)	-	-	-	-	(15,339,844)
Total nonoperating (expense) income	(4,740,446)	(1,540,874)	953	(1)	-	(6,280,368)
(Deficit) excess of revenues over expenses	(8,513,337)	(1,540,874)	(34,051)	137,923	-	(9,950,339)

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued)

Year Ended June 30, 2022

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
(Deficit) excess of revenues over expenses (from previous page)	\$ (8,513,337)	\$ (1,540,874)	\$ (34,051)	\$ 137,923	\$ -	\$ (9,950,339)
Change in economic interest in the Foundation	(1,559,678)	-	-	-	1,559,678	-
Net assets released from restrictions used for purchase of property and equipment	475,877	-	-	-	-	475,877
Transfers in and out	(627,197)	-	798,796	(171,599)	-	-
Change in funded status of defined benefit plan	(1,006,901)	-	-	-	-	(1,006,901)
Other changes in assets without donor restrictions	63,997	(18,804)	-	-	-	45,193
(Decrease) increase in net assets without donor restrictions	(11,167,239)	(1,559,678)	764,745	(33,676)	1,559,678	(10,436,170)
Changes in net assets with donor restriction:						
Contributions	1,937,559	125,000	-	-	-	2,062,559
Investment income, net	-	1,273,278	-	-	-	1,273,278
Net unrealized losses on donor restricted investments	-	(4,317,035)	-	-	-	(4,317,035)
Change in economic interest in the Foundation	(2,899,951)	-	-	-	2,899,951	-
Other changes in assets with donor restrictions	-	18,806	-	-	-	18,806
Net assets released from restrictions used for operations	(858,432)	-	-	-	-	(858,432)
Net assets released from restrictions used for purchase of property and equipment	(475,877)	-	-	-	-	(475,877)
(Decrease) increase in net assets with donor restrictions	(2,296,701)	(2,899,951)	-	-	2,899,951	(2,296,701)
Total (decrease) increase in net assets	(13,463,940)	(4,459,629)	764,745	(33,676)	4,459,629	(12,732,871)
Net assets, beginning of year	142,950,461	31,004,116	1,048,335	41,732	(31,004,116)	144,040,528
Net assets, end of year	\$ 129,486,521	\$ 26,544,487	\$ 1,813,080	\$ 8,056	\$ (26,544,487)	\$ 131,307,657

See accompanying independent auditors' report.

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2021

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total		
Operating revenue, gains, and other support:									
Net patient service revenue	\$ 59,343,116	\$ -	\$ 395,726	\$ 104,823	\$ -	\$ -	\$ 59,843,665		
Other revenue	5,969,460	-	5,200	36,520	-	-	6,011,180		
Total operating revenue, gains, and other support	65,312,576	-	400,926	141,343	-	-	65,854,845		
Operating expenses:									
Salaries, wages, and benefits	42,112,385	-	339,139	38,214	-	-	42,489,738		
Purchased services and supplies	14,072,046	-	61,376	12,481	-	-	14,145,903		
Interest expense, net	728	-	-	-	-	-	728		
Depreciation and amortization	4,841,406	-	-	-	-	-	4,841,406		
Total operating expenses	61,026,565	-	400,515	50,695	-	-	61,477,775		
Operating income	4,286,011	-	411	90,648	-	-	4,377,070		
Nonoperating income and expenses, net:									
Contributions	709,480	48,500	6,927	-	-	-	764,907		
Investment income, net	241,068	1,796,247	-	-	-	-	2,037,315		
Other income, net	22,021	-	-	-	-	-	22,021		
Support from Mt. Washington Pediatric Foundation, Inc.	-	(681,908)	-	-	-	-	(681,908)		
Change in unrealized gains of trading securities	8,436,892	-	-	-	-	-	8,436,892		
Total nonoperating income	9,409,461	1,162,839	6,927	-	-	-	10,579,227		
Excess of revenues over expenses	13,695,472	1,162,839	7,338	90,648	-	-	14,956,297		

Mt. Washington Pediatric Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued)

Year Ended June 30, 2021

	Mt. Washington Pediatric Hospital, Inc.	Mt. Washington Pediatric Foundation, Inc.	Mt. Washington Pediatric Community Health Services, LLC	Mt. Washington Pediatric Community Behavioral Health Services, LLC	Elimination Entries	Consolidated Total
Excess of revenues over expenses (from previous page)	\$ 13,695,472	\$ 1,162,839	\$ 7,338	\$ 90,648	\$ -	\$ 14,956,297
Change in economic interest in the Foundation	1,102,318	-	-	-	(1,102,318)	-
Net assets released from restrictions used for purchase of property and equipment	2,806,405	-	-	-	-	2,806,405
Transfers in and out	(897,734)	-	1,036,398	(138,664)	-	-
Change in funded status of defined benefit plan	1,428,919	-	-	-	-	1,428,919
Other changes in assets without donor restrictions	-	(60,522)	-	-	-	(60,522)
Increase in net assets without donor restrictions	18,135,380	1,102,317	1,043,736	(48,016)	(1,102,318)	19,131,099
Changes in net assets with donor restriction:						
Contributions	1,908,245	1,000,000	-	-	-	2,908,245
Investment income, net	-	1,312,647	-	-	-	1,312,647
Net unrealized gain on donor restricted investments	-	2,123,606	-	-	-	2,123,606
Change in economic interest in the Foundation	4,496,775	-	-	-	(4,496,775)	-
Other changes in assets with donor restrictions	-	60,523	-	-	-	60,523
Net assets released from restrictions used for operations	(921,089)	-	-	-	-	(921,089)
Net assets released from restrictions used for purchase of property and equipment	(2,806,405)	-	-	-	-	(2,806,405)
Increase (decrease) in net assets with donor restrictions	2,677,526	4,496,776	-	-	(4,496,775)	2,677,527
Total increase (decrease) in net assets	20,812,906	5,599,093	1,043,736	(48,016)	(5,599,093)	21,808,626
Net assets, beginning of year	122,137,555	25,405,023	4,599	89,748	(25,405,023)	122,231,902
Net assets, end of year	\$ 142,950,461	\$ 31,004,116	\$ 1,048,335	\$ 41,732	\$ (31,004,116)	\$ 144,040,528

See accompanying independent auditors' report.

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