

Cumulative e-File History 2010	
FED	
Locator:	4218CV
Taxpayer Name:	Mt. Washington Pediatric Hospital, Inc.
Return Type:	990
Submitted Date:	05/14/2012 11:09:40
Acknowledgement Date:	05/14/2012 11:27:38
Status:	Accepted
Submission ID:	23695320121355000014

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning 07/01, 2010, and ending 06/30, 2011

Do not send to the IRS. Keep for your records. See instructions on back.

2010

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

52-0591483

Name and title of officer

ALFRED A PIETSCH, TREASURER

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b, amount). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 56980102.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize GRANT THORNTON LLP to enter my PIN [] as my signature

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature [Signature] Date 5-9-12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. [23695363066] do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date 5/14/2012

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC. Doing Business As			D Employer identification number 52-0591483		
	Number and street (or P.O. box if mail is not delivered to street address) 1708 W. ROGERS AVENUE		Room/suite	E Telephone number (410) 578-8600		
	City or town, state or country, and ZIP + 4 BALTIMORE, MD 21209			G Gross receipts \$ 57,474,603.		
	F Name and address of principal officer: SHELDON STEIN 1708 W. ROGERS AVENUE BALTIMORE, MD 21209			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.MWPH.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1926		M State of legal domicile: MD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MT. WASHINGTON PEDIATRIC HOSPITAL IS DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE OF THE CHILDREN WE SERVE.		
	2 Check this box <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 12.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12.	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 548.	
	6 Total number of volunteers (estimate if necessary)	6 77.	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	780,391. 1,313,161.
		9 Program service revenue (Part VIII, line 2g)	48,719,456. 50,087,871.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		764,479. 5,037,459.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		413,897. 541,611.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		50,678,223. 56,980,102.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,195,169. 31,990,421.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		b Total fundraising expenses (Part IX, column (D), line 25)	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,386,391. 14,494,393.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,581,560. 46,484,814.		
19 Revenue less expenses. Subtract line 18 from line 12	4,096,663. 10,495,288.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	63,201,638. 72,405,842.	
	21 Total liabilities (Part X, line 26)	18,885,668. 17,743,939.	
	22 Net assets or fund balances. Subtract line 21 from line 20	44,315,970. 54,661,903.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00511122
	Firm's name GRANT THORNTON LLP			Firm's EIN 36-6055558	
	Firm's address 2001 MARKET STREET, SUITE 3100 PHILADELPHIA, PA 19103			Phone no. 215-561-4200	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

4a (Code:) (Expenses \$ 39,556,383. including grants of \$ 0.) (Revenue \$ 50,087,871.)

MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 22,936 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 34,721 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. 79% OF PATIENTS RECEIVED MEDICAL ASSISTANCE.

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

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

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

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

4e Total program service expenses 39,556,383.

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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21; 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>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
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, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
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>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 21-38 detailing various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Does the organization have members or stockholders?... 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?... 7b Are any decisions of the governing body subject to approval... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?... b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?... 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?... 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?... 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13... 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done... 13 Does the organization have a written whistleblower policy?... 14 Does the organization have a written document retention and destruction policy?... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... b Other officers or key employees of the organization... If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: AL CRISP 250 W. PRATT STREET SUITE 1436 BALTIMORE, MD 21201 410-328-0649

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

Check if Schedule O contains a response to any question in this Part VII X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 1										
(1) EDWARD B CHAMBERS TRUSTEE	1.00	X					0.	0.	0.	
(2) STEVEN J CZINN MD TRUSTEE	1.00	X					0.	0.	0.	
(3) GEORGE DOVER MD TRUSTEE	1.00	X					0.	0.	0.	
(4) RONALD R PETERSON TRUSTEE	1.00	X					0.	0.	0.	
(5) JOHN KELLY TRUSTEE	1.00	X					0.	0.	0.	
(6) DANIEL SHEALER JR ESQUIRE TRUSTEE	1.00	X					0.	0.	0.	
(7) LAWRENCE PAKULA TRUSTEE	1.00	X					0.	0.	0.	
(8) FRED WOLF III ESQUIRE TRUSTEE	1.00	X					0.	0.	0.	
(9) ROSLYN STOLER TRUSTEE	1.00	X					0.	0.	0.	
(10) S TRACY COSTER TRUSTEE	1.00	X					0.	0.	0.	
(11) ROBERT A CHRENCIK TRUSTEE	1.00	X					0.	0.	0.	
(12) BERYL ROSENSTEIN MD TRUSTEE	1.00	X					0.	0.	0.	
(13) SHELDON STEIN PRESIDENT CEO	40.00			X			296,580.	0.	27,943.	
(14) ALFRED A PIETSCH TREASURER	1.00			X			0.	0.	0.	
(15) SHARON KELLEY VP NURSING ADMINISTRATION	40.00				X		165,683.	0.	22,519.	
(16) THOMAS ELLIS VP - HUMAN RESOURCES	40.00				X		142,758.	0.	27,503.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) ROBERT IMHOFF VP - FUND DEVELOPMENT	40.00				X			122,976.	0.	20,796.
(18) JENNIFER HARRINGTON VP - OUTPATIENT	40.00				X			151,190.	0.	1,069.
(19) MARY MILLER VP - FINANCE	40.00				X			134,586.	0.	26,937.
(20) AJOKI AJAYI AKINTADE MD ATTENDING PHYSICIAN	40.00					X		175,398.	0.	8,682.
(21) KATHERINE ALTER MD DIRECTOR PHYSICAL MEDICINE	32.00					X		222,616.	0.	26,948.
(22) ROBERT BLAKE DIRECTOR - NEONATOLOGY SVCS	36.00					X		193,864.	0.	17,941.
(23) PATRICIA QUIGLEY MD DIRECTOR - PULMONARY SERVICES	40.00					X		185,115.	0.	23,745.
(24) STEPHEN NICHOLS MD ATTENDING PHYSICIAN	40.00					X		154,219.	0.	27,683.
(25)										
(26)										
(27)										
(28)										
1b Sub-total								1,944,985.	0.	231,766.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,944,985.	0.	231,766.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 23**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 14**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	52,860.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	1,260,301.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			1,313,161.			
Program Service Revenue			Business Code				
	2a GROSS PATIENT REVENUE		900099	50,087,871.	50,087,871.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			50,087,871.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			584,031.			584,031.
	4 Income from investment of tax-exempt bond proceeds . . .			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			4,873,411.			
	b Less: cost or other basis and sales expenses			419,983.			
	c Gain or (loss)			4,453,428.			
	d Net gain or (loss)			4,453,428.			4,453,428.
	8a Gross income from fundraising events (not including \$ 52,860. of contributions reported on line 1c). See Part IV, line 18	a		52,860.			
	b Less: direct expenses	b		74,518.			
c Net income or (loss) from fundraising events			-21,658.			-21,658.	
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code				
11a VENDING MACHINES		900099	2,801.			2,801.	
b MEDICAL RECORDS		900099	4,338.			4,338.	
c NET ASSETS RELEASED FOR OPERATING PURPOSES		900099	446,489.			446,489.	
d All other revenue		900099	109,641.			109,641.	
e Total. Add lines 11a-11d			563,269.				
12 Total revenue. See instructions			56,980,102.	50,087,871.	0.	5,579,070.	

Part IX Statement of Functional Expenses

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

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

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 governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,944,985.	1,653,237.	291,748.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	23,316,180.	19,818,753.	3,497,427.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	497,754.	423,091.	74,663.	
9 Other employee benefits	4,497,809.	3,823,138.	674,671.	
10 Payroll taxes	1,733,693.	1,473,639.	260,054.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	12,404.	10,543.	1,861.	
c Accounting	358,025.	304,321.	53,704.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	33,019.		33,019.	
12 Advertising and promotion	44,692.	37,988.	6,704.	
13 Office expenses	407,792.	346,623.	61,169.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,134,212.	964,080.	170,132.	
17 Travel	110,711.	94,104.	16,607.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	17,211.	14,629.	2,582.	
20 Interest	67,663.	57,514.	10,149.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,790,106.	1,521,590.	268,516.	
23 Insurance	82,812.	70,390.	12,422.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SUPPLIES -----	5,651,998.	4,804,198.	847,800.	
b BED DEBT -----	482,381.	482,381.		
c -----	241,548.	205,316.	36,232.	
d CLINICAL -----	587,475.	499,354.	88,121.	
e DUES & SUBSCRIPTION -----	213,022.	181,069.	31,953.	
f All other expenses -----	3,259,322.	2,770,425.	488,897.	
25 Total functional expenses. Add lines 1 through 24f	46,484,814.	39,556,383.	6,928,431.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	19,179,953.	2	15,507,756.
	3 Pledges and grants receivable, net	1,195,741.	3	1,013,359.
	4 Accounts receivable, net	2,928,675.	4	4,668,660.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	123,527.	8	122,165.
	9 Prepaid expenses and deferred charges	366,867.	9	551,912.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 43,729,267.		
	b Less: accumulated depreciation	10b 25,878,468.	16,600,827.	10c 17,850,799.
	11 Investments - publicly traded securities	6,709,020.	11	15,035,839.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,097,028.	15	17,655,352.
16 Total assets. Add lines 1 through 15 (must equal line 34)	63,201,638.	16	72,405,842.	
Liabilities	17 Accounts payable and accrued expenses	8,261,417.	17	7,374,954.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	7,080,000.	20	6,830,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	3,544,251.	25	3,538,985.
	26 Total liabilities. Add lines 17 through 25	18,885,668.	26	17,743,939.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	34,246,863.	27	44,079,465.
	28 Temporarily restricted net assets	9,243,936.	28	9,757,267.
	29 Permanently restricted net assets	825,171.	29	825,171.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	44,315,970.	33	54,661,903.	
34 Total liabilities and net assets/fund balances	63,201,638.	34	72,405,842.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,980,102.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,484,814.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,495,288.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,315,970.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-149,355.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	54,661,903.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2010; b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

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

2010

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **MT. WASHINGTON PEDIATRIC HOSPITAL, INC.**Employer identification number
52-0591483**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THOMAS WILSON SANITARIUM FOR CHILDREN P.O. BOX 3418 BALTIMORE, MD 21225	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CHARLES T. BAUER FOUNDATION 901 SOUTH BOND STREET, SUITE 400 BALTIMORE, MD 21231	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PHYLLIS MEYERHOFF 10 E. LEE STREET, #2701 BALTIMORE, MD 21202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	LOIS AND PHILIP MACHT FAMILY FOUNDATION 15 EAST FAYETTE STREET BALTIMORE, MD 21202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	RICHARD & MARTHA KATZ 4 WOODLAND CT. LUTHERVILLE-TIMONIUM, MD 21093-1512	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ATLANTIC TRUST/ BARBARA KATZ 100 EAST PRATT STREET, SUITE 2550 BALTIMORE, MD 21202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MT. WASHINGTON PEDIATRIC HOSPITAL, INC.**Employer identification number
52-0591483**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	TOM O'NEAL ----- 12225 CLEGHORN ROAD ----- COCKEYSVILLE, MD 21030 -----	\$ 23,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	M&T CHARITABLE FOUNDATION/ MATT COHAN ----- 25 SOUTH CHARLES STREET, 22ND FLOOR ----- BALTIMORE, MD 21201 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BALTIMORE COMMUNITY FOUNDATION/ SUSAN & ----- 2 EAST READ STREET ----- BALTIMORE, MD 21202 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	THE ALVIN & FANNY B. THALHEIMER FOUNDATI ----- 6225 SMITH AVENUE, B100 ----- BALTIMORE, MD 21209 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	DR RONALD & PENNY SILVERMAN ----- 3314 HEMING WAY ----- BALTIMORE, MD 21208 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	BENJAMIN GREENWALD ----- 3416 WOODBERRY AVENUE ----- BALTIMORE, MD 21211 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MT. WASHINGTON PEDIATRIC HOSPITAL, INC.**Employer identification number
52-0591483**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	FREDERICK KOONTZ ----- 6208 SYCAMORE ROAD ----- BALTIMORE, MD 21212 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	WHITING TURNER CONTRACTORS ----- 300 EAST JOPPA ROAD ----- TOWSON, MD 21286 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	SPIRIT HALLOWEEN STORE ----- 6826 BLACK HORSE PIKE ----- EGG HARBOR TOWNSHIP, NJ 08234 -----	\$ 20,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	KAISER PERMANENTE ----- 2101 EAST JEFFERSON STREET ----- ROCKVILLE, MD 20852 -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	BALTIMORE COMMUNITY FOUNDATION ----- 2 EAST READ STREET ----- BALTIMORE, MD 21202 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	ALVIN AND FANNY FT ----- 6225 SMITH AVENUE, SUITE B100 ----- BALTIMORE, MD 21209 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MT. WASHINGTON PEDIATRIC HOSPITAL, INC.**Employer identification number
52-0591483**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	RITE AID FOUNDATION ----- 30 HUNTER LANE ----- CAMP HILL, PA 17011 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	ABEL FOUNDATION ----- 111 SOUTH CALVERT STREET, SUITE 2300 ----- BALTIMORE, MD 21202 -----	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	GENERAL MILLS ----- P.O. BOX 1113 ----- MINNEAPOLIS, MN 55440 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	CHRISTOPHER & DANA REEVE ----- 636 MORRIS TURNPIKE, SUITE 3A ----- SHORT HILLS, NJ 08078 -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	MORRIS A. MECHANIC FOUNDATION ----- 11 WEST BALTIMORE STREET ----- BALTIMORE, MD 21201 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	BROWN ADVISORY OF BALTIMORE ----- 901 SOUTH BOND STREET ----- BALTIMORE, MD 21231 -----	\$ 10,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number
52-0591483

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	STATE MECHANICAL CONTRACTORS, INC 3 NASHUA COURT SUITE B BALTIMORE, MD 21221	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	THOMAS & PAMELA O'NEIL 1708 W. RODGERS AVENUE BALTIMORE, MD 21209	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	FRISCHBONE, LLC 5700 NEW BURY STREET BALTIMORE, MD 21209	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	WHITING - TURNER CONTRACTING P.O. BOX 17596 BALTIMORE, MD 21297	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	COVENANT GUILD 1708 W. RODGERS AVENUE BALTIMORE, MD 21209	\$ 7,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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.
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a 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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Horizontal dashed lines for supplemental information input.

Part IV Supplemental Information (continued)

OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 1 I

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 8.65% AND 24.42% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B, LINE I AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?, 9 In Part XIV, 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" to Form 990, Part IV, line 8.

Table with 2 columns: Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

JSA 0E1268 1.000

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

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

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

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

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

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

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

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

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

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

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

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

	(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 year end balance held as:

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		499,870.		499,870.
b Buildings		29,778,947.	14,887,161.	14,891,786.
c Leasehold improvements		226,290.	220,375.	5,915.
d Equipment		13,224,160.	10,770,932.	2,453,228.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,850,799.

Part VII Investments - Other Securities. 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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	1,538,782.
(2) ECONOMIC INTEREST IN MWPF	15,806,198.
(3) OTHER	254,171.
(4) OTHER ACCOUNTS RECEIVABLE	56,201.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	17,655,352.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ADVANCES FROM 3RD PARTY PAY	3,538,985.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,538,985.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

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

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

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS:

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name 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.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF TOURNAMENT <small>(event type)</small>	WINE / DINNER <small>(event type)</small>	1. <small>(total number)</small>	(add col. (a) through col. (c))
Revenue	1 Gross receipts	54,160.	26,815.	24,745.	105,720.
	2 Less: Charitable contributions	27,080.	13,408.	12,372.	52,860.
	3 Gross income (line 1 minus line 2).	27,080.	13,407.	12,373.	52,860.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	32,376.	19,688.	22,454.	74,518.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(74,518.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-21,658.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			78,718.		78,718.	.17
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			78,718.		78,718.	.17
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			165,940.		165,940.	.36
f Health professions education (from Worksheet 5)			143,061.		143,061.	.31
g Subsidized health services (from Worksheet 6)			649,518.	492,674.	156,844.	.34
h Research (from Worksheet 7)			6,888.		6,888.	.01
i Cash and in-kind contributions to community groups (from Worksheet 8)			601.		601.	
j Total. Other Benefits			966,008.	492,674.	473,334.	1.02
k Total. Add lines 7d and 7j			1,044,726.	492,674.	552,052.	1.19

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

Schedule H (Form 990) 2010

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			30,673.		30,673.	.07
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			13,878.		13,878.	.03
7 Community health improvement advocacy			33,075.		33,075.	.07
8 Workforce development						
9 Other						
10 Total			77,626.		77,626.	.17

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense (at cost) 420,492.
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts in community benefit.

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

Section B. Medicare

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

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy during the tax year?
- 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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: MT. WASHINGTON PEDIATRIC HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> %	X	

Part V Facility Information (continued) MT. WASHINGTON PEDIATRIC HOSPITAL

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> %	X	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
12	Explained the method for applying for financial assistance?	X	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	X	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input checked="" type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other actions (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	X	
a	<input type="checkbox"/> Reporting to credit agency		
b	<input checked="" type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other actions (describe in Part VI)		
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d	<input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e	<input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) MT. WASHINGTON PEDIATRIC HOSPITAL

Policy Relating to Emergency Medical Care

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

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?	X	
If "Yes," explain in Part VI.			

Part V Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

RELATED ORGANIZATION REPORT

SCHEDULE H, PART I, LINE 6A

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR ENDING
 JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST REVIEW
 COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 31 OF EACH
 YEAR. IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON
 REQUEST AT THE ENTITY'S CORPORATE OFFICES.

COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

SCHEDULE H, LINE 7A, COLUMN (D)

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

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

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES
 COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING
 PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME
 AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S
 UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED
 CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO
 BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY
 BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE
 NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD
 REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID
 ASSESSMENT.

SCHEDULE H, LINE 7F COLUMN (C)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

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.

SCHEDULE H, LINE 7F COLUMN (D)
 MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES
 COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING
 PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME
 AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S
 UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED
 CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO
 BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

COALITION BUILDING: PREMATURE INFANT HEALTH NETWORK, BALTIMORE CITY

INFANTS & TODDLERS PROGRAM

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

INFANT DEATH SYNDROME BY PARTICIPATING AS MEMBERS OF THE PREMATURE INFANT

HEALTH NETWORK. OUR PARTNERSHIP WITH BALTIMORE CITY HEALTH DEPARTMENTS

"B'MORE HEALTHY BABIES" CAMPAIGN WAS DEVELOPED TO ADDRESS BALTIMORE

CITY'S HIGH RATE OF INFANT DEATHS, AMONG THE WORST IN AMERICA. IN 2009

ALONE, MORE THAN 120 INFANTS IN BALTIMORE UNDER THE AGE OF ONE DIED, WITH

MANY OF THE DEATHS BEING PREVENTABLE. THE CITY ALSO HAS A HIGH RATE OF

BABIES BORN PRE-TERM AND UNDERWEIGHT - KEY FACTORS IN INFANT MORTALITY.

STAFF ACTIVELY PARTICIPATES IN COMMUNITY MEETINGS AND ADVISORY GROUPS TO

PROVIDE GUIDANCE IN THE DEVELOPMENT OF EDUCATIONAL MATERIALS AND OUTREACH

INITIATIVES.

Part VI Supplemental Information

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DIABETES CAMP

THE EXTREME WEEKEND FOR CHILDREN WITH DIABETES CAMP IS A CAMP DEVELOPED TO ASSIST FAMILY MEMBERS OF CHILDREN WITH DIABETES IN COPING WITH THE LIFESTYLE CHANGES THAT ACCOMPANY LIVING WITH SOMEONE WITH THE DISEASE. STAFF DEDICATED SEVERAL HOURS IN PREPARING AND PRESENTING WORKSHOPS TO CHILDREN WITH DIABETES AND THEIR FAMILIES. IN ADDITION, OUR STAFF PSYCHOLOGIST WAS ALSO AVAILABLE AS A RESOURCE FOR SUPPORT GROUPS FOR TYPE 1 DIABETES PEDIATRIC SUPPORT GROUP.

COMMUNITY HEALTH IMPROVEMENT AND ADVOCACY: NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS (NACHRI) OBESITY TASK FORCE, BRAIN INJURY ASSOCIATION OF MD PLANNING COMMITTEE

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

MWPH WERE ACTIVE PARTICIPANTS IN THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS OBESITY FOCUS GROUP. OUR CENTER WAS

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CHOSEN AS ONE OF 16 PROGRAMS NATIONWIDE TO PARTICIPATE IN THIS IMPORTANT

ENDEAVOR. FINDINGS FROM THE WORK GROUP WILL BE PUBLISHED IN LARGE

NATIONAL SCIENTIFIC JOURNALS THIS YEAR WITH PROGRAM STAFF BEING

RECOGNIZED AS AUTHORS ON THESE IMPORTANT DOCUMENTS. OUR PRESIDENT AND

CEO, SHELDON STEIN, AND OUR MEDICAL DIRECTOR, DR. RICHARD KATZ, SERVE AS

MEMBERS OF THE BOARD AND ADVOCACY AND LEADERSHIP COUNCILS FOR NATIONAL

ASSOCIATION CHILDREN'S HOSPITALS RELATED INSTITUTIONS.

THE MT WASHINGTON PEDIATRIC HOSPITAL (MWP) CENTER FOR PEDIATRIC WEIGHT

MANAGEMENT AND HEALTHY LIVING (CENTER) EXPANDED THIS PAST FISCAL YEAR AND

OFFERS SEVERAL COMPREHENSIVE, MULTI-DISCIPLINARY PROGRAMS FOR PEDIATRIC

WEIGHT MANAGEMENT. THE CENTER NOW INCLUDES MEDICAL MANAGEMENT OF BOTH

MEDICAL AND SURGICAL WEIGHT MANAGEMENT OPTIONS FOR CHILDREN AND

ADOLESCENTS AND SERVES PATIENTS AGES TWO TO 18. MEDICALLY SUPERVISED

WEIGHT MANAGEMENT PROGRAMS INCLUDE WEIGH SMART, AS WELL AS, THE NEWLY

CREATED WEIGH SMART JR. PROGRAM. THE WEIGHT SMART JR. PROGRAM WAS A

DIRECT REFLECTION OF THE INPUT FROM OUR COMMUNITY PHYSICIANS IN THE

COMMUNITY NEEDS ASSESSMENT. MANY PHYSICIANS INDICATED "8 (YEARS OF AGE)

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IS TOO LATE" IN REGARDS TO THE BEST AGE FOR INTERVENTION WHEN DEALING
 WITH OBESITY. THIS PROGRAM WAS ADDED TO AUGMENT THE WEIGH SMART PROGRAM
 AND PROVIDE CONTINUITY OF CARE FOR CHILDREN OR ALL AGES. DURING FY10,
 THE CENTER EVALUATED OVER 200 NEW PATIENTS AND COMPLETED MORE THAN 80
 FOLLOW-UP APPOINTMENTS. TOTAL PROGRAM VISITS INCREASED BY FORTY-THREE
 PERCENT OVER FISCAL YEAR 2009 FROM 2,424 TO 2,642 TOTAL PROGRAM VISITS.
 THE STAFF HAS PRESENTED FINDINGS AT SEVERAL NATIONAL AND REGIONAL
 CONFERENCES. THE STAFF WAS INVITED TO PROVIDE ADDITIONAL PRESENTATIONS
 TO SCHOOL GROUPS IN THE FALL OF 2010.

BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 4

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF
 HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS
 AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER
 COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT
 ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED
 UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF

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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.

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

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

MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED BY
 THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST. THIS
 TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE MARYLAND
 SYSTEM AS LONG AS TWO CONDITIONS ARE MET.

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

AND

- THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM

1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE

PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

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

POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY

REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A

DIGNIFIED AND RESPECTFUL MANNER. FINANCIAL ASSISTANCE IS AVAILABLE FOR

PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE

POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE,

RACE, CREED, SEX OR ABILITY TO PAY.

PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE

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

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COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY

FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE

ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL

ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION

PROCESS.

MT. WASHINGTON PEDIATRIC HOSPITAL 1

SCHEDULE H, PART V, SECTION B

LINE 19D - ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF

THEIR ABILITY TO PAY. LINE 21 - DUE TO STATE REGULATIONS, CHARGES ARE NOT

REDUCED FOR ANY PAYER, INCLUDING COMMERCIAL INSURANCE, GOVERNMENT PAYERS,

OR UNINSURED PATIENTS. ALL CHARGES ARE GROSS CHARGES.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

MWPH USES A VARIETY OF CREDIBLE SOURCES TO IDENTIFY ITS COMMUNITY NEEDS.

LOCAL, STATE, AND FEDERAL ASSESSMENTS/REPORTS ARE UTILIZED TO ADDRESS AND

PRIORITIZE COMMUNITY NEEDS. THE PRIMARY SOURCE OF INFORMATION FOR

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IDENTIFYING THE NEEDS OF BALTIMORE CITY IS THE 2011 BALTIMORE CITY HEALTH STATUS REPORT, WHICH IS PRODUCED BY THE BALTIMORE CITY HEALTH DEPARTMENT. THIS REPORT OUTLINES BALTIMORE'S STATUS ON EIGHT MAJOR HEALTH CATEGORIES AS WELL AS MORTALITY AND THERE ARE ALSO NUMEROUS COMPARISONS TO STATEWIDE AND NATIONAL PREVALENCE RATES AS WELL. OUR ASSESSMENT INCLUDES RESPONSES FROM OUR HEALTH CARE PROVIDERS AS WELL AS COMMUNITY RESIDENTS. THE MARYLAND PHYSICIAN DATA IS FROM THE MARYLAND HEALTH COMMISSION'S 2008 REPORT.

OTHER RESOURCES INCLUDE OUR COMMUNITY PARTNERS SUCH AS THE MARYLAND HOSPITAL ASSOCIATION, SAFE KIDS MD, BALTIMORE CITY HEALTHY START, AND THE COALITION TO END CHILDHOOD LEAD POISONING, HEALTHY MARYLAND PROJECT 2020, AND THE BALTIMORE CITY HEALTH DEPARTMENT.

IN ACCORDANCE WITH NEW REGULATIONS, MWPB BEGAN ITS PROCESS TO COMPLETE ITS FIRST COMMUNITY HEALTH NEEDS ASSESSMENT (TO BE CONDUCTED EVERY THREE YEARS) AND ITS EXPECTED COMPLETION IN JULY 2012. THE DATA IN THIS REPORT WAS COLLECTED IN 2008-2011. MAJOR HEALTH NEEDS THAT HAVE BEEN IDENTIFIED IN OUR ASSESSMENT THUS FAR INCLUDE LOW-BIRTH WEIGHT, INFANT MORTALITY,

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DIABETES, CHILDHOOD OBESITY, AND PREVENTABLE INJURY. IN 2008, THE
 MARYLAND HOSPITAL ASSOCIATION CONDUCTED A MARYLAND PUBLIC OPINION SURVEY
 ON ATTITUDES TOWARD HOSPITALS AND HEALTH CARE. THE PUBLIC RATED THEIR
 TOP HEALTH CARE CONCERNS AS QUALITY OF CARE, COST AND ACCESS, MORE
 NURSING STAFF, AND REDUCING INFECTIONS. THIS SURVEY PROVIDES US WITH
 THOSE CONCERNS THAT ARE FOREFRONT OF THE MINDS OF CONSUMERS, ALTHOUGH
 THEY DIFFER FROM THE IDENTIFIED HEALTH NEEDS. MWPH'S COLLABORATIVE
 EFFORTS WITH THE BALTIMORE CITY HEALTH DEPARTMENT AND OTHER COMMUNITY
 ORGANIZATIONS HAVE PROVEN TO BE A BEST-PRACTICE METHOD OF EFFECTIVE
 COMMUNICATION BETWEEN THE HOSPITAL AND THE CITY. PARTICIPATION BY STAFF
 IN SEVERAL COALITIONS SUCH AS THE B'MORE HEALTHY BABIES, LEAD POISONING
 COALITION, KIDS IN SAFETY SEATS (KISS), UNIVERSITY OF MARYLAND SCHOOL OF
 SOCIAL WORK, AND SAFE KIDS MD ASSIST MWPH IN STAYING CONNECTED TO THE
 COMMUNITY'S NEEDS ON A GRASSROOTS LEVEL.

ON STAFF WE HAVE A FULL-TIME COMMUNITY PHYSICIAN LIAISON DEDICATED TO
 PROVIDING US WITH UP-TO-DATE FEEDBACK FROM COMMUNITY PROVIDERS ON HOW WE
 CAN BEST SERVE OUR COMMUNITY FROM A PROVIDER'S PERSPECTIVE. MWPH HAS

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TAKEN A PROACTIVE ROLE IN COMBATING LOW-BIRTH WEIGHT AND SUDDEN INFANT
 DEATH SYNDROME. OUR PARTNERSHIP WITH BALTIMORE CITY HEALTH DEPARTMENTS
 "B'MORE HEALTHY BABIES" CAMPAIGN WAS DEVELOPED TO ADDRESS BALTIMORE
 CITY'S HIGH RATE OF INFANT DEATHS, AMONG THE WORST IN AMERICA. IN 2010
 ALONE, MORE THAN 120 INFANTS IN BALTIMORE UNDER THE AGE OF ONE DIED, WITH
 MANY OF THE DEATHS BEING PREVENTABLE. THE CITY ALSO HAS A HIGH RATE OF
 BABIES BORN PRE-TERM AND UNDERWEIGHT - KEY FACTORS IN INFANT MORTALITY.
 TODAY MORE BABIES ARE BEING BORN WITH HIGH-RISK CONDITIONS. THERE ARE
 SEVERAL REASONS FOR THIS TREND: MORE WOMEN ARE HAVING CHILDREN AT A LATER
 AGE DUE TO THE USE OF FERTILITY DRUGS, THE PREVALENCE OF TEEN
 PREGNANCIES, AND MORE DRUG USE AMONG WOMEN OF CHILD-BEARING AGE. THE
 CARE OF THESE INFANTS IS BECOMING CONCENTRATED AT ACADEMIC MEDICAL
 CENTERS. IN BALTIMORE, A GROWING NUMBER OF CHILDREN DELIVERED AT UMMS
 AND HOPKINS, CREATED AN INCREASED DEMAND FOR SERVICES AT THESE TWO ACUTE
 CARE HOSPITALS AND OTHERS SUCH AS SINAI AND THE GREATER BALTIMORE MEDICAL
 CENTER AND MADE THE DEMAND FOR THE SERVICES WE PROVIDE.

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ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

DESCRIPTION OF PATIENT CHARITY CARE POLICY THE PATIENT FINANCIAL

ASSISTANCE POLICY AT MT. WASHINGTON PEDIATRIC HOSPITAL 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. MT. WASHINGTON PEDIATRIC HOSPITAL MAKES EVERY EFFORT TO MAKE

FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS/FAMILIES.

THESE EFFORTS INCLUDE SIGNAGE AT OUR OUTPATIENT DESKS AND INPATIENT

WELCOME AREAS, NOTICES ON PATIENT BILLS AND ADMISSIONS DOCUMENTS, AND

INFORMATION ON OUR WEB SITE. DESCRIPTION OF HOW MWPH INFORMS PATIENTS OF

THE CHARITY CARE POLICY NOTICES INFORMING THE PATIENT ABOUT THE

AVAILABILITY OF FINANCIAL ASSISTANCE HAVE BEEN POSTED IN CERTAIN

LOCATIONS WITHIN THE HOSPITAL. NOTICES WERE POSTED ON THE OUTPATIENT

REGISTRATION DESK AT ROGERS AVENUE, THE OUTPATIENT REGISTRATION DESK AT

PG HOSPITAL, THE INPATIENT FAMILY WELCOME ROOM AT ROGERS AVENUE, AND THE

INPATIENT NURSE'S STATION AT PG HOSPITAL. THE POSTED NOTICES STATE THE

FOLLOWING:

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- MOUNT WASHINGTON PEDIATRIC HOSPITAL HAS A PATIENT FINANCIAL ASSISTANCE PROGRAM ESTABLISHED TO HELP PATIENTS OBTAIN FINANCIAL AID WHEN IT IS BEYOND THEIR ABILITY TO PAY FOR SERVICES. AN APPLICATION AND FURTHER INFORMATION IS AVAILABLE FROM THE FINANCIAL COUNSELOR IN THE ADMISSIONS OFFICE.

- OTHER MEANS OF INFORMING THE PATIENTS OF AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDE HANDOUTS, NOTIFICATION BY THE ADMISSIONS OFFICE, SOCIAL WORK STAFF, AND PATIENT ACCOUNTING REPRESENTATIVES, AND/OR BILLING COMPANY STAFF. ALSO, AN INFORMATION SHEET IS PROVIDED TO THE PATIENTS, THE PATIENT'S FAMILY, OR THE PATIENT'S AUTHORIZED REPRESENTATIVE BEFORE DISCHARGE, WITH HOSPITAL BILL, OR ON REQUEST. THE INFORMATION SHEET INCLUDED THE FOLLOWING ITEMS:

- A. A DESCRIPTION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY;
- B. A DESCRIPTION OF THE PATIENT'S RIGHTS AND OBLIGATIONS WITH REGARD TO HOSPITAL BILLING AND COLLECTION;

Part VI Supplemental Information

Complete this part to provide the following information.

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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
COST CARE;

D. CONTACT INFORMATION FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM;

E. A STATEMENT THAT PHYSICIAN CHARGES ARE NOT INCLUDED IN THE HOSPITAL
BILL AND ARE BILLED SEPARATELY.

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

MT WASHINGTON PEDIATRIC HOSPITAL (MWP) IS A LICENSED PEDIATRIC SPECIALTY
INPATIENT, OUTPATIENT, WITH A LICENSED BED DESIGNATION OF 102 IN THE
2010-2011 FISCAL YEARS. AT MT WASHINGTON PEDIATRIC HOSPITAL (MWP), OUR
APPROACH TO COMMUNITY BENEFIT IS ROOTED IN THE BELIEF THAT HOSPITALS HAVE
A RESPONSIBILITY TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR CHILDREN
AND THE FAMILIES IN THE COMMUNITIES THEY SERVE. MWP SERVES BALTIMORE
CITY, PRINCE GEORGES COUNTY AND THE GREATER METROPOLITAN REGION,
INCLUDING PATIENTS WITH IN-STATE AND OUT OF STATE REFERRALS. WITHIN OUR

Part VI Supplemental Information

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WALLS, YOU'LL FIND EVIDENCE OF OUR COMMITMENT TO COMMUNITY BENEFIT IN OUR

OVERALL STRUCTURE, OUR TRAINING OF STAFF AND OUR PARTICIPATION IN STATE

AND NATIONAL ADVOCACY EFFORTS. ALTHOUGH THIS IS MWPB'S SECOND YEAR IN

REPORTING COMMUNITY BENEFIT, WE HAVE A TRADITION OF PROVIDING COMMUNITY

BENEFIT THAT DATES BACK TO THE HOSPITAL'S FOUNDING IN 1922. REPORTING

THESE ACTIVITIES IS OUR WAY OF BEING ACCOUNTABLE TO THE GREATER BALTIMORE

COMMUNITY AND OF DEMONSTRATING THE VALUE AND IMPACT OF OUR MANY

COMMUNITY-BASED SERVICES AND PARTNERSHIPS.

THE MWPB COMMUNITY BENEFIT SERVICE AREA IS MOSTLY IN BALTIMORE CITY,

WHERE THE MWPB MAIN CAMPUS IS LOCATED HOWEVER THERE ARE SEVERAL COMMUNITY

BENEFIT PROGRAMS THAT THE HOSPITAL PROVIDES IN THE BALTIMORE COUNTY AND

PRINCE GEORGES COUNTY AREA. IN THE 2010-2011FY, OF THE 727 INPATIENT

ADMISSIONS AND 34,830 OUTPATIENT VISITS, 55% OF MWPB'S PRIMARY AND

SECONDARY SERVICE AREA ZIP CODES FALL WITHIN BALTIMORE CITY, MD.

BALTIMORE IS THE LARGEST INDEPENDENT CITY IN THE UNITED STATES AND THE

LARGEST CITY AND CULTURAL CENTER OF MARYLAND. THE CITY IS LOCATED IN

CENTRAL MARYLAND ALONG THE TIDAL PORTION OF THE PATAPSCO RIVER, AN ARM OF

Part VI Supplemental Information

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THE CHESAPEAKE BAY. BALTIMORE IS SURROUNDED BY SEVERAL PRESTIGIOUS
 HOSPITALS AND MEDICAL INSTITUTIONS, HOWEVER ACCORDING TO THE 2011
 POPULATION HEALTH INSTITUTE COUNTY HEALTH RANKINGS, THE CITY RANKS LAST
 IN COMPARISON TO OTHER COUNTIES IN MARYLAND WITH REGARDS TO HEALTH
 OUTCOMES AND HEALTH FACTORS. ACCORDING TO THIS REPORT RANKING MARYLAND
 COUNTIES, HEALTH OUTCOMES WERE BASED ON THE EQUAL WEIGHING OF MORTALITY
 AND MORBIDITY MEASURES AND HEALTH FACTORS RANKINGS WERE BASED ON WEIGHTED
 SCORES OF FOUR TYPES OF FACTORS: BEHAVIORAL, CLINICAL, SOCIAL, ECONOMIC,
 AND ENVIRONMENTAL. IN 2009, RESIDENTS WITH INCOME BELOW THE POVERTY
 LEVEL IN BALTIMORE MORE THAN DOUBLED THE RATE OF THE STATE OF MARYLAND.
 OF THOSE FAMILIES, 77% ARE FEMALE WITH NO HUSBAND PRESENT. OF VERY POOR
 RESIDENTS IN BALTIMORE, 29.4% ARE CHILDREN. MWPB BENEFITS ITS COMMUNITY
 BY SERVING THE MOST VULNERABLE OF THE POPULATION, BY CREATING PROGRAMS
 THAT SERVE LOW-INCOME FAMILIES IN THE CITY WHO FALL BELOW THE FEDERAL
 POVERTY GUIDELINE. AS WITH OTHER PARTS OF THE COUNTRY THE GREAT
 RECESSION HAS HAD A SIGNIFICANT IMPACT ON THE RESIDENTS OF MARYLAND AND
 BALTIMORE. THE 2010 AMERICAN COMMUNITY SURVEY (ACS) HIGHLIGHTS SEVERAL
 OF ITS EFFECTS WHEN COMPARING 2009 WITH 2006 - 2008. FOR EXAMPLE, SOCIAL

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FACTORS SUCH AS AVERAGE HOUSEHOLD SIZE INCREASED FROM 2.62 IN 2006 TO
 2.65 IN 2009 INDICATING THAT MORE PEOPLE ARE DOUBLING UP. ALSO ACCORDING
 TO THE RESULTS FROM THE 2010, THIS WAS THE FIRST TIME THAT THE AVERAGE
 HOUSEHOLD SIZE INCREASED SINCE THE FIRST CENSUS WAS TAKEN IN 1790. THE
 INCREASE IN AVERAGE FAMILY SIZE WAS EVEN MORE PRONOUNCED, RISING FROM
 3.19 IN 2006 TO 3.26 IN 2009 AS YOUNG ADULTS MOVED BACK HOME. ECONOMIC
 FACTORS INCLUDED THE UNEMPLOYMENT RATE RISING FROM 5.3% IN 2008 TO 8.0 %
 IN 2009. SIMULTANEOUSLY, THE LABOR FORCE PARTICIPATION RATE DROPPED
 FROM 69.8% IN 2008 TO 69.1% IN 2009. IN 2007, THE MEDIAN HOUSEHOLD INCOME
 PEAKED AT \$70,398 AND HAS SINCE DROPPED JUST OVER \$1,100 (TO \$69,272) BY
 2009 IN INFLATION-ADJUSTED DOLLARS. LIKE MANY OTHER PARTS OF THE
 COUNTRY, THE POVERTY RATE HAS STEADILY INCREASED, GOING FROM 7.8% IN 2006
 TO 9.0% IN 2009. SIMILARLY, FOR THOSE UNDER AGE 18 THE POVERTY RATE ROSE
 FROM 9.7% IN 2006 TO 11.6% IN 2009. HOUSING WAS SIGNIFICANTLY AFFECTED
 AS WELL. OVERALL VACANCY RATES HAVE CLIMBED FROM 9.2% IN 2006 TO 10.5% IN
 2009. HOMEOWNER VACANCY RATES ARE STILL RELATIVELY LOW IN 2009 (2.2%),
 BUT WELL ABOVE WHAT THEY WERE IN 2006 (1.4%). RENTAL VACANCY RATES ARE
 MUCH HIGHER, RISING TO 9.1% IN 2009 FROM 7.6% IN 2006. ALL COMPARISONS

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ARE STATISTICALLY SIGNIFICANT AT THE 90 % LEVEL OF CONFIDENCE. THE
 MEDIAN VALUE OF OWNER-OCCUPIED HOUSING HAS DROPPED SHARPLY FROM \$356,100
 IN 2006 TO \$318,600 IN 2009. AT THE SAME TIME, MEDIAN MONTHLY OWNER
 COSTS INCREASED FROM \$1,845 IN 2006 TO \$2,034 IN 2009.

WITH FALLING INCOMES, AND RISING COSTS, THE PERCENT OF OWNERS WITH
 MORTGAGES PAYING 35.0% OR MORE OF THEIR INCOMES FOR HOUSING COSTS
 INCREASED FROM 25.8 % IN 2006 TO 28.8% IN 2009 (WITH A PEAK OF 29.8% IN
 2008). FOR RENTERS, THE INCREASE IN THOSE PAYING 35.0% OR MORE OF THEIR
 INCOME FOR RENT INCREASED FROM 36.9% IN 2006 TO 42.1% IN 2009.

DEMOGRAPHICS

AT THE 2010 CENSUS, THERE WERE 637,418 PEOPLE RESIDING IN BALTIMORE, A
 DECREASE OF 4.6% SINCE 2000. ACCORDING TO THE 2010 CENSUS, 29.6% OF THE
 POPULATION WAS WHITE, 64.3% BLACK, 0.4% AMERICAN INDIAN AND ALASKA
 NATIVE, 2.2% ASIAN, 0.2% FROM SOME OTHER RACE (NON-HISPANIC) AND 2.1% OF
 TWO OR MORE RACES. 4.2% OF BALTIMORE'S POPULATION WAS OF HISPANIC,
 LATINO, OR SPANISH ORIGIN (THEY MAY BE OF ANY RACE). AFTER NEW YORK

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CITY, BALTIMORE WAS THE SECOND CITY IN THE UNITED STATES TO REACH A
 POPULATION OF 100,000. IN THE 1990S, THE US CENSUS REPORTED THAT
 BALTIMORE RANKED AS ONE OF THE LARGEST POPULATION LOSERS ALONGSIDE
 DETROIT AND WASHINGTON D.C., LOSING OVER 84,000 RESIDENTS BETWEEN 1990
 AND 2000. MWPH PATIENT RACE DEMOGRAPHICS REFLECT THOSE OF BALTIMORE
 CITY. LAST YEAR, 51% OF OUR PATIENTS WERE BLACK OR AFRICAN AMERICAN, 38%
 WERE CAUCASIAN, 4% OF PATIENTS WERE LATINO OR HISPANIC AND 4% WERE
 IDENTIFIED AS ASIAN. APPROXIMATELY 3% WERE IDENTIFIED AS OTHER/BIRACIAL,
 WITH A TOTAL OF 702 UNIQUE PATIENTS SERVED.

SOCIAL CHARACTERISTICS

THE AMERICAN COMMUNITY SURVEY (ACS) ESTIMATED BALTIMOREANS LIVED IN A
 TOTAL OF 294,579 HOUSING UNITS. AGE RANGES WERE 22.4% UNDER 18 YEARS OF
 AGE, 11.8% AT AGE 65 OR OLDER, AND 65.8% FROM 18 TO 64 YEARS OLD. THE
 CITY'S ESTIMATED 2009 POPULATION OF 637,418 WAS 53.4% FEMALE. A
 STATISTICAL ABSTRACT PREPARED BY THE U.S. CENSUS BUREAU ESTIMATED THE
 MEDIAN INCOME FOR A HOUSEHOLD IN THE CITY DURING 2008 AT \$30,078, AND THE
 MEDIAN INCOME FOR A FAMILY AT \$48,216.

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THE ABSTRACT ALSO INDICATED THE PER CAPITA INCOME OF \$22,885 FOR THE CITY
 IN 2008, WITH 15.4% OF FAMILIES AND 19.3% OF THE POPULATION BELOW THE
 POVERTY LINE. DESPITE THE HOUSING COLLAPSE, AND ALONG WITH THE NATIONAL
 TRENDS, BALTIMORE RESIDENTS STILL FACE SLOWLY INCREASING RENT (UP 3% IN
 THE SUMMER OF 2010).

EDUCATION

IN 2009, 76.9 % OF PEOPLE 25 YEARS OF AGE AND OVER HAD AT LEAST GRADUATED
 FROM HIGH SCHOOL AND 24.9 % HAD A BACHELOR'S DEGREE OR HIGHER. IN 2010,
 BALTIMORE CITY PUBLIC SCHOOLS POSTED ITS BEST-EVER DROPOUT AND GRADUATION
 RATES, DRIVEN LARGELY BY THE DISTRICT'S ABILITY TO REDUCE DROPOUTS BY
 MORE THAN HALF IN THE LAST THREE YEARS. IN 2009-10, 1,481 FEWER STUDENTS
 DROPPED OUT OF SCHOOL THAN IN 2006-07, WHEN 2,579 STUDENTS DROPPED OUT, A
 THREE-YEAR REDUCTION OF 56 %. BALTIMORE CITY SCHOOLS' 2009-10 DROPOUT
 RATE IS CURRENTLY 4.1 %, DOWN FROM 6.2% IN 2008-09 AND 9.4% IN 2006-07, A
 THREE-YEAR DECLINE OF 56%. ITS GRADUATION RATE IS 66 %, UP FROM 62.7% IN
 2008-09 AND 60.1% IN 2006-07, A THREE YEAR INCREASE OF 10%.

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EMPLOYMENT

ACCORDING TO THE DEPARTMENT OF LABOR LICENSING & REGULATION, IN 2011 THE AVERAGE UNEMPLOYMENT RATE FOR THE BALTIMORE METROPOLITAN AREA WAS 7.6%.

IN CONCLUSION:

THE MWPB PATIENT DEMOGRAPHIC REFLECTS THAT OF BALTIMORE CITY, SOCIALLY, ECONOMICALLY, AND ETHNICALLY. OVER 70% OF THE PATIENTS AT MWPB WERE MEDICAID RECIPIENTS LAST YEAR. BALTIMORE EXPERIENCED A RECENT DECLINE IN DROP-OUT RATES, BUT AN INCREASE IN HOUSING VACANCIES, PERSONS WITHOUT HEALTH INSURANCE, AND UNEMPLOYMENT. THREE TIMES AS MANY FAMILIES LIVING IN BALTIMORE CITY HAD AN INCOME THAT WAS BELOW POVERTY LEVEL; HOWEVER, AFRICAN AMERICAN RESIDENTS OF BALTIMORE CITY WERE ALMOST TWO TIMES MORE LIKELY THAN WHITE RESIDENTS TO HAVE A MEDIAN INCOME BELOW POVERTY LEVEL.

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PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

MWPH HAS SEVERAL PROGRAMS THAT PROMOTE HEALTH IN ITS COMMUNITY. BELOW IS A SUMMARY OF A FEW OF ITS PROGRAMS HIGHLIGHTING THEIR ACCOMPLISHMENTS AND FURTHER THE ORGANIZATIONS TAX EXEMPT PURPOSE. THE PROGRAMS UNDERSCORE THE MAJOR NEEDS IDENTIFIED IN THE CURRENT HEALTHY BALTIMORE 2015 GUIDELINES.

MAJOR NEEDS IDENTIFIED:

- PROMOTE HEALTHY CHILDREN AND ADOLESCENTS
- REDESIGN THE COMMUNITY TO PREVENT OBESITY
- CREATE HEALTH-PROMOTING NEIGHBORHOODS
- PROMOTE ACCESS TO QUALITY HEALTHCARE

WEIGH SMART/WEIGH SMART JR

THE MWPH CENTER FOR PEDIATRIC WEIGH MANAGEMENT AND HEALTHY LIVING EXPANDED THIS PAST FISCAL YEAR AND OFFERS SEVERAL COMPREHENSIVE, MULTI-DISCIPLINARY PROGRAMS FOR PEDIATRIC WEIGHT MANAGEMENT. THE CENTER

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NOW INCLUDES MEDICAL MANAGEMENT OF BOTH MEDICAL AND SURGICAL WEIGHT

MANAGEMENT OPTIONS FOR CHILDREN AND ADOLESCENTS AND SERVES PATIENTS AGES

TWO TO 18. MEDICALLY SUPERVISED WEIGHT MANAGEMENT PROGRAMS INCLUDE

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

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

COMMUNITY PHYSICIANS IN THE COMMUNITY NEEDS ASSESSMENT PROCESS. MANY

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

AGE FOR INTERVENTION WHEN DEALING WITH OBESITY. THIS PROGRAM WAS ADDED

TO AUGMENT THE WEIGH SMART PROGRAM AND PROVIDE CONTINUITY OF CARE FOR

CHILDREN FOR ALL AGES.

THE CENTER'S PROGRAM OBJECTIVES ARE:

1. MAKE THE WEIGHT LOSS PROCESS FAMILY FOCUSED. OBESITY IS A FAMILY ISSUE

THAT MUST BE ADDRESSED BY ALL FAMILY MEMBERS.

2. PROVIDE COMPREHENSIVE HEALTH SCREENING OF WEIGHT, BODY MASS INDEX

(BMI), AND OTHER MEASUREMENTS PRIOR TO THE START OF EACH PROGRAM SESSION,

AND MONITOR PROGRESS TOWARD GOALS OF DECREASING WEIGHT, BLOOD PRESSURE,

BMI, ETC.

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3. USE A MEDICAL TEAM APPROACH THAT INCLUDES PHYSICIANS, DIETITIANS,
PSYCHOLOGISTS, AND PHYSICAL THERAPISTS TO TEACH CHILDREN AND THEIR FAMILY
ABOUT HEALTHY LIFESTYLES.

4. PROVIDE A CHILD-FRIENDLY ENVIRONMENT FOR CHILDREN AND PARENTS TO LEARN
HEALTHY EATING AND ACTIVITY HABITS.

5. OFFER REGULAR EXERCISE SESSIONS TO PARTICIPANTS TO ENCOURAGE DAILY
PHYSICAL ACTIVITY.

WEIGH SMART®

LAST YEAR, THE CENTER STAFF MEMBERS EVALUATED 52 NEW PATIENTS FOR ENTRY
INTO THE WEIGH SMART® PROGRAM (AGES 8-17). THIRTY OF THOSE 52 PATIENTS
ENROLLED IN THE 10-WEEK GROUP PROGRAM. FAMILIES WHO DID NOT PARTICIPATE
IN THE GROUP CLASSES WERE OFFERED INDIVIDUAL THERAPY SESSIONS WITH A
MEMBER OF THE PSYCHOLOGY STAFF TO FOCUS ON BEHAVIOR MODIFICATION
TECHNIQUES AND/OR MOTIVATION TO CHANGE.

THERE WERE THREE SESSIONS OPERATING WITH A TOTAL OF 21 CHILDREN ENROLLED.

WE ARE PARTICULARLY PROUD OF OUR GROUP THAT MEETS IN SPANISH FOR SEVERAL

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CHILDREN AND THEIR FAMILIES, BECAUSE THIS GROUP HAS UTILIZED THE MEETING

TO DEVELOP AN ADDITIONAL SUPPORT GROUP WHEREBY MEMBERS ARE MEETING

TOGETHER AFTER CLASSES TO EXERCISE AND COOK HEALTHY MEALS. SATISFACTION

SURVEYS WERE COMPLETED AT THE CONCLUSION OF 10 WEEKS; PARENTS WERE VERY

SATISFIED WITH CHANGES THEIR CHILD MADE TO HIS OR HER LIFESTYLE. IN

ADDITION, PARENTS REPORTED THAT THE PROGRAM HELPED THEIR CHILD FEEL

BETTER ABOUT HIM OR HERSELF. ONE PARENT COMMENTED THAT THIS IS A -

WONDERFUL PROGRAM IN ENTIRETY [AND I WOULD] HIGHLY RECOMMEND IT TO

EVERYONE. CHILDREN WHO COMPLETED THE PROGRAM SHOWED A DECREASED WEIGHT,

DECREASED BODY FAT PERCENTAGE, AND DECREASED BODY MASS INDEX (BMI). THE

CHILDREN TREATED IN THE WEIGH SMART® PROGRAM ARE MOSTLY MEMBERS OF

MINORITY GROUPS (70% AFRICAN AMERICAN, 5% HISPANIC, 4% OTHER).

WEIGH SMART® JR.

SIX CHILDREN WERE EVALUATED FOR THE WEIGH SMART® JR. PROGRAM (AGES 2-7)

LAST YEAR. FIVE OF THE SIX CHILDREN EVALUATED RETURNED FOR FOLLOW-UP

MEETINGS AND ATTENDED NUTRITION SESSIONS WITH REGISTERED DIETITIANS, WHO

TAUGHT THE FAMILY ABOUT NUTRITION FOR THE TODDLER OR PRE-SCHOOL AGE

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CHILD. DEMOGRAPHICS WERE SIMILAR FOR THIS GROUP. THE GOAL OF THIS PROGRAM WAS TO SERVE 50 PATIENTS ANNUALLY, HOWEVER APPROXIMATELY 25 PATIENTS WILL BE SERVED THIS YEAR. STAFF MEMBERS WORKED WITH THE MARKETING AND COMMUNITY RELATIONS DEPARTMENTS TO INCREASE THESE NUMBERS BY BUILDING KNOWLEDGE AMONG PRIMARY CARE PROVIDERS AND THE GENERAL PUBLIC. WHILE THE PROGRAM IS LARGELY PROVIDER REFERRAL BASED, IT IS IMPORTANT THAT THE GENERAL PUBLIC BECOME MORE AWARE OF IT AS A SERVICE TO FAMILIES. THROUGH OUR EVALUATION OF THE PROGRAM, IT WAS REVEALED THAT PROVIDERS WERE LESS APT TO REFER CHILDREN IN THIS AGE RANGE TO A FORMAL WEIGHT MANAGEMENT PROGRAM, AS THE BIAS IS TO - LET THE CHILD GROW INTO HIS OR HER WEIGHT. WE WORKED WITH OUR COMMUNITY PHYSICIAN LIAISON TO EDUCATE PROVIDERS ABOUT THE IMPORTANCE OF YOUNG CHILDREN ENROLLING IN WEIGHT MANAGEMENT SERVICES, BECAUSE MANY WILL NOT GROW INTO THEIR WEIGHT AND WILL, IN FACT, REMAIN OBESE. STAFF MEMBERS CONTINUE TO PROVIDE EDUCATION TO PRIMARY CARE PROVIDERS VIA WORKSHOPS AND IN-SERVICE TRAININGS AT PHYSICIAN GROUP MEETINGS. THE PROGRAM MANAGER GAVE A WORKSHOP TO A LARGE PRIMARY CARE MEDICAL GROUP IN LATE OCTOBER, AND THE HOSPITAL'S MEDICAL DIRECTOR PRESENTED A LECTURE TO A STATE-WIDE SUMMIT ON

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CHILDHOOD OBESITY.

HEALTHY LIVING ACADEMY (HLA)

THE AFTER-SCHOOL HEALTH PROGRAM KNOWN AS HEALTHY LIVING ACADEMY (HLA)

CONCLUDED IN JULY 2011, HAVING ENROLLED 158 STUDENTS FROM FIVE BALTIMORE

AREA SCHOOLS - COPPIN ACADEMY, ROBERT COLEMAN ELEMENTARY SCHOOL, ROSEMONT

ELEMENTARY/MIDDLE SCHOOL, ST. FRANCIS ACADEMY, AND EDMONSON HIGH SCHOOL.

THE CENTER'S PROGRAM PARTNER WAS COPPIN STATE UNIVERSITY, WHERE STUDENTS

FROM THE EDUCATION, COUNSELING, ALLIED HEALTH, NURSING, AND PHYSICAL

EDUCATION PROGRAMS WERE RECRUITED TO TRAIN AS COACHES, TO THE SCHOOL

CHILDREN AND TO DEVELOP/ TEACH THE CURRICULUM UNDER THE GUIDANCE OF

CENTER STAFF AND COPPIN FACULTY. HLA ALSO USED COPPIN SPORTS FACILITIES

TO HOUSE THE PROGRAM

HLA CREATED AN ADVISORY BOARD OF PROFESSIONALS WITH EXPERTISE IN PROGRAM

DEVELOPMENT WHO ASSISTED IN OVERSEEING DESIGN AND IMPLEMENTATION OF THIS

PROGRAM. THESE EXPERTS WERE THE DIRECTOR OF COMMUNITY RELATIONS FOR THE

BALTIMORE RAVENS, DIRECTOR OF SALES AND MARKETING FOR MERRITT ATHLETIC

CLUBS, AND THE EXECUTIVE DIRECTOR OF B'MORE FIT, A NONPROFIT ORGANIZATION

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THAT PROVIDES MENTORING AND TRAINING FOR AT-RISK YOUTH TO BECOME FITNESS EXPERTS WHILE THEY WORK TOWARD A GED. THE ADVISORY PANEL HELPED DEVELOP A THOROUGH EVALUATION MATRIX TO MEASURE THE SUCCESS OF THE HLA. PARTICIPANTS' SUCCESS WAS EVALUATED BY EXAMINING CHANGES IN THEIR KNOWLEDGE OF HEALTHY LIFESTYLES BASED ON COMPARISON OF PRE- AND POST-TEST SCORES AND BY CHANGES IN THEIR BODY COMPOSITION. RESULTS DEMONSTRATED THAT HLA HELPED PARTICIPANTS LEARN ABOUT AND DEVELOP HEALTHIER EATING AND PHYSICAL ACTIVITY HABITS AND ACHIEVE IMPROVED OVERALL HEALTH. A WRITTEN QUESTIONNAIRE ON NUTRITION, EXERCISE, AND STRESS MANAGEMENT WAS ADMINISTERED TO STUDENTS BEFORE AND AFTER HLA TO EVALUATE CHANGES IN KNOWLEDGE IN THESE AREAS. SCORES ON THE POST-TEST IMPROVED 19 POINTS ON AVERAGE FROM PRE-TEST SCORES FOR CHILDREN IN THE FIRST SESSION AND 24 POINTS ON AVERAGE FOR STUDENTS IN THE SECOND SESSION. IN ADDITION TO CHANGES IN KNOWLEDGE, STUDENTS SHOWED POSITIVE IMPROVEMENTS IN BODY COMPOSITION. THESE POSITIVE CHANGES INCLUDED DECREASES IN THE HIGH SCHOOL STUDENTS' AVERAGE WEIGHT, BODY MASS INDEX, WAIST AND HIP CIRCUMFERENCE, AND CHANGES AMONG ELEMENTARY SCHOOL STUDENTS INCLUDING DECREASES IN WAIST AND HIP CIRCUMFERENCE AND INCREASES IN THE NUMBER OF SIT-UPS AND PUSH-UPS

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PER MINUTE. STUDENTS IN HLA LEARNED VALUABLE LESSONS ABOUT THE DANGERS
 OF OBESITY AND IMPORTANCE OF HEALTHY LIFESTYLES. LESSONS INCLUDED TAKING
 RESPONSIBILITY FOR ONE'S OWN HEALTH, FITNESS AND SAFETY; MOTIVATION AND
 GOAL SETTING; RISKS OF OBESITY; STRESS MANAGEMENT; FAST FOOD; AND FOOD
 PORTIONS. STAFF EXPANDED RECRUITMENT TO FIVE AREA SCHOOLS IN AN EFFORT
 TO REACH ENROLLMENT NUMBERS. THE IMPACT WAS BROAD IN THAT HLA REACHED
 STUDENTS AT FIVE AREA SCHOOLS. MANY STUDENTS PLANNED TO TAKE HEALTH
 MESSAGES BACK TO THEIR SCHOOLS TO TEACH OTHER STUDENTS AS PART OF THEIR
 REQUIRED COMMUNITY SERVICE PROJECT. IN ADDITION TO EDUCATING YOUTH ABOUT
 FITNESS AND HEALTHY EATING, HLA STAFF SHARED KEY HEALTH MESSAGES WITH THE
 STUDENTS' FAMILIES VIA SEVERAL FAMILY DAY EVENTS. A TOTAL OF 142
 FAMILIES ATTENDED FAMILY DAY EVENTS. MELANIE LEGRANDE, AN ADVISORY BOARD
 MEMBER AND DIRECTOR OF COMMUNITY RELATIONS FOR THE BALTIMORE RAVENS,
 ARRANGED FOR A RAVENS PLAYER TO APPEAR AT ONE OF THE FAMILY DAYS AND TALK
 TO THE AUDIENCE ABOUT IMPORTANCE OF GOOD NUTRITION AND A HEALTHY
 LIFESTYLE. STUDENTS PREPARED READINGS AND POEMS ABOUT KEY HEALTH
 MESSAGES THEY HAD LEARNED IN ORDER TO TEACH THEIR FAMILIES ABOUT HEALTHY
 LIFESTYLES, AND THEY DEMONSTRATED YOGA TO SHOW FAMILIES SOME OF THE NEW

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PHYSICAL SKILLS THEY WERE LEARNING. FAMILIES RECEIVED A WRITTEN HEALTH
 PROFILE FOR THEIR CHILD WITH FITNESS AND BODY COMPOSITION MEASURES. STAFF
 DISTRIBUTED REFERRAL INFORMATION FOR PEDIATRIC WEIGHT MANAGEMENT PROGRAMS
 AT MWPB TO FAMILIES WHOSE CHILD NEEDED OBESITY SERVICES BEYOND HLA. THIS
 INFORMATION ALLOWED FAMILIES OF CHILDREN OVERWEIGHT OR OBESE TO SECURE
 SERVICES TO IMPROVE THEIR HEALTH. FAMILY DAY EVENTS WERE SUCCESSFUL IN
 EXTENDING KEY HEALTH MESSAGES INTO THE COMMUNITY. HLA SUCCESSFULLY
 IMPACTED 142 FAMILIES BY PROVIDING THEM WITH THE TOOLS AND RESOURCES TO
 SPREAD HEALTH MESSAGES TO THEIR COMMUNITIES AND CONTRIBUTED TO THE
 IMPROVED OVERALL WELLNESS OF THOSE FAMILIES. OVERALL, EVALUATION OF HLA
 OUTCOMES SHOWED A POSITIVE IMPACT ON THE STUDENTS AND FAMILIES WHO
 PARTICIPATED. PROGRAM STAFF ALSO EVALUATED FOR FEASIBILITY AND HOW MORE
 FAMILIES COULD BE IMPACTED IN THE 2012-2013 FY. SOME OTHER OUTCOMES OF
 THE EVALUATION INCLUDED THE MAILING OF INVITATIONS TO THE PROGRAM EARLIER
 TO FAMILIES TO ENHANCE AND ENCOURAGE PARTICIPATION.

HEALTH PROFESSIONALS EDUCATION

MWPB IS DEDICATED TO HELPING PREPARE FUTURE HEALTH CARE PROFESSIONALS.

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THE HOSPITAL COMMITTED OVER 2000 HOURS OF SPECIALIZED TRAINING AND

EDUCATION TO NURSES, OCCUPATIONAL THERAPIST, SPEECH AND LANGUAGE

THERAPIST, SENIOR PRACTICUM STUDENTS, SOCIAL WORKERS AND PHYSICAL

THERAPISTS. THESE TRAININGS INCLUDED REHABILITATION THERAPY, NURSING

CLINICAL ROTATIONS, AS WELL AS FREE FIRST AID & CPR TRAINING TO THE

PARENTS OF PATIENTS AT THE HOSPITAL.

CHILD PASSENGER SAFETY/SEAT CHECKS AND TRANSPORTING CHILDREN WITH SPECIAL

NEEDS EDUCATION & TRAINING (CHILD PASSENGER SAFETY TECHNICIANS)

AT MWP, WE BELIEVE IT IS VITAL TO MAKE SURE ALL CHILDREN ARE SECURED

PROPERLY IN APPROPRIATE SEATS - EVERY TRIP, EVERY TIME. ACCORDING TO THE

U.S. DEPARTMENT OF TRANSPORTATION'S NATIONAL HIGHWAY TRAFFIC SAFETY

ADMINISTRATION (NHTSA), APPROXIMATELY 8,959 LIVES HAVE BEEN SAVED FROM

1975 TO 2008 BY THE PROPER USE OF CHILD SAFETY SEATS. CHILD SAFETY SEATS

REDUCE THE LIKELIHOOD OF AN INFANT (UNDER 1 YEAR OLD) BEING KILLED IN A

VEHICLE CRASH BY 71%, AND REDUCE THE LIKELIHOOD TO TODDLERS (1 TO 4 YEARS

OLD) BY 54%. CHILDREN AGES 4 TO 7 WHO USE BOOSTER SEATS ARE 45% LESS

LIKELY TO BE INJURED IN CAR CRASHES THAN CHILDREN WHO ARE RESTRAINED ONLY

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BY SEAT BELTS, ACCORDING TO A STUDY BY CHILDREN'S HOSPITAL OF
 PHILADELPHIA. TO HELP PREVENT THESE TYPES OF INJURIES, MWPH PROVIDES
 PARENTS AND CAREGIVERS WITH THE PROPER KNOWLEDGE AND MATERIALS TO ENSURE
 THAT THEIR LITTLE ONES ARE PROTECTED ON THE WAY TO THEIR DESTINATION. IN
 OCTOBER AND MAY WE HOSTED CHILD SAFETY SEAT CHECKS IN COLLABORATION WITH
 SAFE KIDS BALTIMORE, KIDS IN SAFETY SEATS, AND THE BALTIMORE CITY FIRE
 DEPARTMENT, OUR STAFF AND VOLUNTEERS INSPECTED SEATS IN 55 CAR SEAT
 CHECKS AND OVER 2,500 HOURS DEDICATED TO THE INSTRUCTION AND PROVISION OF
 CHILD PASSENGER SAFETY. ON AVERAGE PARENTS HAD A MISUSE RATE OF 88% FOR
 CHILD PASSENGER DEVICES, WHETHER IT WAS IMPROPER INSTALLATION,
 INAPPROPRIATE APPARATUS (EXPIRED OR BROKEN), OR THE SEAT WAS
 INAPPROPRIATE FOR THE CHILD. MANY OF THESE HOURS WERE SPECIFICALLY
 DEDICATED TO PROVIDING GUIDANCE AND INSTRUCTION TO THOSE FAMILIES WITH
 CHILDREN WHO HAVE SPECIAL NEEDS. MWPH HAS CERTIFIED ENGLISH- AND
 SPANISH-SPEAKING TECHNICIANS (16 VOLUNTEERS TOTAL) WHO WERE AVAILABLE TO
 PROVIDE FREE HANDS-ON CHILD SAFETY SEAT INSPECTIONS AND OFFER ADVICE AND
 INSTRUCTION. THE COMMUNITY ADVOCACY & INJURY PREVENTION COORDINATOR
 PROVIDED 16 CHILD PASSENGER SAFETY TALKS, IMPACTING 180 LOW-INCOME

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EXPECTANT MOTHERS AT THE BALTIMORE HEALTHY START BELLY BUDDIES PROGRAM

PARENTS AND CAREGIVERS WERE URGED TO MAKE SURE THEIR CHILD SAFETY SEATS

AND BOOSTER SEATS WERE PROPERLY INSTALLED AND USED IN THEIR VEHICLES.

BEING A PEDIATRIC SPECIALTY HOSPITAL, IT IS ESSENTIAL THAT STAFF IS

AVAILABLE TO PROVIDE INSTRUCTION IN TRANSPORTING CHILDREN WITH SPECIAL

NEEDS. THE HOSPITAL DEDICATED 14 HOURS TO ENSURE THAT STAFF AT THE

FACILITY WOULD HAVE THE ABILITY TO PROVIDE TRAINING ON TRANSPORTING

CHILDREN WITH SPECIAL HEALTH CARE NEEDS.

LEAD TREATMENT PROGRAM

LEAD IS A NEUROTOXIC SUBSTANCE THAT HAS BEEN SHOWN IN NUMEROUS RESEARCH

STUDIES TO AFFECT BRAIN FUNCTION AND DEVELOPMENT. CHILDREN WHO HAVE BEEN

EXPOSED TO ELEVATED LEVELS OF LEAD (>10 UG/DL) ARE AT INCREASED RISK FOR

COGNITIVE AND BEHAVIORAL PROBLEMS DURING DEVELOPMENT (CDC, 1991). LEAD

POISONING IS THE NUMBER ONE ENVIRONMENTAL HAZARD THREATENING CHILDREN

THROUGHOUT THE UNITED STATES, AFFECTING AN ESTIMATED 310,000 CHILDREN

UNDER THE AGE OF SIX. CHILDREN UNDER 6 AND PREGNANT WOMEN ARE AT THE

GREATEST RISK FOR LEAD POISONING BECAUSE LEAD INHIBITS THE PROPER

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PHYSICAL AND COGNITIVE DEVELOPMENT OF IN CHILDREN AND INFANTS. EVEN LOW

LEVELS OF LEAD POISONING CAN CAUSE HYPERACTIVITY, AGGRESSIVE BEHAVIOR,

LEARNING DISABILITIES, LOWERED IQ, SPEECH DELAY AND HEARING IMPAIRMENT.

HIGH LEVELS OF LEAD CAN CAUSE SEVERE MENTAL DISABILITIES, CONVULSIONS,

COMA OR EVEN DEATH. LEAD POISONING IS COMPLETELY PREVENTABLE, YET

HUNDREDS OF CHILDREN IN MARYLAND ARE DIAGNOSED WITH ELEVATED LEVELS OF

LEAD IN THEIR BLOOD EACH YEAR AND THOUSANDS OF CHILDREN GO UNTESTED.

BECAUSE OF LEAD'S EFFECT UPON A CHILD'S BRAIN, THOUSANDS OF MARYLAND

CHILDREN FAIL TO REACH THEIR FULL POTENTIAL AND HUNDREDS OF COMMUNITIES

ARE PREVENTED FROM THE BENEFITS OF THE CHILD'S LONG-TERM PRODUCTIVITY.

STUDIES HAVE SHOWN CHILDREN WHO ARE LEAD POISONED ARE MORE LIKELY TO

BECOME INVOLVED WITH THE JUVENILE JUSTICE SYSTEM AND THAT LEAD POISONED

CHILDREN ARE SEVEN TIMES MORE LIKELY TO DROP OUT OF SCHOOL BEFORE

GRADUATING. BECAUSE OF LOST WAGES AND THE BURDEN ON TAXPAYERS CAUSED BY

ANTI-SOCIAL BEHAVIORS AND INCREASED SPECIAL EDUCATION NEEDS, IT IS

ESTIMATED THAT THAT GENERAL PUBLIC LOSES MILLIONS OF DOLLARS EACH YEAR.

LEAD POISONING CAUSES IRREVERSIBLE DAMAGE TO THE BRAIN AND NERVOUS SYSTEM

AS WELL AS THE HEART AND RED BLOOD CELLS RESULTING IN LEARNING

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 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 hospitals 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.

DISABILITIES, LOWERED I.Q., HYPERACTIVITY, ATTENTION DEFICIT DISORDER,

SPEECH DELAY, HEARING LOSS, SLOWED OR REDUCED GROWTH, BEHAVIORAL

PROBLEMS, AND VIOLENT OR AGGRESSIVE BEHAVIOR. HIGH LEVEL POISONING CAN

RESULT IN SEVERE COGNITIVE DISABILITIES, COMA AND DEATH. THE MARYLAND

DEPARTMENT OF THE ENVIRONMENT (AUGUST 2010) REPORTED IN 2009, 347

CHILDREN - OR 1.8 % OF THE 19,043 CHILDREN TESTED IN BALTIMORE CITY - HAD

ELEVATED BLOOD LEAD LEVELS (AT LEAST 10 MICROGRAMS PER DECILITER). THIS

REPRESENTS A 26% DECREASE FROM THE NUMBER OF CHILDREN WITH ELEVATED BLOOD

LEVELS IN 2008. OVER THE PAST DECADE, THE NUMBER OF CHILDREN WITH

ELEVATED BLOOD LEAD LEVELS HAS FALLEN FROM 2,189 CHILDREN IN 2000 TO 347

CHILDREN LAST YEAR - A DECREASE OF 84%. DESPITE THE DECLINE, BALTIMORE

CITY CONTINUES TO HAVE THE HIGHEST RATES OF CHILDREN WITH LEAD POISONING

THAN ANY OTHER COUNTY IN MARYLAND, MORE THAN DOUBLING THE RATE OF MOST

COUNTIES. THIS HOSPITAL'S LEAD TREATMENT TEAM IS STRIVING TO INCREASE

AWARENESS OF THE RISKS OF LEAD POISONING, TO ENCOURAGE ALL PARENTS TO

HAVE THEIR CHILDREN TREATED AND TO TREAT THOSE CHILDREN WITH LEAD

POISONING BY EDUCATING THEM ABOUT THE VARIOUS DIETARY AND ENVIRONMENTAL

MODIFICATIONS THEY CAN MAKE TO IMPROVE THEIR CONDITION. SINCE ITS

Part VI Supplemental Information

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INCEPTION, THE PROGRAM HAS TREATED HUNDREDS OF CHILDREN. LAST YEAR, MWPH

CONDUCTED A TOTAL OF 115 CLINIC VISITS WITH OUR OUTPATIENT LEAD CLINIC

PATIENTS. FROM THE 115 CLINIC VISITS 33 CHILDREN WITH ELEVATED LEAD

LEVELS WERE SEEN. THE HOSPITAL TREATED AND FOLLOWED 19 NEWLY REFERRED

PATIENTS AND TREATED 14 PREVIOUSLY REFERRED PATIENTS. DEPENDING ON A

CHILD'S LEAD LEVEL, THE FOLLOW-UP APPOINTMENT WILL VARY FROM 4 TO 8

WEEKS. WE HAVE ONE PATIENT AND HIS FAMILY TRAVELING FROM SOUTHEAST

DISTRICT AREA OF PENNSYLVANIA TO ATTEND MWPH AS THERE ARE NO REPORTED

LEAD SPECIALTY SERVICES IN THEIR AREA. MWPH ADMITTED 7 CHILDREN TO OUR

HOSPITAL FOR CHELATION THERAPY IN 2010. THE PATIENTS THAT WERE ADMITTED

INPATIENT HAD LEAD LEVELS RANGING FROM 59 AND 43. TWO OF THE PATIENTS HAD

TO HAVE A RE-ADMISSION FOR A SECOND ROUND OF CHELATION THERAPY. A CHILD

TYPICALLY MUST HAVE A LEAD LEVEL OF 45 OR HIGHER BEFORE THEY ARE

CANDIDATES FOR ADMISSION FOR INPATIENT TREATMENT. CHELATION THERAPY IS

THE FORM OF TREATMENT A CHILD RECEIVES TO DECREASE THE LEAD LEVELS. THIS

IS DONE OVER A COURSE OF NINETEEN DAYS. SOME CHILDREN WITH HIGHER LEAD

LEVELS WILL OFTEN NEED TWO OR MORE CYCLES OF TREATMENT OF CHELATION

THERAPY. THIS WILL TYPICALLY RESULT IN MULTIPLE ADMISSIONS FOR THAT CHILD

Part VI Supplemental Information

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AND FAMILY. ONCE THE CHILD IS DISCHARGED FROM MWPB THEY THEN ARE ADMITTED
 INTO THE OUTPATIENT LEAD CLINIC FOR FOLLOW-UP SERVICES. OFTEN CHILDREN
 COME TO MWPB FOR OTHER SERVICES AS A RESULT OF THE EFFECTS OF LEAD
 POISONING. THESE SERVICES CAN INCLUDE SPEECH, LANGUAGE, BEHAVIORAL
 PSYCHOLOGY, PSYCHIATRY, AND NEUROPSYCHOLOGY SERVICES. IN AN EFFORT TO
 PREVENT FUTURE LEAD POISONING, MWPB LEAD TEAM MEMBERS BARBARA MOORE
 COLLABORATED WITH THE BALTIMORE CITY HEALTH DEPARTMENT LEAD POISONING
 PREVENTION PROGRAM AND TO PRODUCE A VIDEO ON LEAD SAFETY AVAILABLE TO THE
 PUBLIC VIA YOUTUBE® WHICH HAS RECEIVED 1,990 VISITORS TO DATE.

HEALTH FAIRS

PROMOTING HEALTHY LIFESTYLE CHOICES IS THE CORNERSTONE OF OUR COMMUNITY
 BENEFIT PROGRAM AT MWPB. THROUGHOUT THE YEAR, OUR CLINICAL PROFESSIONALS
 TAKE PART IN CONFERENCES AND HEALTH FAIRS AND SPEAK TO STUDENTS IN AREA
 SCHOOLS, IN ORDER TO PROVIDE FAMILIES WITH ESSENTIAL INFORMATION ON
 MAKING HEALTHY CHOICES IN THEIR LIVES. MATERIALS ARE PROVIDED ON SUCH
 TOPICS AS LEAD POISONING PREVENTION, PROPER NUTRITION, INFANT CARE, BURN
 PREVENTION, CHILD PASSENGER SAFETY, POISONING PREVENTION, RESIDENTIAL

Part VI Supplemental Information

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INJURIES, CRIB SAFETY, AND PARENTING SKILLS. IN COLLABORATION WITH UMMS,

MWPH SPONSORED SUCH EVENTS AS TAKE A LOVED ONE TO THE DOCTOR, SPRING INTO

GOOD HEALTH, AND FALL BACK INTO HEALTH. THE COMMUNITY ADVOCACY & INJURY

PREVENTION COORDINATOR PARTICIPATED IN 88 EVENTS IN THE 2010-2011 FISCAL

YEAR AND IMPACTED APPROXIMATELY 4,800 PEOPLE IN BALTIMORE CITY AND

BALTIMORE COUNTY.

CAMP NOAH

TO ADDRESS THE COMMUNITY NEED IDENTIFIED BY THE MARYLAND HOSPITAL

ASSOCIATION OF HAVING MORE NURSES AVAILABLE IN HOSPITALS, THE MWPH HAS

DEVELOPED CAMP N.O.A.H. (NURSING AND OTHER ALLIED HEALTH) PROGRAM TO

SPARK INTEREST IN NURSING AND ALLIED HEALTH IN THE HIGH SCHOOL STUDENTS

OF BALTIMORE CITY. THIS PROGRAM WAS ONE WEEK LONG, AND ITS TARGETED

POPULATION IS HIGH SCHOOL STUDENTS, AGED 15-18, WHO ARE INTERESTED IN A

HEALTH CAREER. THIS PROGRAM PROVIDES PARTICIPANTS WITH EXPERIENCE AND

THE OPPORTUNITY TO OBSERVE CARE PRACTICES WORKING DIRECTLY WITH PREMATURE

INFANTS, TODDLERS & ADOLESCENTS, UNDER THE GUIDANCE OF RESPIRATORY

THERAPISTS, AND CHILD LIFE SPECIALISTS. THIS PROGRAM IS AN EXCITING WAY

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FOR HIGH SCHOOL STUDENTS TO INTERACT WITH HEALTH CARE PROFESSIONALS WHILE
 GAINING REAL WORLD EXPERIENCES. ALL STUDENTS RECEIVE EDUCATION IN FIRST
 AID & CPR, NURSING OBSERVATION EXPERIENCES, AND ALL NECESSARY EQUIPMENT
 SUCH AS STETHOSCOPES, SCRUBS, AND BREAKFAST AND LUNCH PROVIDED BY THE
 HOSPITAL.

SIBSHOPS OF MARYLAND

MWPH IS PROUD TO BE THE LEAD AGENCY FOR SIBSHOPS OF MARYLAND, AN
 INTERAGENCY EFFORT THAT INCLUDES LOCATIONS IN BALTIMORE CITY, AND
 BALTIMORE, HARFORD, MONTGOMERY, HOWARD, ANNE ARUNDEL COUNTIES. SIBSHOPS
 SEEK TO PROVIDE SIBLINGS WITH OPPORTUNITIES FOR PEER SUPPORT. BECAUSE
 SIBSHOPS ARE DESIGNED (PRIMARILY) FOR SCHOOL-AGE CHILDREN, PEER SUPPORT
 IS PROVIDED WITHIN A LIVELY, RECREATIONAL CONTEXT THAT EMPHASIZES A
 KIDS'-EYE-VIEW. SIBSHOPS ARE NOT THERAPY, GROUP OR OTHERWISE, ALTHOUGH
 THEIR EFFECT MAY BE THERAPEUTIC FOR SOME CHILDREN. SIBSHOPS ACKNOWLEDGE
 THAT MOST BROTHERS AND SISTERS OF PEOPLE WITH SPECIAL NEEDS, LIKE THEIR
 PARENTS, ARE DOING WELL, DESPITE THE CHALLENGES OF AN ILLNESS OR
 DISABILITY. CONSEQUENTLY, WHILE SIBSHOP FACILITATORS ALWAYS KEEP AN EYE

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OPEN FOR PARTICIPANTS WHO MAY NEED ADDITIONAL SERVICES, THE SIBSHOP MODEL

TAKES A WELLNESS APPROACH. SIBSHOP WAS ORIGINALLY DEVELOPED FOR EIGHT-TO

THIRTEEN-YEAR-OLD SIBLINGS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES;

THE SIBSHOP MODEL IS EASILY ADAPTED FOR SLIGHTLY YOUNGER AND OLDER

CHILDREN. IT HAS BEEN ADAPTED FOR BROTHERS AND SISTERS OF CHILDREN WITH

OTHER SPECIAL NEEDS, INCLUDING CANCER, HEARING IMPAIRMENTS, EPILEPSY,

EMOTIONAL DISTURBANCES, AND HIV-POSITIVE STATUS. SIBSHOPS HAS ALSO BEEN

ADAPTED FOR USE WITH CHILDREN WHO HAVE LOST A FAMILY MEMBER. EACH

SESSION INCLUDES HIGH-ENERGY GAMES AND A CHANCE TO CONNECT WITH OTHER

CHILDREN IN SIMILAR FAMILY SITUATIONS. IN FY 2010-2011 WE HAD NOT

DEVELOPED AN EVALUATION TOOL TO SURVEY PARTICIPANTS AT OUTREACH

ACTIVITIES OR VENDORS TO RATE THE EVENT. IN SEPTEMBER 2010, WE MET WITH

THE SENIOR ADMINISTRATORS AT THE HOSPITAL AS WELL AS THE MT WASHINGTON

PEDIATRIC HOSPITAL FOUNDATION TO START THE PROCESS IN CREATING A

COMMUNITY BENEFIT REPORTING INFRASTRUCTURE THAT WILL INCLUDE A DESIGNATED

EMPLOYEE TO ADMINISTER, EVALUATE AND MONITOR THIS TYPE OF DATA.

Part VI Supplemental Information

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AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

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

MEDICAL SYSTEMS - THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) AND

JOHNS HOPKINS HEALTH SYSTEM (HOPKINS) - AGREED TO SHARE EQUAL INTERESTS IN

MWPH. WHILE MWPH REMAINS FINANCIALLY SELF-SUFFICIENT, THE PRESENCE OF

UMMS AND HOPKINS MEDICAL EXPERTS AND OTHER RESOURCES AT MWPH HAS CREATED A

SYNERGY THAT HAS ENABLED THE HOSPITAL TO STRENGTHEN ITS POSITION AS A

LEADER IN PEDIATRIC SPECIALTY CARE AND SERVE MANY OF THE YOUNGEST, MOST

VULNERABLE MEMBERS OF OUR COMMUNITY. A PHYSICIANS LEADERSHIP GROUP MEETS

REGULARLY WITH THE MEDICAL DIRECTOR OF MWPH, AS WELL AS, THE CEO. REPORTS

ARE PRESENTED FROM THIS LEADERSHIP GROUP TO THE BOARD OF TRUSTEES AND ARE

FUNDAMENTAL IN DETERMINING THE NEEDS OF OUR COMMUNITY ON A REGIONAL AND

NATIONAL LEVEL. WITH A STAFF OF NEARLY 500, MWPH IS FIRMLY COMMITTED TO

ITS MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR REGIONS

CHILDREN.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2010

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHELDON STEIN	(i)	220,464.	74,293.	1,823.	11,833.	16,110.	324,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SHARON KELLEY	(i)	142,712.	21,276.	1,695.	6,721.	15,798.	188,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 THOMAS ELLIS	(i)	123,666.	18,093.	999.	6,021.	21,482.	170,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 AJOKI AJAYI AKINTADE MD	(i)	174,586.	500.	312.	7,688.	994.	184,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KATHERINE ALTER MD	(i)	221,728.	0.	888.	11,278.	15,670.	249,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ROBERT BLAKE	(i)	192,878.	823.	163.	8,509.	9,432.	211,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 PATRICIA QUIGLEY MD	(i)	183,694.	1,073.	348.	9,138.	14,607.	208,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 STEPHEN NICHOLS MD	(i)	153,672.	423.	124.	6,268.	21,415.	181,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JENNIFER HARRINGTON	(i)	127,030.	23,938.	222.	0.	1,069.	152,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MARY MILLER	(i)	116,864.	17,423.	299.	5,497.	21,440.	161,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	0.							
2 Amount of bonds legally defeased	0.							
3 Total proceeds of issue	7,585,000.							
4 Gross proceeds in reserve funds	0.							
5 Capitalized interest from proceeds	0.							
6 Proceeds in refunding escrows	0.							
7 Issuance costs from proceeds	0.							
8 Credit enhancement from proceeds	0.							
9 Working capital expenditures from proceeds	0.							
10 Capital expenditures from proceeds	0.							
11 Other spent proceeds	0.							
12 Other unspent proceeds	0.							
13 Year of substantial completion	1985							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

52-0591483

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6

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

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT THORNTON. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON TAX ORGANIZER.

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

UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

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

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

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

A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE

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GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

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

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

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION: ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

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

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS: EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST.

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

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

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

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL
MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

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

REQUESTS FOR FORM 990 AND FORM 1023:

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

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

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

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WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

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

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

UNREALIZED LOSS- OTHER THAN TRADING SECURITIES	(2,544,535)
CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLAN	576,710
CHANGE IN ECONOMIC INTEREST- MWP UNRESTRICTED	588,050
CHANGE IN ECONOMIC INTEREST- MWP RESTRICTED	1,676,909
NET ASSETS RELEASED FROM RESTRICTION	(446,489)

TOTAL	(149,355)

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
SHELDON STEIN PRESIDENT CEO	1.00
MARY MILLER VP - FINANCE	1.00

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JOHNS HOPKINS UNIVERSITY 600 NORTH WOLF STREET BALTIMORE, MD 21287	PHYSICIAN SERVICES	898,129.
PHARMASOURCE HEALTHCARE P O BOX 632849 CINCINNATI, OH 45263	PHARMACEUTICAL	3,833,191.
SLEEP SERVICES OF AMERICA P O BOX 198320 ATLANTA, GA 30384	NEUROLOGY SERVICES	722,210.
MARYLAND GENERAL HOSPITAL 827 LINDEN AVENUE BALTIMORE, MD 21201	LABORATORY SERVICES	322,126.
WHITING TURNER CONTRACTING P O BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	1,428,044.
TOTAL COMPENSATION		<u>7,203,700.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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 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) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MOUNT WASHINGTON PEDIATRIC FOUNDATION 52-1736672 1708 WEST ROGERS AVENUE BALTIMORE, MD 21209	FUNDRAISING	MD	501 (C) (3)	11	MWPH		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
