

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SINAI HOSPITAL OF BALTIMORE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2401 WEST BELVEDERE AVENUE City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21215		D Employer identification number 52-0486540
	F Name and address of principal officer: DANIEL BLUM SAME AS C ABOVE		E Telephone number (410) 601-5653
	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		G Gross receipts \$ 970,323,716.
	J Website: ▶ WWW.LIFEBRIDGEHEALTH.ORG/SINAI		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	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: 1868 M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY PATIENT CARE, EDUCATE MEDICAL STUDENTS & RESIDENTS, AND ENGAGE IN MEDICAL RESEARCH		
	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	46
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5408
	6 Total number of volunteers (estimate if necessary)	6	185
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	165,372.
b Net unrelated business taxable income from Form 990-T, line 39	7b	181,103.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,994,966.	34,814,442.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	766,606,162.	773,466,103.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,707,037.	20,656,289.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,964,247.	24,508,127.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	829,272,412.	853,444,961.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,000.	55,377.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	407,929,817.	429,121,091.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,587.	138,889.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	377,976,209.	364,445,193.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	786,049,915.	793,621,661.
19 Revenue less expenses. Subtract line 18 from line 12	43,222,497.	59,823,300.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	552,073,812.	634,395,634.
	22 Net assets or fund balances. Subtract line 21 from line 20	428,507,471.	525,625,429.
		123,566,341.	108,770,205.

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		
	▶ DAVID KRAJEWSKI, EXECUTIVE VP/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/10/21	<input type="checkbox"/>	P00370694
Firm's name ▶ SC&H GROUP, INC.			Firm's EIN ▶ 20-5991824		
Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152			Phone no. (410) 403-1500		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 563,499,639. including grants of \$ 55,377.) (Revenue \$ 792,796,280.)

SINAI HOSPITAL OF BALTIMORE, INC. IS RESPONSIBLE FOR THE MANAGEMENT AND DAY-TO-DAY OPERATIONS OF THE HOSPITAL. THE HOSPITAL OPERATES A 504-BED TERTIARY HOSPITAL THAT IS COMMITTED TO EXCELLENCE IN PATIENT CARE, TEACHING, AND RESEARCH. THE HOSPITAL IS THE LEADING PROVIDER OF INPATIENT AND OUTPATIENT HOSPITAL SERVICES FOR THE RESIDENTS OF NORTHWEST BALTIMORE CITY AND ALSO DRAWS PATIENTS FROM SURROUNDING COMMUNITIES AND AROUND THE REGION AND THE WORLD. THE HOSPITAL HAD MORE THAN 17,000 INPATIENT ADMISSIONS AND MORE THAN 60,000 EMERGENCY ROOM VISITS. THE HOSPITAL HAS A GENEROUS FINANCIAL ASSISTANCE PROGRAM TO ASSIST PATIENTS WHO LACK THE RESOURCES TO PAY FOR THEIR CARE. THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS

4b (Code:) (Expenses \$ 663,351. including grants of \$) (Revenue \$ 663,351.)

LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE LLC PROVIDES CARE TO PATIENTS IN THE HOSPITAL AND IN THE COMMUNITY.

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

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

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

4e Total program service expenses 564,162,990.

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 <i>Schedule B, Schedule of Contributors</i> ?	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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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</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 hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (46); 1b Enter the number of voting members included on line 1a, above, who are independent (41); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
NANCY KANE - (410) 601-5653
2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREG ROCHLIN CHAIR	1.00 0.00	X		X				0.	0.	0.
(2) JONATHAN DAVIDOV VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) DENNIS H WEINMAN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(4) JON H LEVINSON TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) ALISSA ABRAMSON-DENSKY DIRECTOR	1.00 0.00	X						0.	240.	0.
(6) RICHARD M ALTER DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) LEONARD ATTMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) RICHARD BERMAN DIRECTOR	1.00 0.00	X						0.	240.	0.
(9) DANIEL BLUM SVP LBH, PRESIDENT AND COO	3.00 37.00	X		X				0.	0.	0.
(10) BETH CASPER DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) LING-LING CHENG, MD DIRECTOR	40.00 0.00	X						232,086.	0.	50,011.
(12) JEFF CHERRY DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) JOSEPH A COOPER DIRECTOR	1.00 0.00	X						0.	240.	0.
(14) ERIC COWAN, ESQ DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) DAVID DOPKIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) RONNIE B FOOTLICK DIRECTOR	1.00 0.00	X						0.	240.	0.
(17) LOUIS F FRIEDMAN, ESQ. DIRECTOR	1.00 0.00	X						0.	240.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL GAINES DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) DAVID GOLDNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) DONALD HIMELFARB DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) DANIEL B HIRSCHHORN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) MARK R KATLIC, MD DIRECTOR	40.00 0.00	X					1,338,753.	0.	32,823.	
(23) DAWN KIRSTAETTER DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) NOAH KODECK DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) MARCY KOLODNY DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) DAVID KUNTZ DIRECTOR	1.00 0.00	X						0.	240.	0.
1b Subtotal							1,570,839.	1,440.	82,834.	
c Total from continuation sheets to Part VII, Section A							6,329,000.	7,467,279.	189,917.	
d Total (add lines 1b and 1c)							7,899,839.	7,468,719.	198,195.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 713

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
METZ CULINARY MANAGEMENT 2 WOODLAND DRIVE, DALLAS, PA 18612	FOOD SERVICES	5,564,479.
CROTHALL HEALTHCARE, 1500 LIBERTY RIDGE DRIVE, SUITE 210, WAYNE, PA 19087	CLEANING SERVICES	2,138,314.
LABORATORY CORP OF AMERICA 358 S MAIN STREET, BURLINGTON, NC 27215	LABORATORY SERVICES	1,433,408.
UNIVERSITY OF MARYLAND 22 S GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE SERVICES	1,271,748.
PEDIATRIX OF MARYLAND 3001 HOSPITAL DRIVE, CHEVERLY, MD 20785	PEDIATRIC MEDICINE	1,066,525.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 71

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) ALVIN LAPIDUS DIRECTOR	1.00 0.00	X						0.	240.	0.	
(28) ANDREW S LEVINE DIRECTOR	1.00 0.00	X						0.	0.	0.	
(29) AILENE MASH DIRECTOR	1.00 0.00	X						0.	240.	0.	
(30) BRIAN L MOFFET, ESQ. DIRECTOR	1.00 0.00	X						0.	240.	0.	
(31) YEHUDA NEUBERGER DIRECTOR	1.00 0.00	X						0.	0.	0.	
(32) MARTIN PASSEN, MD DIRECTOR	1.00 0.00	X						0.	0.	0.	
(33) MIKE POSKO DIRECTOR	1.00 0.00	X						0.	0.	0.	
(34) JONATHAN RINGO, MD SVP LBH, PRESIDENT AND COO (PY)	40.00 0.00	X		X				0.	918,856.	167,557.	
(35) LESLIE SCHALLER DIRECTOR	1.00 0.00	X						0.	240.	0.	
(36) JAY STEINMETZ DIRECTOR	1.00 0.00	X						0.	0.	0.	
(37) BARRY STOLER DIRECTOR	1.00 0.00	X						0.	0.	0.	
(38) HILLEL TENDLER, ESQ. DIRECTOR	1.00 0.00	X						0.	0.	0.	
(39) MARC TERRILL DIRECTOR	1.00 0.00	X						0.	0.	0.	
(40) MAXWELL THANHOUSER DIRECTOR	1.00 0.00	X						0.	0.	0.	
(41) HAREL TURKEL DIRECTOR	1.00 0.00	X						0.	0.	0.	
(42) FRANK TWORECKE DIRECTOR	1.00 0.00	X						0.	240.	0.	
(43) MICHAEL UHLFELDER DIRECTOR	1.00 0.00	X						0.	0.	0.	
(44) CHRISTOPHER WASSON DIRECTOR	1.00 0.00	X						0.	0.	0.	
(45) ROBIN WEIMAN DIRECTOR	1.00 0.00	X						0.	0.	0.	
(46) DEBRA S. WEINBERG DIRECTOR	1.00 0.00	X						0.	0.	0.	
Total to Part VII, Section A, line 1c											

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MAURY WEINSTEIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(48) NEIL MELTZER PRESIDENT/CEO	1.00 40.00			X				0.	2,328,138.	409,143.
(49) DAVID KRAJEWSKI EXEC VP/CFO	1.00 40.00			X				0.	1,261,959.	390,457.
(50) JASON WEINER SVP AND GENERAL COUNSEL	1.00 40.00			X				0.	591,819.	107,297.
(51) JAMES ROBERGE VP CAPITAL IMPROVEMENTS & SUPPORT SE	1.00 40.00				X			0.	451,914.	80,062.
(52) TERRENCE CARNEY VP SUPPLY CHAIN	1.00 40.00				X			0.	490,953.	21,068.
(53) NANCY KANE VP FINANCIAL REPORTING	1.00 40.00				X			0.	369,837.	83,548.
(54) PHAEDRA STEWART VP HUMAN RESOURCES SINAI	1.00 40.00				X			0.	347,001.	66,711.
(55) LOU DUNAWAY VP BUDGET & CAPITAL PLANNING/CFO LEV	1.00 40.00				X			0.	300,156.	71,827.
(56) RONALD DELANOIS, MD PHYSICIAN	40.00 0.00					X		1,431,030.	0.	121,652.
(57) JAMES NACE, DO PHYSICIAN	40.00 0.00					X		1,366,788.	0.	76,008.
(58) PETER CHO, MD SURGEON	40.00 0.00					X		1,095,473.	0.	93,667.
(59) ALI TABRIZCHI, DO PHYSICIAN	40.00 0.00					X		1,135,213.	0.	39,083.
(60) FOUAD ABBAS, MD PHYSICIAN	40.00 1.00					X		967,876.	0.	170,808.
(61) JOEL SULDAN FORMER SENIOR VP & GENERAL COUNSEL	1.00 40.00						X	0.	405,446.	229.
(62) LEATEEN (DIANE) JOHNSON FORMER VP PATIENT CARE	0.00 0.00						X	332,620.	0.	0.
Total to Part VII, Section A, line 1c								6,329,000.	7,467,2791,	899,117.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	105,721.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations	3,830,129.				
	1 e	Government grants (contributions)	21,012,522.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	9,866,070.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 44,785.				
	1 h	Total. Add lines 1a-1f		34,814,442.			
	Program Service Revenue	2 a	NET PATIENT REVENUE	621990	773,078,456.	773,078,456.	
2 b		LAB REVENUE	561000	387,647.		387,647.	
2 c							
2 d							
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f		773,466,103.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,796,127.	56,073.	9,740,054.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	525,170.			
			(ii) Personal				
	6 b	Less: rental expenses		310,285.			
	6 c	Rental income or (loss)		214,885.			
	6 d	Net rental income or (loss)		214,885.	109,299.	105,586.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	103,271,628.	23,547,544.		
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		92,413,615.	23,545,395.		
	7 c	Gain or (loss)		10,858,013.	2,149.		
7 d	Net gain or (loss)		10,860,162.		10,860,162.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		645,120.				
10 b	Less: cost of goods sold		609,460.				
10 c	Net income or (loss) from sales of inventory		35,660.		35,660.		
Miscellaneous Revenue	11 a	MISCELLANEOUS OPERATING REVENUE	900099	19,509,353.	19,509,353.		
	11 b	CAFETERIA SALES	722210	2,811,145.		2,811,145.	
	11 c	OTHER OPERATING REVENUE	900099	1,095,060.	29,798.	1,065,262.	
	11 d	All other revenue	900099	842,024.	842,024.		
	11 e	Total. Add lines 11a-11d		24,257,582.			
12	Total revenue. See instructions		853,444,961.	793,459,631.	165,372.	25,005,516.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	55,377.	55,377.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,343,467.	2,353,960.	905,920.	83,587.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	28,168.	28,168.		
7 Other salaries and wages	345,771,783.	256,669,495.	89,102,288.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,589,290.	10,508,508.	2,080,782.	
9 Other employee benefits	43,194,285.	29,182,926.	14,011,359.	
10 Payroll taxes	24,194,098.	20,196,701.	3,997,397.	
11 Fees for services (nonemployees):				
a Management				
b Legal	62,963.		62,963.	
c Accounting				
d Lobbying	112,045.		112,045.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	831,292.		831,292.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	86,597,591.	53,230,099.	33,367,492.	
12 Advertising and promotion	679,343.	218,095.	461,248.	
13 Office expenses	11,702,992.	2,404,895.	9,298,097.	
14 Information technology				
15 Royalties				
16 Occupancy	21,014,755.	11,598,088.	9,416,667.	
17 Travel	191,926.	130,112.	61,814.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	992,083.	523,831.	468,252.	
20 Interest	11,045,184.	3,833,260.	7,211,924.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,932,928.	30,431,711.	11,501,217.	
23 Insurance	7,008,481.	6,494,706.	513,775.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	162,540,977.	123,158,751.	39,382,226.	
b PROFESSIONAL/TECHNICAL	18,629,465.	12,859,707.	5,769,758.	
c DUES & OTHER EXPENSES	994,325.	284,600.	709,725.	
d UBI EXPENSE	108,843.		108,843.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	793,621,661.	564,162,990.	229,375,084.	83,587.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	278,076.	1	120,341.
	2 Savings and temporary cash investments	52,173,389.	2	74,590,931.
	3 Pledges and grants receivable, net	6,538,894.	3	6,153,838.
	4 Accounts receivable, net	97,790,585.	4	85,839,197.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	5,997.	7	8,663.
	8 Inventories for sale or use	24,010,710.	8	29,557,701.
	9 Prepaid expenses and deferred charges	5,998,342.	9	7,292,920.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 645,646,739.		
	b Less: accumulated depreciation	10b 436,782,925.	213,798,895.	10c 208,863,814.
	11 Investments - publicly traded securities	30,166,428.	11	21,728,424.
	12 Investments - other securities. See Part IV, line 11	88,811,047.	12	90,056,702.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	32,501,449.	15	110,183,103.
16 Total assets. Add lines 1 through 15 (must equal line 33)	552,073,812.	16	634,395,634.	
Liabilities	17 Accounts payable and accrued expenses	95,117,369.	17	105,391,434.
	18 Grants payable		18	
	19 Deferred revenue	26,737,288.	19	97,446,638.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	306,652,814.	25	322,787,357.
	26 Total liabilities. Add lines 17 through 25	428,507,471.	26	525,625,429.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	75,517,321.	27	59,974,220.
	28 Net assets with donor restrictions	48,049,020.	28	48,795,985.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	123,566,341.	32	108,770,205.
	33 Total liabilities and net assets/fund balances	552,073,812.	33	634,395,634.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	853,444,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	793,621,661.
3	Revenue less expenses. Subtract line 2 from line 1	3	59,823,300.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	123,566,341.
5	Net unrealized gains (losses) on investments	5	-3,197,248.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-71,422,188.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	108,770,205.

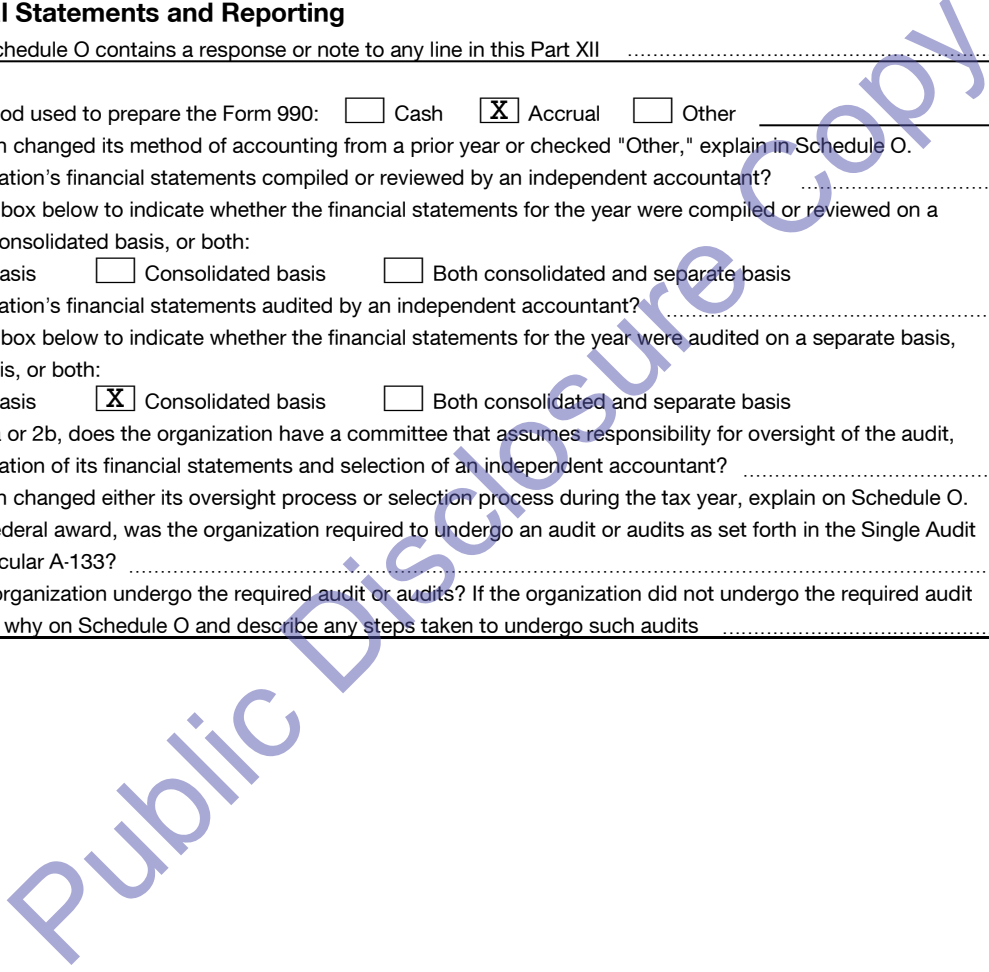
Part XII Financial Statements and Reporting

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

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

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

Form 990 (2019)



SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: SINAI HOSPITAL OF BALTIMORE, INC.
Employer identification number: 52-0486540

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 [X] 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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14466629.	13548417.	15039203.	18994966.	34814442.	96863657.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14466629.	13548417.	15039203.	18994966.	34814442.	96863657.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1369508.
6 Public support. Subtract line 5 from line 4.						95494149.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	14466629.	13548417.	15039203.	18994966.	34814442.	96863657.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4677110.	3410342.	8476370.	11453012.	9845640.	37862474.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			14,293.	153,189.	181,103.	348,585.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5684797.	5697672.	5846675.	5659268.	4521527.	27409939.
11 Total support. Add lines 7 through 10						162484655
12 Gross receipts from related activities, etc. (see instructions)					12	3,842,874,634.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	58.77 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	54.31 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CAFETERIA SALES

2015 AMOUNT: \$ 3,390,440.

2016 AMOUNT: \$ 3,427,529.

2017 AMOUNT: \$ 3,478,150.

2018 AMOUNT: \$ 3,350,263.

2019 AMOUNT: \$ 2,811,145.

OTHER REVENUE

2015 AMOUNT: \$ 2,294,357.

2016 AMOUNT: \$ 2,270,143.

2017 AMOUNT: \$ 1,614,248.

2018 AMOUNT: \$ 1,538,375.

2019 AMOUNT: \$ 1,065,262.

GROSS SALES OF INVENTORY

2017 AMOUNT: \$ 754,277.

2018 AMOUNT: \$ 770,630.

2019 AMOUNT: \$ 645,120.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>19,646,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,152,655.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,677,474.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>937,270.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Public Disclosure Copy

Name of organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		45,121.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		91,409.
j Total. Add lines 1c through 1i			136,530.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING INCLUDES A PORTION OF THE MARYLAND HOSPITAL ASSOCIATION DUES RELATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HOSPITAL REGARDING COMMUNITY STABILIZATION AND DEVELOPMENT, HEALTH CARE MALPRACTICE, HEALTH CARE FACILITIES AND BUDGETS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,851,827.	11,764,046.	10,795,877.	10,491,376.	10,419,920.
b Contributions	638,229.	1,086,670.	966,911.	301,154.	76,509.
c Net investment earnings, gains, and losses	-577.	1,111.	1,258.	3,193.	-1,269.
d Grants or scholarships					
e Other expenditures for facilities and programs	111.			-154.	3,784.
f Administrative expenses					
g End of year balance	13,489,368.	12,851,827.	11,764,046.	10,795,877.	10,491,376.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,686,384.		11,686,384.
b Buildings		466,489,299.	334,264,816.	132,224,483.
c Leasehold improvements		2,369,508.	1,288,306.	1,081,202.
d Equipment		150,232,932.	101,229,803.	49,003,129.
e Other		14,868,616.		14,868,616.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				208,863,814.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS IN PREMIER	9,196,940.	END-OF-YEAR MARKET VALUE
(B) ECONOMIC INTEREST IN		
(C) FOUNDATIONS	80,859,762.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	90,056,702.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTY ORGANIZATIONS	105,625,928.
(2) CAPITAL ACCUMULATION	4,557,175.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	110,183,103.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	3,726,519.
(3) PROFESSIONAL LIABILITY	3,124,407.
(4) PENSION LIABILITY	56,566,560.
(5) ASSET RETIREMENT OBLIGATION	1,090,000.
(6) DUE TO AFFILIATES BONDS	248,164,766.
(7) OTHER LIABILITIES-OPERATING LEASES	10,115,105.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	322,787,357.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE ORGANIZATION'S COLLECTION INCLUDES SCULPTURES, PRINTS, PAINTINGS AND TAPESTRIES. SINAI HOSPITAL OF BALTIMORE, INC. DISPLAYS THE ART COLLECTION TO BRING HAPPINESS AND JOY TO THE PATIENTS OF SINAI HOSPITAL OF BALTIMORE, INC.

PART V, LINE 4:

THE PERMANENTLY ENDOWED FUNDS HELD BY THE RELATED ORGANIZATIONS, THE BALTIMORE JEWISH HEALTH FOUNDATION, INC. AND CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., WERE USED TO SUPPORT THE ACTIVITIES OF SINAI HOSPITAL OF BALTIMORE, INC.

Part XIII Supplemental Information (continued)

Lined area for supplemental information.

Public Disclosure Copy

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

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) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			5668286.		5668286.	.71%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			5668286.		5668286.	.71%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6228228.	1692164.	4536064.	.57%
f Health professions education (from Worksheet 5)			29617128.	102,000.	29515128.	3.72%
g Subsidized health services (from Worksheet 6)			33038115.	8184510.	24853605.	3.13%
h Research (from Worksheet 7)			4547504.	594,945.	3952559.	.50%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			633,788.		633,788.	.08%
j Total. Other Benefits			74064763.	10573619.	63491144.	8.00%
k Total. Add lines 7d and 7j			79733049.	10573619.	69159430.	8.71%

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns Yes and No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Yes, No (X). Row 2: Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. Amount: 33,172,090. Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. Amount: 14,590,740. Row 4: Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

Table for Section B. Row 5: Enter total revenue received from Medicare (including DSH and IME). Amount: 295,028,544. Row 6: Enter Medicare allowable costs of care relating to payments on line 5. Amount: 208,577,380. Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall). Amount: 86,451,164. Row 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: [] Cost accounting system [X] Cost to charge ratio [] Other

Section C. Collection Practices

Table for Section C. Row 9a: Did the organization have a written debt collection policy during the tax year? Yes (X), No. Row 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. Yes (X), No.

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

Table with 5 columns: (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 %.

Part V Facility Information

Section A. Hospital Facilities

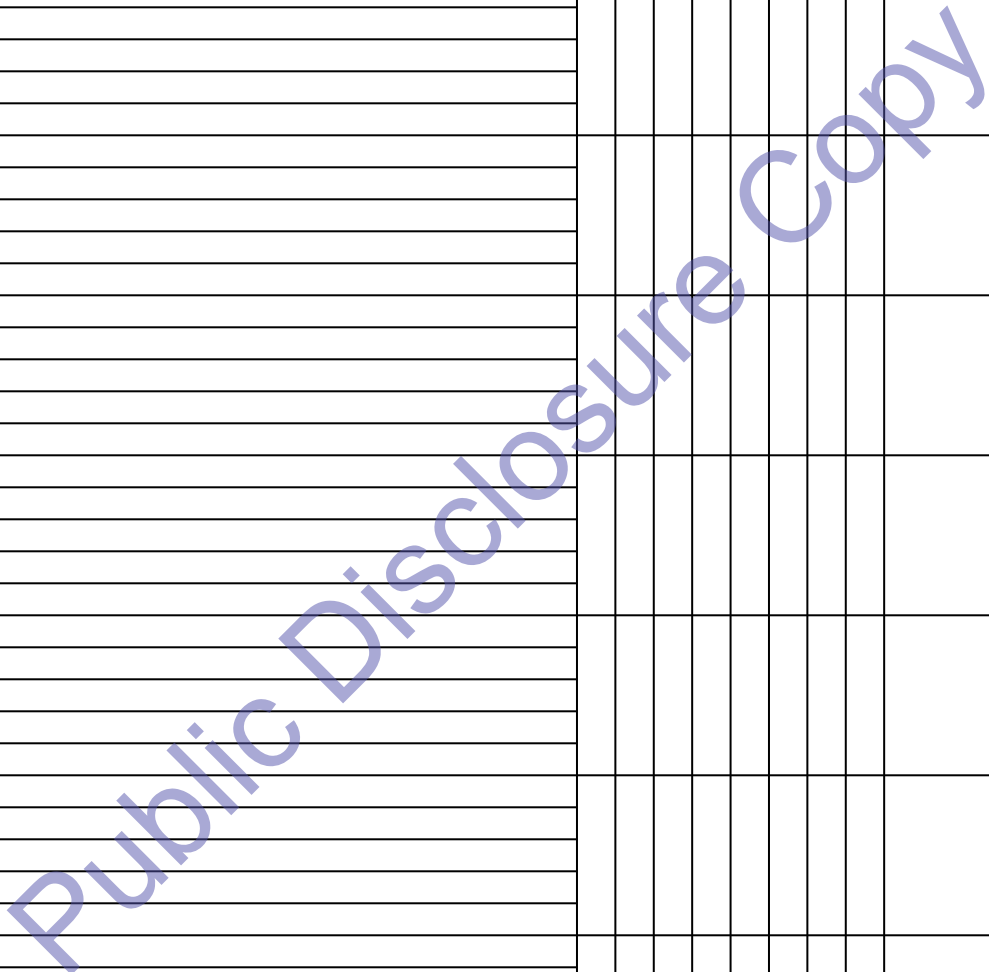
(list in order of size, from largest to smallest)

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

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

1 SINAI HOSPITAL OF BALTIMORE, INC.
2401 WEST BELVEDERE AVENUE
BALTIMORE, MD 21215
WWW.LIFEBRIDGEHEALTH.ORG
0012

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



Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SINAI HOSPITAL OF BALTIMORE, INC.

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SINAI HOSPITAL OF BALTIMORE, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group SINAI HOSPITAL OF BALTIMORE, INC.

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

Policy Relating to Emergency Medical Care

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

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

Name of hospital facility or letter of facility reporting group SINAI HOSPITAL OF BALTIMORE, INC.

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

Schedule H (Form 990) 2019

Public Disclosure Copy

Part V Facility Information (continued)

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

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 5:

INPUT FROM REPRESENTATIVES OF THE COMMUNITY

DURING THE FY18 CHNA PROCESS THE PROJECT TEAM DEVELOPED A BRIEF SURVEY TOOL THAT ENGAGED COMMUNITY MEMBERS OF THE MOST IMPORTANT INFORMATION RELATED TO THEIR HEALTH. THIS PROCESS RESULTED IN 4,755 SURVEY RESULTS COVERING EVERY ZIP CODE IN BALTIMORE CITY AND SOME OVERLAPPING ZIP CODES IN BALTIMORE COUNTY.

IN ADDITION, THE HOSPITALS JOINED TOGETHER WITH THE BALTIMORE CITY HEALTH DEPARTMENT ("BCHD") TO ALIGN THE CHNA PROCESS WITH BCHD'S ACCREDITATION PROCESS.

EACH HOSPITAL REACHED OUT TO THEIR RESPECTIVE COMMUNITIES FOR ORGANIZATIONAL SPONSORS AND FOCUS GROUP PARTICIPANTS. THE MAJORITY OF THESE FOCUS GROUPS INVOLVED PARTICIPANTS FROM ACROSS THE CITY AND WERE CO-FACILITATED BY REPRESENTATIVES FROM MULTIPLE HOSPITALS WHICH RESULTED IN 10 SHARED FOCUS GROUPS.

THE POPULATIONS THAT MADE UP THESE FOCUS GROUPS AND THE DATES THE MEETINGS WERE HELD ARE LISTED BELOW:

-LGBTQ FOCUS GROUP - MEETING HELD NOVEMBER 13, 2017

-DISABILITIES (PHYSICAL) FOCUS GROUP - MEETING HELD OCTOBER 27, 2017

-OLDER ADULTS FOCUS GROUP 1 - MEETING HELD NOVEMBER 9, 2017

Part V Facility Information *(continued)*

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

-OLDER ADULTS FOCUS GROUP 2 - MEETING HELD NOVEMBER 9, 2017

-SINGLE PARENTS FOCUS GROUP - MEETING HELD OCTOBER 31, 2017

-SPANISH SPEAKING FOCUS GROUP - MEETING HELD NOVEMBER 9, 2017

-CURRENTLY HOMELESS FOCUS GROUP - MEETING HELD DECEMBER 4, 2017

-HOMELESS MEN IN TEMPORARY HOUSING FOCUS GROUP - MEETING HELD NOVEMBER 22, 2017

-CANCER FOCUS GROUP - NOVEMBER 10, 2017

-POPULATION HEALTH FOCUS GROUP - NOVEMBER 16, 2017

THE BELOW ORGANIZATIONS PROVIDED INPUT ON THE FY2018 CHNA:

-AMERICAN DIABETES ASSOCIATION, MARYLAND AREA

-AMERICAN HEART ASSOCIATION, MID-ATLANTIC AFFILIATE

-BALTIMORE CITY HEALTH DEPARTMENT

-BALTIMORE MEDICAL SYSTEM, INC.

-CHANA

-CHASE BREXTON HEALTH CARE

-COMPREHENSIVE HOUSING ASSISTANCE, INC.

-DISABILITY RIGHTS MARYLAND

-GREEN AND HEALTHY HOMES INITIATIVE

-JEWISH COMMUNITY SERVICES

-JOHNS HOPKINS UNIVERSITY

-MEDSTAR CENTER FOR SUCCESSFUL AGING

-MEDSTAR TOTAL ELDER CARE

-PROMISE HEIGHTS

-SINAI HOSPITAL VOCATIONAL SERVICES PROGRAM

-UNIVERSITY OF MARYLAND

Part V Facility Information *(continued)*

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

THE HOSPITALS ALSO COLLABORATED IN COMPILING INVITE LISTS FOR TWO MEETINGS OF LEADERS OF ORGANIZATIONS WHO ARE MAJOR PARTNERS IN HEALTH CARE DELIVERY. ALL HOSPITALS CO-FACILITATED THESE MEETINGS, BRINGING TOGETHER 25 LEADERS TO SHARE THEIR INPUT ABOUT COMMUNITY HEALTH NEEDS. A LIST OF THESE KEY STAKEHOLDERS CAN BE FOUND IN THE CURRENT CHNA.

RECOGNIZING THE POTENTIAL BENEFITS FROM ALIGNING CHNA PROCESSES, SINAI AGREED TO SHIFT THE CHNA SCHEDULE BY ONE YEAR AND COLLABORATE WITH OTHER BALTIMORE CITY BASED HOSPITALS IN EXECUTING MAJOR ASPECTS OF THE CHNA PROCESS. A STEERING COMMITTEE GOVERNED COLLABORATION, WHICH WAS LARGELY EXECUTED BY A PROJECT TEAM. THE ACTIVITIES WITHIN THIS COLLABORATIVE INCLUDED:

1. PROCESS PLANNING:

A. PUBLIC SURVEY TOOL - THE HOSPITALS COLLABORATED TO DEVELOP A BRIEF SURVEY TOOL THAT WOULD ENGAGE THE COMMUNITY MEMBERS OF THE MOST IMPORTANT INFORMATION RELATED TO THEIR HEALTH. AS A COLLABORATIVE, THE FOCUS OF THE SURVEY QUESTIONS WERE ON THE RESPONDENTS' OPINIONS ABOUT COMMUNITY HEALTH NEEDS, RATHER THAN THE RESPONDENTS' PERSONAL EXPERIENCES OF HAVING THOSE NEEDS.

B. COLLABORATION - IN IDENTIFYING PUBLIC HEALTH INFORMATIONAL NEEDS FROM BALTIMORE CITY HEALTH DEPARTMENT THE HOSPITALS JOINED TOGETHER WITH THE BALTIMORE CITY HEALTH DEPARTMENT TO ALIGN THE CHNA PROCESS WITH BCHD'S ACCREDITATION PROCESS.

Part V Facility Information (continued)

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

C. MUTUAL TECHNICAL SUPPORT ON BEST PRACTICES FOR HOSPITAL-SPECIFIC CHNA PROCESSES - THE PROJECT TEAM AND THE OVERARCHING STEERING COMMITTEE MET ON A REGULAR BASIS AND ADVISED EACH OTHER ON BEST PRACTICES IN IMPLEMENTING CHNAS.

D. PRIORITIZATION AND IMPLEMENTATION - COMMUNITY HEALTH LEADERS DEVELOPED INVENTORIES OF CURRENT AND POTENTIAL PROGRAMMING, CONVENED EXPERTS AND ACHIEVED AGREEMENT ON DIRECTION FOR A SHARED STRATEGY.

2. DATA COLLECTION:

A. DISTRIBUTION OF SURVEY TOOL - ALL HOSPITALS WITHIN THE COLLABORATIVE UTILIZED INDIVIDUALIZED METHODS FOR REACHING COMMUNITY MEMBERS TO RESPOND TO PUBLIC SURVEYS.

B. FACILITATION OF AFFINITY-BASED FOCUS GROUPS - THE HOSPITALS REACHED OUT TO THEIR RESPECTIVE COMMUNITIES FOR ORGANIZATIONAL SPONSORS AND FOCUS GROUP PARTICIPANTS. AS A RESULT, THE HOSPITALS FORMED 10 SHARED FOCUS GROUPS, INCLUDING MANY POPULATIONS NOT PREVIOUSLY SURVEYED.

C. FACILITATION OF STAKEHOLDER INTERVIEWS - THE HOSPITALS COLLABORATED IN COMPILING INVITE LISTS FOR TWO MEETINGS OF LEADERS OF ORGANIZATIONS WHO ARE MAJOR PARTNERS IN HEALTH CARE DELIVERY. ALL THE HOSPITALS CO-FACILITATED THESE MEETINGS, BRINGING TOGETHER 25 LEADERS TO SHARE THEIR INPUT ABOUT COMMUNITY HEALTH NEEDS.

Part V Facility Information (continued)

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

3. DATA COLLECTION PROCESS:

A. PUBLIC SURVEY TOOL - UNIVERSITY OF MARYLAND MEDICAL SYSTEM HOSTED AN INTERNET-BASED TOOL ON SURVEYMONKEY TO ACCOMMODATE THE SURVEY AND RECORD ALL THE RESPONSES. LIFEBRIDGE HEALTH TEAM MEMBERS UTILIZED A VARIETY OF METHODS TO COLLECT RESPONSES FOR THE SURVEY, I.E. DISTRIBUTION AT COMMUNITY EVENTS; DISTRIBUTION TO INDIVIDUAL CLIENTS AND PATIENTS OF LIFEBRIDGE HEALTH PROGRAMS; DISSEMINATION TO EMAILS LISTS OF PARTNER ORGANIZATIONS; DISSEMINATION TO LIFEBRIDGE HEALTH EMPLOYEE EMAIL LISTS AND COLLECTION OF SURVEYS FROM RELIGIOUS CONGREGATIONS.

B. FOCUS GROUPS - THE COLLABORATIVE IDENTIFIED NINE GROUPS AND WORKED WITH PARTNER ORGANIZATIONS TO RECRUIT PARTICIPANTS FOR THE FOCUS GROUPS. IN THE FOCUS GROUPS THE CONVERSATIONS WERE GUIDED BASED ON THE SAME QUESTIONS THAT WERE ASKED IN THE SECOND HALF OF THE SURVEY FOCUSING ON KEY HEALTH AND ENVIRONMENTAL/SOCIAL CONCERNS IN THE COMMUNITY, PROBLEMS WITH ACCESS TO HEALTH CARE, AND GENERAL IDEAS THAT THE PARTICIPANTS HAD FOR COMMUNITY IMPROVEMENT. THE PRIORITY CONCERNS FOR EACH AREA OF INQUIRY WERE SUMMARIZED BASED ON THE AMOUNT OF TIME SPENT ON TOPICS AND THE NUMBER OF PEOPLE EXPRESSING OPINIONS ABOUT THE ISSUES.

C. STAKEHOLDER MEETINGS - TWO MEETINGS WERE HELD, WHICH ATTRACTED A TOTAL OF 25 LEADERS FROM PARTNER ORGANIZATIONS. LIKE THE FOCUS GROUPS, THE QUESTIONS FROM THE PUBLIC SURVEY WERE USED TO GUIDE DISCUSSIONS AMONG THE STAKEHOLDERS. LEADERS FROM THE PARTICIPATING HOSPITALS LED BREAKOUT GROUPS DURING THE STAKEHOLDER MEETINGS AND FACILITATED DIALOGUES WITH SUPPORT OF NOTE TAKERS. THE TOP CONCERNS WERE DETERMINED BASED ON THE

Part V Facility Information (continued)

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

MOST PROMINENT THEMES IN THE DISCUSSIONS. IN ADDITION, ONE-ON-ONE INTERVIEWS WERE ALSO CONDUCTED WITH STAKEHOLDERS FROM THE THREE LBH HOSPITALS' SERVICE AREAS.

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 6A: SINAI HOSPITAL OF BALTIMORE, INC. IS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) OF LIFE BRIDGE HEALTH, INC. LIFE BRIDGE HEALTH, INC.'S CHNA ALSO INCLUDES RELATED HOSPITAL FACILITIES, LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. AND NORTHWEST HOSPITAL CENTER, INC. FOR THE 2017 CHNA THE OTHER BALTIMORE AREA HOSPITALS THAT COLLABORATED WITH SINAI HOSPITAL IN GATHERING DATA FOR THE COMMUNITY NEEDS ASSESSMENT WERE JOHNS HOPKINS HOSPITAL, UNIVERSITY OF MARYLAND, MEDSTAR AND ST. AGNES HOSPITAL.

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 7A:

[HTTP://WWW.LIFE BRIDGE HEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY%20HEALTH/SINAI/SINAI.PDF](http://www.lifebridgehealth.org/uploads/public/documents/community%20health/sinai/sinai.pdf)

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 7D: COPIES OF THE CHNA WERE DISTRIBUTED TO KEY COMMUNITY PARTNERS.

SINAI HOSPITAL OF BALTIMORE, INC.

PART V, SECTION B, LINE 10A:

Part V Facility Information (continued)

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

HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY%20HEALTH/SINAI/SINAI.PDF

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 11: THE BUSINESS INTELLIGENCE TEAM IN LIFE BRIDGE HEALTH'S POPULATION HEALTH DEPARTMENT USED THE DATA FROM ALL 4,755 PUBLIC SURVEYS COLLECTED TO PROVIDE SUMMARIES OF INFORMATION FROM THE RESPONDENTS OVERALL. THESE SUMMARIES IDENTIFIED THE TOP FIVE RESPONSES TO EACH OF THE THREE MAJOR QUESTIONS IN THE SURVEY.

THE COMPILED PRIORITIZED NEEDS WERE THEN PRESENTED TO LIFE BRIDGE HEALTH'S COMMUNITY MISSION COMMITTEE, AN OFFICIAL COMMITTEE THAT INCLUDES BOARD MEMBERS, EXECUTIVES FROM EACH HOSPITAL, STAFF WITH COMMUNITY-RELATED RESPONSIBILITIES, AND MEMBERS-AT-LARGE FROM PARTNERING COMMUNITY ORGANIZATIONS. THIS GROUP SELECTED 1-3 PRIORITIES PER SURVEY QUESTION FOR EACH HOSPITAL.

THE FOLLOWING PRIORITIZED NEEDS WERE IDENTIFIED FOR THE SINAI HOSPITAL COMMUNITY:

HEALTH CONCERNS:

1. BEHAVIORAL HEALTH - MENTAL HEALTH AND SUBSTANCE ABUSE:

A. IMPLEMENT SBIRT IN THE EMERGENCY DEPARTMENT AND SINAI COMMUNITY CARE, SINAI'S OUTPATIENT PRIMARY CARE CLINIC. THROUGH A

STATEWIDE GRANT, SINAI HOSPITAL WILL BE IMPLEMENTING "SCREENING-BRIEF

Part V Facility Information (continued)

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

INTERVENTION-REFERRAL TO TREATMENT" (SBIRT) PROTOCOL IN THE EMERGENCY DEPARTMENT AND SINAI COMMUNITY CARE. THIS PROTOCOL IS DESIGNATED TO WORK WITH PATIENTS WHO MAY HAVE SUBSTANCE ABUSE PROBLEMS AND PROVIDE SOME LEVEL OF SUPPORT AND NAVIGATION FOR THEM BEFORE THEY LEAVE THE FACILITY.

B. PARTNER, IMPLEMENT AND ADVOCATE FOR A CITYWIDE BEHAVIORAL HEALTH/HOUSING STRATEGY. IN COLLABORATION WITH OTHER CITY HOSPITALS, SINAI DETERMINED THAT A CONSISTENT AND TROUBLING PROBLEM IS THE LACK OF HOUSING OPTIONS FOR PATIENTS WHO ARE DISCHARGED FROM THE EMERGENCY DEPARTMENT AND INPATIENT SETTING. THE HOSPITALS BROUGHT TOGETHER A CITYWIDE MEETING OF LEADERS AND SERVICE PROVIDERS IN THE FIELD OF HOUSING AND HOMELESSNESS AND DECIDED THAT A PERMANENT SUPPORTIVE HOUSING MODEL WOULD BE AN EFFECTIVE AND SUSTAINABLE INITIATIVE FOR PATIENTS ACROSS THE CITY. THE COLLABORATIVE PLANS TO WORK TOGETHER OVER THE NEXT THREE YEARS TO CREATE A STRATEGY AND FUNDING SOURCE FOR THIS TYPE OF PROGRAM, AND BEGIN IMPLEMENTATION.

2. CHRONIC DISEASE DIABETES/HIGH BLOOD SUGAR, OVERWEIGHT/OBESITY AND HEART DISEASE/HIGH BLOOD PRESSURE:

A. IMPLEMENT DIABETES WELLNESS SERIES. TO COMPLEMENT THE ARRAY OF DISEASE MANAGEMENT PROGRAMS AND SERVICES THAT SINAI OFFERS, THE HOSPITAL RECOGNIZED THE NEED TO BEGIN ASSISTING PEOPLE WHO ARE AT RISK OF DEVELOPING CHRONIC DISEASES, IN ADDITION TO THOSE WHO LIVE WITH CHRONIC DISEASE ALREADY. A FOUR-PART WELLNESS SERIES TARGETED TOWARDS PRE-DIABETIC AND DIABETIC PEOPLE WILL BE IMPLEMENTED. THE CURRICULUM FOCUSES ON HEALTHY EATING, EXERCISE AND STRESS REDUCTION.

B. CONTINUE TO IMPLEMENT CHANGING HEARTS PROGRAM. THE PROGRAM IS FOCUSED ON RISK IDENTIFICATION AND PREVENTION OF HEART DISEASE WITHIN

Part V Facility Information (continued)

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

THE PRIMARY SERVICE AREA. STAFF PROVIDES LIVE HEART RISK ASSESSMENTS IN THE COMMUNITY TO IDENTIFY PRE-HYPERTENSIVE PATIENTS (ASSESSMENT INCLUDES CHOLESTEROL, GLUCOSE, BLOOD PRESSURE AND BODY COMPOSITION ANALYSIS). BASED ON THE ASSESSMENT, HEALTH EDUCATION COUNSELING IS PROVIDED BY A REGISTERED NURSE. PATIENTS RECEIVE ON-GOING SUPPORT FROM STAFF TO FACILITATE LIFESTYLE CHANGES. THIS INCLUDES FOLLOW-UP CALLS AND/OR HOME VISITS BY A CHW WITH A FOCUS ON INDIVIDUALIZED CARE PLANS DEVELOPED WITH PATIENTS, LIFESTYLE CLASSES TO MAINTAIN A LONG-TERM CHANGE, AND EDUCATIONAL MATERIAL AND RESOURCES TO IMPROVE HEALTH.

ENVIRONMENTAL/SOCIAL PROBLEMS

1. JOB OPPORTUNITIES:

A. IMPLEMENT WORKFORCE READINESS TRAININGS FOR EXISTING POPULATION HEALTH PROGRAMS' CLIENTS. SINAI'S WORKFORCE DEVELOPMENT PROGRAM, VSP, PROVIDES WORKFORCE READINESS TRAINING FOR PEOPLE THROUGHOUT BALTIMORE CITY. THE TARGET POPULATION FOR THESE SERVICES ARE PEOPLE WITH DISABILITIES AND OTHER QUALIFICATIONS TO WHICH FUNDING SOURCES ARE ATTACHED. A NEED WAS RECOGNIZED AMONG THE HUNDREDS OF CLIENTS ALREADY SERVED BY THE PROGRAMS WITHIN SINAI'S COMMUNITY INITIATIVES DEPARTMENT TO RECEIVE THE SAME KIND OF SUPPORT AS VSP CLIENTS. FOR INSTANCE, VICTIMS OF DOMESTIC VIOLENCE WHO ARE SERVED BY THE FAMILY VIOLENCE PROGRAM OFTEN HAVE ECONOMIC CONSTRAINTS THAT PREVENT THEM FROM LEAVING THEIR ABUSIVE RELATIONSHIPS, AND THEY COULD BENEFIT FROM WORKFORCE TRAINING AND JOB COUNSELING. PARTICIPANTS OF KUJICHAGULIA CENTER/STREET VIOLENCE INTERVENTION PROGRAM ALREADY RECEIVE SOME LEVEL OF WORKFORCE DEVELOPMENT, BUT THEY COULD BENEFIT GREATLY FROM MORE SUPPORT IN BEING LINKED TO HIRING

Part V Facility Information (continued)

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

OPPORTUNITIES INSIDE AND OUTSIDE OF THE ORGANIZATION. SINAI IS ASSESSING OPPORTUNITIES TO EXTEND THE PROGRAMS OF ITS COMMUNITY INITIATIVES DEPARTMENT TO MEET THESE NEEDS.

ACCESS TO HEALTH CARE:

1. HEALTH EDUCATION/LACK OF KNOWLEDGE ABOUT AVAILABLE RESOURCES:

A. ADD PASTORAL OUTREACH COORDINATOR AND COMMUNITY EDUCATOR TO COMMUNITY HEALTH EDUCATION TEAM. THE COMMUNITY HEALTH EDUCATION TEAM HAS GROWN IN PAST YEARS IN RESPONSE TO PAST NEEDS HIGHLIGHTED IN THE CHNA. RECOGNIZING THE MANY DIFFERENT APPROACHES REQUIRED TO REACH COMMUNITY MEMBERS, POSITIONS WERE ADDED AND MOVED TO PROVIDE MORE OUTREACH TO FAITH COMMUNITIES AND OFFER NEW EDUCATIONAL TOPICS SUCH AS SEXUAL HEALTH FOR TEENS.

2. INSURANCE SIGNUPS:

A. CONTINUE TRAINING APPLICATION COUNSELORS WHO CAN ASSIST PATIENTS WITH INSURANCE SIGNUPS. THROUGH THE MARYLAND HEALTH BENEFIT EXCHANGE, SINAI IS CERTIFIED AS AN ASCE, OR APPLICATION COUNSELOR SPONSORING ENTITY. THIS ALLOWS THE HOSPITAL TO OFFER TRAINING AND ADMINISTRATIVE SUPPORT TO ANY EMPLOYEE TO ASSIST PATIENTS OR CLIENTS IN SIGNING UP FOR INSURANCE. COMMUNITY HEALTH WORKERS AND SOCIAL WORKERS IN THE OUTPATIENT CLINIC AND POPULATION HEALTH PROGRAMS HAVE BEEN TRAINED TO PROVIDE THESE SIGNUPS. THIS OFFER WILL BE EXPANDED TO MEDICAL ASSISTANTS AND WORKERS IN OTHER FACILITIES.

NEEDS NOT ADDRESSED:

Part V Facility Information (continued)

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

1. NEIGHBORHOOD SAFETY/VIOLENCE: THIS WAS NOT A TOP PRIORITIZATION THIS YEAR SINCE THE STREET VIOLENCE INTERVENTION PROGRAM IS A ROBUST PROGRAM ACTIVELY WORKING WITH VICTIMS OF STREET VIOLENCE.

2. HOUSING/HOMELESSNESS: THIS CONCERN WILL BE ADDRESSED THROUGH A COLLABORATIVE WITH OTHER CITY HOSPITALS, WHICH IS COMMITTED TO DEVELOPING A HOUSING STRATEGY FOR BEHAVIORAL HEALTH PATIENTS.

3. LACK OF TRANSPORTATION: THROUGH THE CARE MANAGEMENT DEPARTMENT AND OTHER PROGRAMS THAT WORK WITH PEOPLE IN THE COMMUNITY, TRANSPORTATION FUNDING IS PROVIDED FOR MANY PATIENTS WHO NEED HELP IN GETTING TO THEIR DOCTORS' APPOINTMENTS. SINCE PATIENTS AND CLIENTS ARE SERVED WELL BY THESE RESOURCES, THIS CONCERN WAS NOT PRIORITIZED AS A TARGET FOR FURTHER INVESTMENT.

4. INSURANCE TOO EXPENSIVE: IT WAS DETERMINED THIS WAS NOT WITHIN THE PURVIEW OF THE HOSPITAL.

5. INSURANCE NOT ACCEPTED: IT WAS DETERMINED THAT THIS PROBLEM WOULD BE BEST ADDRESSED BY THE PHYSICIAN OFFICES.

6. LIMITED ACCESS TO HEALTHY FOODS: THIS NEED WAS NOT EXPRESSED AS A TOP PRIORITY AMONG COMMUNITY MEMBERS.

7. POVERTY: SINAI IS FOCUSING ON ADDRESSING THE UNDERLYING PROBLEMS (INCLUDING JOB READINESS, TRANSPORTATION) LEADING TO POVERTY.

Part V Facility Information (continued)

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

8. SCHOOL DROPOUT/POOR SCHOOLS: KUJICHAGULIA CENTER CURRENTLY IMPLEMENTS A MENTORSHIP PROGRAM FOR MIDDLE SCHOOLERS FOCUSED ON ADDRESSING BULLYING AND VIOLENCE IN THE AFRICAN AMERICAN/BLACK COMMUNITY.

9. WAIT IS TOO LONG FOR CARE: A SYSTEM-WIDE EFFORT IS BEING UNDERTAKEN TO ADDRESS THROUGHPUT IN VARIOUS HOSPITAL SETTINGS. THIS WOULD NOT BE TAKEN ON AS A COMMUNITY BENEFIT PROJECT BUT RATHER THROUGH QUALITY LEADERSHIP AT THE HOSPITAL.

10. STIGMA/DISCRIMINATION: THE CLINICALLY INTEGRATED NETWORK HAS BEGUN ADDRESSING STIGMA AND DISCRIMINATION BY INSTITUTING AN LGBTQ-FRIENDLY PROVIDER NETWORK. SINAI HOSPITAL'S PATIENT EXPERIENCE DEPARTMENT HAS ALSO HIRED A PATIENT LIAISON FOR THE LGBTQ COMMUNITY.

11. PHYSICIANS NOT TRUSTWORTHY: ADDRESSING THIS ISSUE WAS BEYOND THE SCOPE OF THE COMMUNITY BENEFIT INITIATIVE.

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 16A:

[HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/FINANCIALASSISTANCE/SINAI/SINAIFINANCIALASSISTANCEAPPLICATION.PDF](http://www.lifebridgehealth.org/uploads/public/documents/financialassistance/sinai/sinaifinancialassistanceapplication.pdf)

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 16B:

[HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/FINANCIALASSISTANCE/SINAI/SINAIFINANCIALASSISTANCEAPPLICATION.PDF](http://www.lifebridgehealth.org/uploads/public/documents/financialassistance/sinai/sinaifinancialassistanceapplication.pdf)

Part V Facility Information (continued)

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

ANCE/SINAI/SINAI COVER LETTER AND APPLICATION.PDF

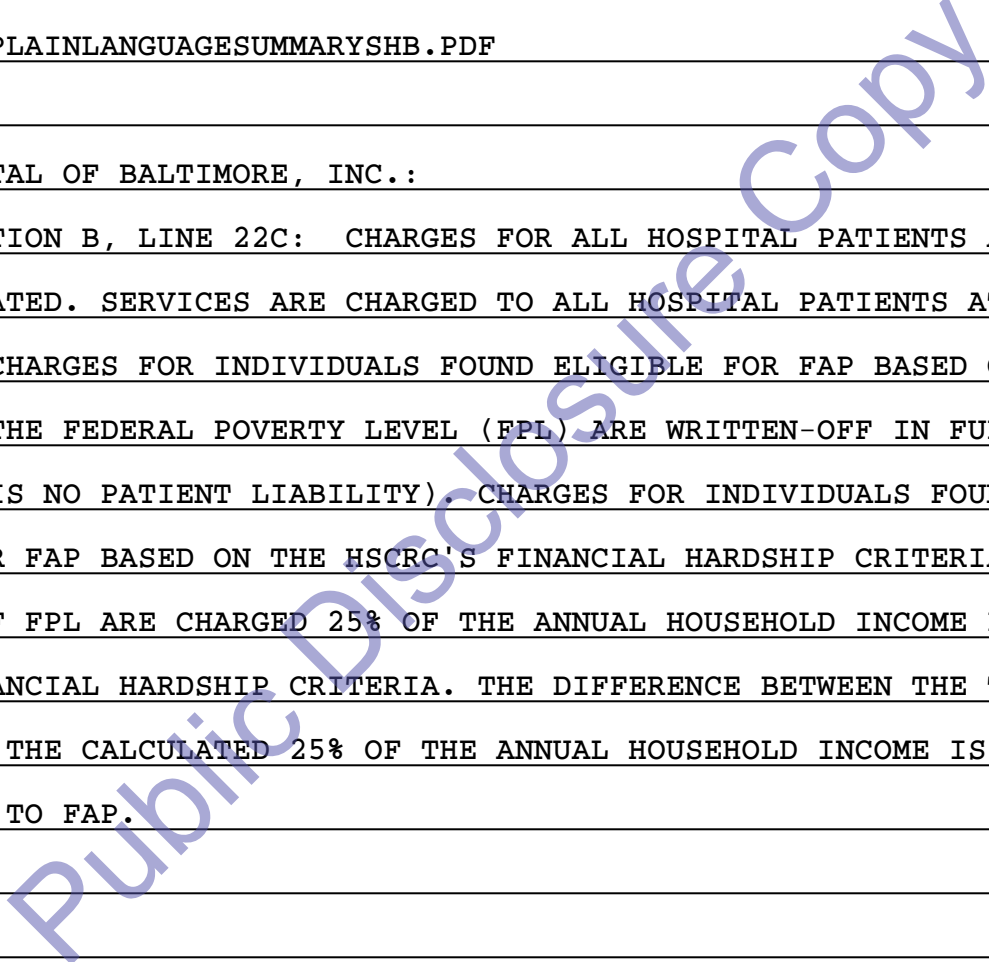
SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 16C:

HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/FINANCIAL ASSISTANCE/SINAI/PLAIN LANGUAGE SUMMARY SHB.PDF

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 22C: CHARGES FOR ALL HOSPITAL PATIENTS ARE STATE REGULATED. SERVICES ARE CHARGED TO ALL HOSPITAL PATIENTS AT THE SAME RATE. CHARGES FOR INDIVIDUALS FOUND ELIGIBLE FOR FAP BASED ON 300% OR LESS OF THE FEDERAL POVERTY LEVEL (FPL) ARE WRITTEN-OFF IN FULL TO FAP (THERE IS NO PATIENT LIABILITY). CHARGES FOR INDIVIDUALS FOUND ELIGIBLE FOR FAP BASED ON THE HSCRC'S FINANCIAL HARDSHIP CRITERIA OF 301%-500% OF FPL ARE CHARGED 25% OF THE ANNUAL HOUSEHOLD INCOME PER THE HSCRC'S FINANCIAL HARDSHIP CRITERIA. THE DIFFERENCE BETWEEN THE TOTAL CHARGES AND THE CALCULATED 25% OF THE ANNUAL HOUSEHOLD INCOME IS WRITTEN OFF TO FAP.



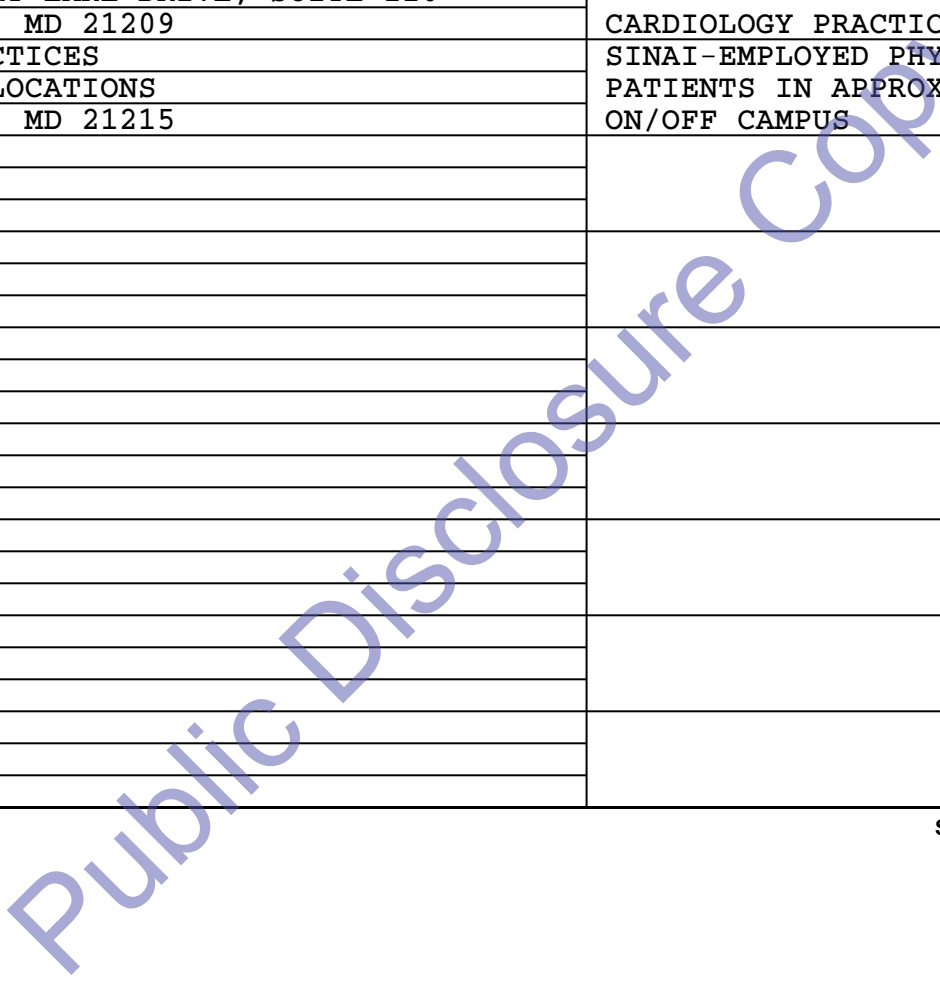
Part V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
1 WILLIAM E KAHLERT REGIONAL CANCER CENT 291 STONER AVENUE WESTMINSTER, MD 21157	CANCER CENTER
2 LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE L 2700 QUARRY LAKE DRIVE, SUITE 220 BALTIMORE, MD 21209	CARDIOLOGY PRACTICE
3 OTHER PRACTICES MULTIPLE LOCATIONS BALTIMORE, MD 21215	SINAI-EMPLOYED PHYSICIANS SEE PATIENTS IN APPROX. 55 SITES ON/OFF CAMPUS



Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

SINAI HOSPITAL OF BALTIMORE, INC. PROVIDES SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES TO PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY CARE POLICY. IT DOES NOT PURSUE THE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE AND THOSE AMOUNTS ARE NOT REPORTED AS REVENUE. THE CRITERIA CONSIDERS GROSS INCOME AND FAMILY SIZE ACCORDING TO CURRENT FEDERAL POVERTY GUIDELINES. TO QUALIFY, THE PATIENT MUST SHOW PROOF OF INCOME 300% OR LESS OF THE FEDERAL POVERTY GUIDELINES. A SLIDING SCALE IS USED TO DETERMINE ELIGIBILITY FOR THOSE WHOSE INCOME EXCEEDS 300%. ELIGIBILITY IS CALCULATED BASED ON THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD. THE PROGRAM COVERS UNINSURED, UNDER-INSURED AND PATIENT LIABILITY AFTER INSURANCE(S) PAY. APPROVALS ARE GRANTED FOR A TWELVE MONTH PERIOD OF TIME AND PATIENTS ARE ENCOURAGED TO RE-APPLY FOR CONTINUED ELIGIBILITY.

PART I, LINE 7:

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW

Part VI Supplemental Information (Continuation)

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 BREAK-OUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. THE COST OF RENDERING SERVICES FOR MEDICAL ASSISTANCE PATIENTS IS APPROXIMATELY EQUAL TO MEDICAID REVENUES IN MARYLAND. THUS, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

PART I, LINE 7A - I:

THE FOLLOWING COSTING METHODOLOGIES WERE USED TO CALCULATE LINES 7A THROUGH 7I ON THE COMMUNITY BENEFIT REPORT.

OFFSETTING REVENUE - REVENUE FROM THE ACTIVITY DURING THE YEAR THAT OFFSETS THE TOTAL COMMUNITY BENEFIT EXPENSE OF THAT ACTIVITY, IT INCLUDES ANY REVENUE GENERATED BY THE ACTIVITY OR PROGRAM, SUCH AS A PAYMENT OR REIMBURSEMENT FOR SERVICES PROVIDED TO PROGRAM PATIENTS. OFFSETTING REVENUE INCLUDES RESTRICTED GRANTS OR CONTRIBUTIONS USED TO PROVIDE A COMMUNITY BENEFIT, BUT DOES NOT INCLUDE UNRESTRICTED GRANTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE COMMUNITY BENEFIT.

DIRECT COSTS - DIRECT COSTS INCLUDE SALARIES, EMPLOYEE BENEFITS, SUPPLIES, INTEREST ON FINANCING, TRAVEL AND OTHER COSTS THAT ARE DIRECTLY ATTRIBUTABLE TO THE SPECIFIC SERVICE AND THAT WOULD NOT EXIST IF THE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

SERVICE OR EFFORT DID NOT EXIST.

INDIRECT COSTS - INDIRECT COSTS ARE COSTS NOT ATTRIBUTED TO PRODUCTS AND/OR SERVICES THAT ARE INCLUDED IN THE CALCULATION OF COSTS FOR COMMUNITY BENEFIT. THESE COULD INCLUDE, BUT ARE NOT LIMITED TO, SALARIES FOR HUMAN RESOURCES AND FINANCE DEPARTMENTS, INSURANCE AND OVERHEAD EXPENSES.

PART I, LINE 7G:

INCLUDED IN THESE EXPENSES ARE DIRECT AND INDIRECT COSTS ATTRIBUTABLE TO PHYSICIANS CLINICS TOTALING \$4,502,400.

PART II, COMMUNITY BUILDING ACTIVITIES:

AS A LARGE EMPLOYER AND PROVIDER OF HEALTH SERVICES IN THE NORTHWEST QUADRANT OF BALTIMORE CITY AND PARTS OF SOUTHERN BALTIMORE COUNTY, LIFE BRIDGE HEALTH PROVIDES COMMUNITY BENEFITS THAT ENHANCE THE OVERALL QUALITY OF LIFE IN OUR SURROUNDING COMMUNITIES. THIS IS ACCOMPLISHED THROUGH HOUSING ENHANCEMENT INITIATIVES, BUSINESS DEVELOPMENT AND WORKFORCE DEVELOPMENT.

THE COMMUNITY SERVICE CORPS, A GROUP OF EMPLOYEE VOLUNTEERS, STAFFS COMMUNITY SERVICE PROJECTS SUCH AS PAINTING LOCAL SCHOOLS, PARK BEAUTIFICATION, HOME IMPROVEMENT FOR SENIORS, HOLIDAY PARTIES FOR CHILDREN WHOSE MOTHERS ARE IN RESIDENTIAL SUBSTANCE ABUSE TREATMENT AT A NEARBY FACILITY, AND AN ANNUAL THANKSGIVING BASKET DISTRIBUTION TO NEEDY COMMUNITY RESIDENTS.

THE BUILDING BRIDGES MENTORING PROGRAM TRAINS LIFE BRIDGE HEALTH STAFF TO

Part VI Supplemental Information (Continuation)

SERVE AS ROLE MODELS AND LIFE COACHES FOR STUDENTS IN SELECTED COMMUNITY SCHOOLS. THE MENTORS AND MENTEES MEET REGULARLY TO EXPLORE HEALTHCARE CAREERS AND FOCUS ON THE SKILLS AND ABILITIES FOR SUCCESS AT SCHOOL AND IN THE COMMUNITY.

SINAI HOSPITAL PARTNERS WITH HEALTHY NEIGHBORS, INC., AN ORGANIZATION THAT BUILDS STRONG NEIGHBORHOODS IN UNDERVALUED COMMUNITIES, BY OFFERING LOW INTEREST LOANS FOR PURCHASE AND REHAB BY HOMEOWNERS, PROVIDING PROFESSIONAL ADVICE FOR REHABBERS AND FUNDING COMMUNITY PROJECTS THAT SUPPORT POSITIVE IMAGES. SINAI SUPPORTS A STAFF PERSON WHO IMPLEMENTS HEALTHY NEIGHBORHOODS SERVICES IN SINAI'S PERIMETER NEIGHBORHOODS.

SINAI HOSPITAL'S VOCATIONAL SERVICES PROGRAM (VSP) OFFERS VOCATIONAL TRAINING SERVICES TO INCREASE EMPLOYMENT OPPORTUNITIES IN HEALTH CARE FIELDS FOR COMMUNITY RESIDENTS, ESPECIALLY IDLE YOUTH. FOR EXAMPLE, THE HEALTHCARE CAREERS ALLIANCE PROVIDES JOB READINESS TRAINING FOR OUT-OF-SCHOOL YOUTH BETWEEN THE AGES OF 18-21 TO PREPARE THEM FOR HEALTHCARE-RELATED CAREERS.

PART III, LINE 2:
BAD DEBT EXPENSE IS ESTIMATED BY USING HISTORICAL RATES FOR EACH PAYOR AND THE LENGTH OF TIME THE RECEIVABLE HAS BEEN OUTSTANDING. THESE RATES ARE REVISITED FROM TIME TO TIME AND ADJUSTED WHEN DEEMED APPROPRIATE. ANY ADDITIONAL RESERVES ARE DETERMINED BY THE HOSPITAL'S EXECUTIVES.

PART III, LINE 3:
SINAI HOSPITAL OF BALTIMORE, INC. DETERMINES ELIGIBILITY FOR FINANCIAL ASSISTANCE THROUGH OTHER VARIOUS MEANS SUCH AS ELIGIBLE FOR

Part VI Supplemental Information (Continuation)

NON-REIMBURSABLE MEDICAID PROGRAMS, ENROLLED IN MEANS-TESTED SOCIAL PROGRAMS, ENROLLED IN STATE OF MARYLAND GRANT FUNDED PROGRAMS WHERE REIMBURSEMENT IS LESS THAN THE CHARGE, ELIGIBLE UNDER THE JEWISH FAMILY CHILDREN'S SERVICES, OUT-OF-STATE MEDICAID PROGRAMS, MARYLAND MEDICAID ELIGIBLE AFTER ADMISSION, MARYLAND MEDICAID 216 AND IF THE PATIENT WAS DENIED MEDICAID FOR NOT MEETING DISABILITY REQUIREMENTS. OF THE REMAINING BAD DEBT EXPENSE, IT IS ESTIMATED THAT \$14,590,740 IN COST MAY BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE.

PART III, LINE 4:

ALL PATIENT ACCOUNTS ARE HANDLED CONSISTENTLY AND APPROPRIATELY TO MAXIMIZE CASH FLOW AND TO IDENTIFY BAD DEBT ACCOUNTS TIMELY. ACTIVE ACCOUNTS ARE CONSIDERED BAD DEBT ACCOUNTS WHEN THEY MEET SPECIFIC COLLECTION ACTIVITY GUIDELINES AND/OR ARE REVIEWED BY THE APPROPRIATE MANAGEMENT AND DEEMED TO BE UNCOLLECTIBLE. EVERY EFFORT IS MADE TO IDENTIFY AND PURSUE ALL ACCOUNT BALANCE LIQUIDATION OPTIONS INCLUDING, BUT NOT LIMITED TO THIRD PARTY PAYOR REIMBURSEMENT, PATIENT PAYMENT ARRANGEMENTS, MEDICAID ELIGIBILITY AND FINANCIAL ASSISTANCE. THIRD PARTY RECEIVABLE MANAGEMENT AGENCIES PROVIDE EXTENDED BUSINESS OFFICE SERVICES AND INSURANCE OUTSOURCE SERVICES TO ENSURE MAXIMUM EFFORT IS TAKEN TO RECOVER INSURANCE AND SELF-PAY DOLLARS BEFORE TRANSFER TO BAD DEBT. CONTRACTUAL ARRANGEMENTS WITH THIRD PARTY COLLECTION AGENCIES ARE USED TO ASSIST IN THE RECOVERY OF BAD DEBT DOLLARS AFTER ALL INTERNAL COLLECTION EFFORTS HAVE BEEN EXHAUSTED. IN SO DOING, THE COLLECTION AGENCIES MUST OPERATE CONSISTENTLY WITH SINAI HOSPITAL'S GOAL OF MAXIMUM BAD DEBT RECOVERY AND STRICT ADHERENCE WITH FAIR DEBT COLLECTIONS PRACTICES ACT (FDCPA) RULES AND REGULATIONS, WHILE MAINTAINING POSITIVE PATIENT RELATIONS. SEE AUDITED FINANCIAL STATEMENTS PAGE 17.

Part VI Supplemental Information (Continuation)

PART III, LINE 8:

COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS TOTAL REVENUE RECEIVED FROM MEDICARE (DSH & IME) AND MEDICARE ALLOWABLE COSTS ARE DERIVED FROM THE ANNUAL MEDICARE COST REPORT. THE INPATIENT ROUTINE COSTS ARE DERIVED FROM THE STEP-DOWN METHODOLOGY BASED ON ACCEPTED STATISTICAL ALLOCATION WITH A UNIFORM PER DIEM COST FOR EACH PAYOR TYPE. THE ANCILLARY MEDICARE ALLOWABLE COSTS ARE INITIALLY DERIVED FROM THE STEP-DOWN METHODOLOGY BUT ARE ALLOCATED TO THE PAYOR TYPES BASED ON THE RATIO OF COST TO CHARGE FOR EACH PAYOR.

PART III, LINE 9B:

PATIENTS CAN BE DETERMINED ELIGIBLE FOR FINANCIAL ASSISTANCE (F.A.) PROSPECTIVELY OR RETROSPECTIVELY. THE F.A. ELIGIBILITY PERIOD EXPIRES ONE YEAR FROM THE MONTH ELIGIBILITY IS APPROVED FOR MEDICALLY NECESSARY SERVICES. THE PATIENT IS ASKED TO PROVIDE THE F.A. APPROVAL LETTER FOR SERVICES PROVIDED WITHIN THE ELIGIBILITY PERIOD. THE HOSPITAL WILL MAKE EVERY EFFORT TO IDENTIFY PATIENTS ELIGIBLE FOR F.A., ALTHOUGH HOSPITAL SYSTEMS DO NOT ALLOW FOR THIS TO BE AUTOMATED. BALANCES APPROVED FOR FINANCIAL ASSISTANCE ARE WRITTEN-OFF TO A ZERO BALANCE AND THEREFORE NOT PURSUED BY INTERNAL COLLECTION PROCESSES OR THIRD PARTY AGENCIES. BALANCES ALREADY PLACED WITH THIRD PARTY AGENCIES ARE WRITTEN-OFF TO A ZERO BALANCE AND THE ACCOUNTS ARE CLOSED AND RETURNED BY THE THIRD PARTY AGENCY.

PART VI, LINE 2:

SINAI HOSPITAL OF BALTIMORE, INC. IS INVOLVED WITH THE BALTIMORE CITY HEALTH DEPARTMENT'S ACCOUNTABLE HEALTH COMMUNITIES PROJECT, IDENTIFYING AREAS OF SIGNIFICANT SOCIAL NEED AND TARGETING EFFORTS AROUND THESE AREAS.

Part VI Supplemental Information (Continuation)

WE ALSO WORK REGULARLY WITH A GROUP OF BALTIMORE CITY HOSPITALS LOOKING CONTINUALLY AT NEEDS OF OUR SURROUNDING COMMUNITIES AND ADDRESSING THOSE NEEDS.

THROUGH OUR CARE COORDINATION PROGRAMS, WE USE ASSESSMENTS AND DATA ANALYTICS TO IDENTIFY NEEDS AND DEVELOP TARGETED POPULATION HEALTH PROGRAMS AS WELL AS INDIVIDUAL CARE GOALS.

SINAI'S M. PETER MOSER COMMUNITY INITIATIVES DEPARTMENT PROVIDES SERVICES THAT RESPOND TO MORE THAN THE SPECIFIC MEDICAL CONDITION, TAKING INTO ACCOUNT THE SOCIAL DETERMINANTS OF HEALTH THAT MAY CONTRIBUTE TO AN INDIVIDUAL'S OR A COMMUNITY'S POOR HEALTH STATUS. SUCH SERVICES ARE BASED ON AN UNDERSTANDING THAT PERSONS WHO EXPERIENCE AN ACUTE MEDICAL CONDITION MAY WELL HAVE MUCH GREATER OBSTACLES TO POSITIVE HEALTH OUTCOMES THAN THE SPECIFIC DIAGNOSIS, AND THAT THE MEDICAL PRESENTATION MAY HAVE BEEN CAUSED OR AT LEAST EXACERBATED BY THE PERSON'S PSYCHOSOCIAL SITUATION THAT RESULTS FROM POVERTY AND INEQUALITIES THAT EXIST IN THE STRUCTURE OF OUR SOCIETY. THESE PROGRAMS INVOLVE A MEDICAL ASSESSMENT BY THE CTC NURSE AND AN ENROLLMENT ASSESSMENT." BOTH ASSESSMENTS ARE ESSENTIAL TO THE ENROLLMENT PROCESS; THE MEDICAL ASSESSMENT DETERMINES MEDICAL RISK AND ELIGIBILITY ACCORDING TO MEDICAL CRITERIA, AND THE COMMUNITY HEALTH WORKER DETERMINES READINESS AND POTENTIAL FOR BEHAVIOR CHANGE RELATED TO HEALTH BEHAVIORS AND SELF-HELP.

WE OFTEN USE INFORMATION GATHERED DURING OUR EDUCATIONAL PROGRAM EVALUATIONS (DONE BY SURVEY AND INFORMAL CONVERSATION) WHICH ASK IF THERE ARE (1) ANY CHANGES SUGGESTED TO THE PROGRAM; AND (2) ANY TOPICS PEOPLE WOULD LIKE TO SEE COVERED THAT WERE NOT COVERED IN THE PROGRAM. WE ALSO

Part VI Supplemental Information (Continuation)

WORK IN CLOSE COLLABORATION WITH THE LOCAL HEALTH DEPARTMENTS (BALTIMORE CITY AND COUNTY) WITH REGARD TO THEIR HEALTH INITIATIVES AND STATISTICS, AND ALSO DIRECTLY WITH ORGANIZATIONS TO MEET THEIR REQUESTS FOR SUBJECT MATTER (E.G., ZETA CENTER SENIORS MAY REQUEST AN EVENT SURROUNDING MEMORY ENHANCEMENT). WE ALSO WORK WITH INTERNAL SPECIALTIES IN LBH TO AID IN TARGETED HEALTH EDUCATION AS NEEDED.

PART VI, LINE 3:

THE FOLLOWING DESCRIBES MEANS USED AT SINAI HOSPITAL TO INFORM AND ASSIST PATIENTS REGARDING ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER GOVERNMENTAL PROGRAMS AND THE HOSPITAL'S CHARITY CARE PROGRAM. FINANCIAL ASSISTANCE NOTICES, INCLUDING CONTACT INFORMATION, ARE POSTED IN THE BUSINESS OFFICE AND ADMITTING, AS WELL AS POINTS OF ENTRY AND REGISTRATION THROUGHOUT THE HOSPITAL. PATIENT FINANCIAL SERVICES BROCHURE 'FREEDOM TO CARE' IS AVAILABLE TO ALL INPATIENTS. BROCHURES ARE ALSO AVAILABLE IN ALL OUTPATIENT REGISTRATION AND SERVICE AREAS. SINAI HOSPITAL EMPLOYS A FINANCIAL ASSISTANCE LIAISON WHO IS AVAILABLE TO ANSWER QUESTIONS AND TO ASSIST PATIENTS AND FAMILY MEMBERS WITH THE PROCESS OF APPLYING FOR FINANCIAL ASSISTANCE. A PATIENT INFORMATION SHEET IS MADE AVAILABLE TO ALL INPATIENTS PRIOR TO DISCHARGE. SINAI HOSPITAL'S UNINSURED (SELF-PAY) AND UNDER-INSURED (MEDICARE BENEFICIARY WITH NO SECONDARY) MEDICAL ASSISTANCE ELIGIBILITY PROGRAM SCREENS, ASSISTS WITH THE APPLICATION PROCESS AND ULTIMATELY CONVERTS PATIENTS TO VARIOUS MEDICAL ASSISTANCE COVERAGE AND INCLUDES ELIGIBILITY SCREENING AND ASSISTANCE WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AS PART OF THAT PROCESS. SINAI HOSPITAL PARTICIPATES WITH LOCAL ASSOCIATED JEWISH CHARITIES TO PROVIDE FINANCIAL ASSISTANCE ELIGIBILITY FOR QUALIFYING PATIENTS. ALL HOSPITAL STATEMENTS AND ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS INCLUDE A MESSAGE REFERENCING

Part VI Supplemental Information (Continuation)

THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT INFORMATION TO DISCUSS SINAI'S FINANCIAL ASSISTANCE PROGRAM. COLLECTION AGENCIES' INITIAL STATEMENT REFERENCES THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT INFORMATION TO DISCUSS SINAI'S FINANCIAL ASSISTANCE PROGRAM. ALL HOSPITAL PATIENT FINANCIAL SERVICES STAFF, ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS, COLLECTION AGENCIES AND MEDICAID ELIGIBILITY VENDORS ARE TRAINED TO IDENTIFY POTENTIAL FINANCIAL ASSISTANCE ELIGIBILITY AND ASSIST PATIENTS WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. FINANCIAL ASSISTANCE APPLICATION AND INSTRUCTIONS COVER SHEET IS AVAILABLE IN RUSSIAN AND SPANISH. SINAI HOSPITAL HOSTS AND PARTICIPATES IN VARIOUS DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND MARYLAND HOSPITAL ASSOCIATION SPONSORED CAMPAIGNS LIKE 'COVER THE UNINSURED WEEK'.

PART VI, LINE 4:

SINAI HOSPITAL OF BALTIMORE IS LOCATED IN THE NORTHWEST QUADRANT OF BALTIMORE CITY, SERVING BOTH ITS IMMEDIATE NEIGHBORS AND OTHERS FROM THROUGHOUT THE BALTIMORE CITY AND COUNTY REGION. THE NEIGHBORHOODS SURROUNDING SINAI ARE IDENTIFIED BY THE BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE (BNIA) AS SOUTHERN PARK HEIGHTS (SPH) AND PIMLICO/ARLINGTON/HILLTOP (PAH). TOGETHER THEY CONSTITUTE AN AREA THAT IS PREDOMINANTLY AFRICAN AMERICAN WITH A BELOW AVERAGE MEDIAN FAMILY INCOME, BUT ABOVE AVERAGE RATES FOR UNEMPLOYMENT AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH. SPH AND PAH'S MEDIAN HOUSEHOLD INCOME WAS \$26,015 AND \$32,410 RESPECTIVELY. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$41,819. THE PERCENT OF FAMILIES EARNING LESS THAN THE FEDERAL SELF-SUFFICIENCY STANDARD IN SPH WAS 46.4% AND PAH'S INDICATORS WERE

Part VI Supplemental Information (Continuation)

28.4%. THE UNEMPLOYMENT RATE FOR BALTIMORE CITY WAS 13.1%. SPH AND PAH HAD UNEMPLOYMENT RATES OF 23.6% AND 17.1% RESPECTIVELY. THE SEVEN ZIP CODES THAT REPRESENT THE PRIMARY SERVICE AREA IN FISCAL YEAR 2020 WERE 21215, 21207, 21208, 21209, 21216, 21117, AND 21071.

THE BALTIMORE CITY HEALTH DEPARTMENT USES COMMUNITY STATISTICAL AREAS (CSAS) WHEN ANALYZING HEALTH OUTCOMES AND RISK FACTORS. THE CSAS REPRESENT CLUSTERS OF NEIGHBORHOODS BASED ON CENSUS TRACK DATA RATHER THAN ZIP CODE AND WERE DEVELOPED BY THE CITY'S PLANNING DEPARTMENT BASED ON RECOGNIZABLE CITY NEIGHBORHOOD PERIMETERS. WE IDENTIFIED CSAS CONTAINED WITHIN THE ZIP CODES OF THE PRIMARY SERVICE AREAS THAT BEST REPRESENT THE COMMUNITIES SERVED BY THE COMMUNITY BENEFIT ACTIVITIES AT SINAI HOSPITAL. ONE ZIP CODE (21207) SPANS CITY/COUNTY LINES. BALTIMORE COUNTY DOES NOT PROVIDE CSAS. THE RACIAL COMPOSITION AND INCOME DISTRIBUTION OF THE ABOVE-INDICATED ZIP CODES REFLECT THE RACIAL SEGREGATION AND INCOME DISPARITY CHARACTERISTIC OF THE BALTIMORE METROPOLITAN REGION. FOR EXAMPLE, PAH AND SPH HAVE A PREDOMINANTLY AFRICAN AMERICAN POPULATION AT 94.5% AND 96.3% RESPECTIVELY. THIS IS IN CONTRAST TO THE NEIGHBORING MOUNT WASHINGTON/COLDSRING COMMUNITY IN WHICH THE MEDIAN HOUSEHOLD INCOME IS \$76,263 AND THE UNEMPLOYMENT RATE WAS 4.5%. THE RACIAL/ETHNIC COMPOSITION OF THE MW/C COMMUNITY IS MUCH MORE COMPLEX BUT THE POPULATION IS PREDOMINANTLY (65.8%) WHITE.

PART VI, LINE 5:

THE M. PETER MOSER COMMUNITY INITIATIVES PROGRAM AT SINAI HOSPITAL PROVIDES SERVICES THAT SEEK TO IMPROVE THE HEALTH AND WELL-BEING OF PERSONS AND FAMILIES WHOSE HEALTH IS NEGATIVELY IMPACTED BY THE SOCIAL DETERMINANTS OF HEALTH. FOCUS IS ON INDIVIDUALS AND FAMILIES WHO COME TO THE HOSPITAL SEEKING SERVICES FOR SPECIFIC CONDITIONS SUCH AS HIGH-RISK

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

PREGNANCY, HIV INFECTION, PERINATAL MOOD DISORDERS OR ADDICTION, INTIMATE PARTNER VIOLENCE, ETC. BUT WHOSE SOCIAL CONDITIONS MAY FURTHER IMPAIR HEALTH BEYOND THE ACUTE MEDICAL EPISODE. PSYCHOSOCIAL INTERVENTIONS ARE PROVIDED BY LICENSED SOCIAL WORKERS AND PARA-PROFESSIONAL OUTREACH WORKERS IN HOMES AND COMMUNITY LOCATIONS. SERVICES INCLUDE OUTREACH, HOME-VISITING, HEALTH, LIFE-SKILLS AND SAFETY EDUCATION, COUNSELING, INFORMATION AND REFERRALS, SERVICES COORDINATION, AND MENTORING OF YOUTH IN COMMUNITY SCHOOLS. SINAI'S DEPARTMENT OF PSYCHIATRY, IN RECOGNITION OF POOR NUTRITION AND ACCESSIBILITY TO CARE FOR MENTALLY ILL PATIENTS LIVING IN POVERTY, PROVIDES FREE HOT LUNCHESES AND TRANSPORTATION TO PATIENTS ENROLLED IN THE INTENSIVE OUTPATIENT/PARTIAL HOSPITALIZATION PROGRAM. IN ADDITION, THE SINAI HOSPITAL ADDICTIONS RECOVERY PROGRAM (SHARP), AN ADULT OUTPATIENT SUBSTANCE ABUSE PROGRAM, PROVIDES INDIVIDUAL, GROUP, AND FAMILY COUNSELING TO OPIATE-ADDICTED PATIENTS. SHARP ALSO OFFERS PRIMARY CARE SERVICES AS WELL AS INTEGRATED PSYCHIATRIC CARE FOR THOSE PATIENTS WITH A CO-EXISTING DISORDER. SINAI PROVIDES A VARIETY OF SUPPORT GROUPS THAT OFFER SOCIAL AND EMOTIONAL SUPPORT TO THOSE WHO SHARE A COMMON EXPERIENCE OR MEDICAL CONCERN. A DEPARTMENT OF COMMUNITY HEALTH EDUCATION PROVIDES FREE HEALTH PROMOTION EDUCATION ON A WIDE RANGE OF TOPICS AND COORDINATES FREE OR LOW-COST HEALTH SCREENINGS FOR THE COMMUNITY.

PART VI, LINE 6:

AS A TEACHING HOSPITAL WITH ITS OWN ACCREDITED, NON-UNIVERSITY-AFFILIATED RESIDENCY TRAINING PROGRAMS, SINAI HOSPITAL EMPLOYS A FACULTY OF 140 PHYSICIANS IN SEVERAL SPECIALTIES INCLUDING INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY, AND PEDIATRICS. FACULTY PHYSICIANS PROVIDE SERVICES TO PATIENTS THROUGH A FACULTY PRACTICE PLAN. WHEN PATIENTS REQUEST APPOINTMENTS IN THE FACULTY PRACTICE OFFICES, THEY ARE NOT SCREENED ON THE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

ABILITY TO PAY FOR SERVICES. PHYSICIAN FEES FOR UNINSURED PATIENTS ARE DETERMINED ON A SLIDING SCALE BASED ON INCOME. FEES MAY BE WAIVED IF A PATIENT HAS NO FINANCIAL RESOURCES. ADDITIONALLY, IN THOSE SPECIALTIES IN WHICH THE HOSPITAL DOES NOT HAVE A FACULTY, SUCH AS DENTISTRY, OTOLARYNGOLOGY, VASCULAR AND NEUROSURGERY, WE CONTRACT WITH SPECIALISTS IN ORDER TO PROVIDE CONTINUOUS CARE FOR PATIENTS ADMITTED TO THE HOSPITAL THROUGH THE EMERGENCY DEPARTMENT. IN THESE CASES, THE HOSPITAL COVERS THESE SPECIALISTS' CONSULTATION FEES AND FEES FOR PROCEDURES FOR INDIGENT PATIENTS. BECAUSE OF THESE TWO ARRANGEMENTS FOR PROVIDING SPECIALTY CARE FOR UNINSURED PATIENTS, WE ARE NOT ABLE TO DOCUMENT GAPS IN SPECIALIST CARE FOR UNINSURED PATIENTS.

SINAI HOSPITAL IS A COMPONENT OF LIFE BRIDGE HEALTH, A NONPROFIT HEALTH SYSTEM THAT PROVIDES A WIDE VARIETY OF HEALTH CARE AND RELATED SERVICES TO THE RESIDENTS OF CENTRAL MARYLAND. THE COMPONENTS OF THE LIFE BRIDGE SYSTEM WORK TOGETHER CLOSELY TO ENSURE THAT AS MANY AS POSSIBLE OF THE COMMUNITY'S NEEDS ARE MET IN AN INTEGRATED NONDUPLICATIVE MANNER.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASLAN PROJECT, INC 2000 MASSACHUSETTS AVE. NW WASHINGTON, DC 20036	45-5303190	501(C)3	30,000.	0.			GENERAL SUPPORT
BAIS YAAKOV SCHOOL FOR GIRLS 6302 SMITH AVE BALTIMORE, MD 21209	52-0613700	501(C)3	6,000.	0.			GENERAL SUPPORT
HOPE FOR HENRY FOUNDATION 2440 WISCONSIN AVENUE, SE 2ND FLOOR WASHINGTON, DC 20007	20-0244173	501(C)3	19,377.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SINAI HOSPITAL OF BALTIMORE INC IS A SUBSIDIARY OF THE LIFE BRIDGE HEALTH SYSTEM AND USES THE SAME PROCEDURES FOR MONITORING USE OF THEIR GRANTS: THE LIFE BRIDGE HEALTH SPONSORSHIP COMMITTEE REVIEWS SUBMITTED REQUESTS MONTHLY AND MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF SPONSORSHIPS PROVIDED BY LIFE BRIDGE HEALTH INC. AND ITS SUBSIDIARIES. SELECTION CRITERIA FOR SPONSORSHIPS ARE BASED ON THE SPECIFIC REQUEST OF THE APPLICANT AND ANY PRIOR HISTORY OF SPONSORSHIPS AWARDED BY THE LIFE BRIDGE SYSTEM. MEMBERS OF THE LIFE BRIDGE EXECUTIVE LEADERSHIP REVIEW THE SPONSORSHIP COMMITTEE AWARDS

Part IV Supplemental Information

AND PROVIDE RECOMMENDATIONS AS NEEDED.

Lined area for supplemental information with a large diagonal watermark reading "Public Disclosure Copy".

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **SINAI HOSPITAL OF BALTIMORE, INC.**
 Employer identification number: **52-0486540**

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>

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

Schedule J (Form 990) 2019

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

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

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

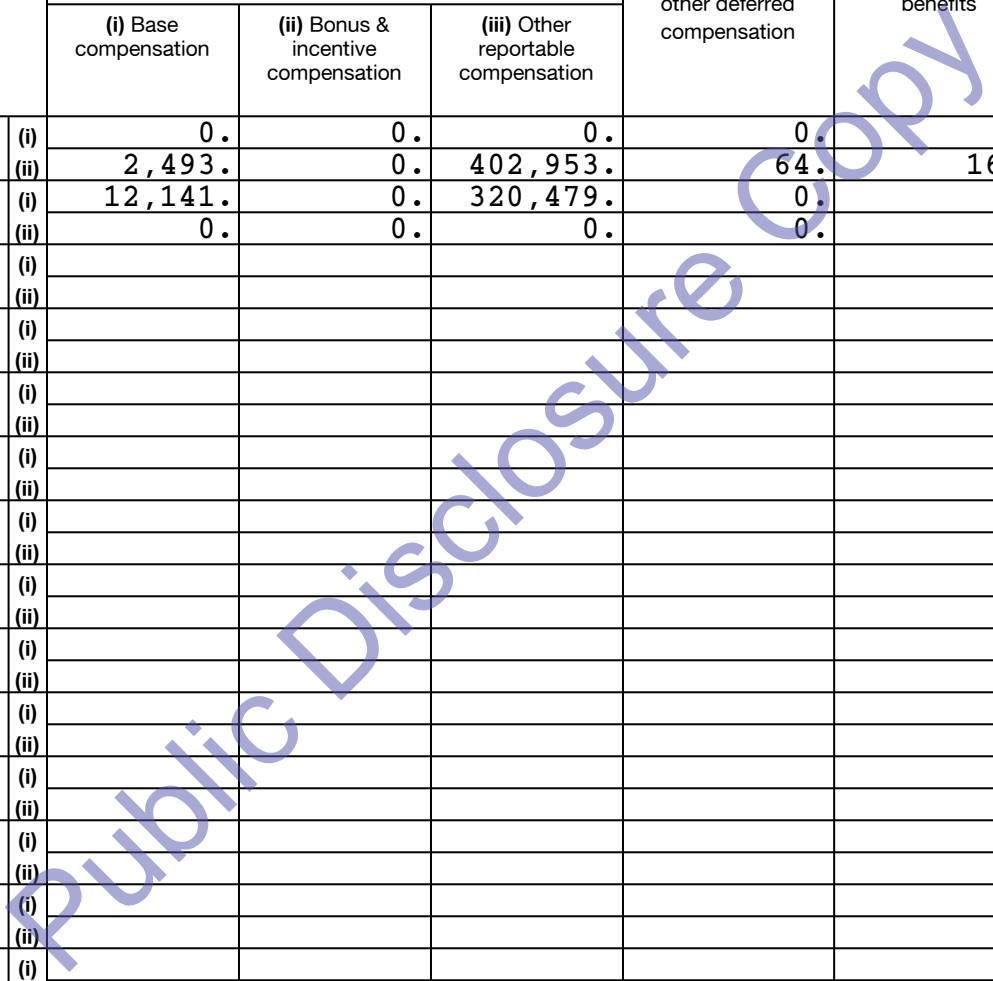
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LING-LING CHENG, MD DIRECTOR	(i)	205,087.	18,182.	8,817.	26,327.	23,684.	282,097.	7,050.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK R KATLIC, MD DIRECTOR	(i)	1,015,118.	98,378.	225,257.	9,954.	22,869.	1,371,576.	76,533.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JONATHAN RINGO, MD SVP LBH, PRESIDENT AND COO (PY)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	595,871.	225,606.	97,379.	136,855.	30,702.	1,086,413.	49,481.
(4) NEIL MELTZER PRESIDENT/CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	999,827.	842,880.	485,431.	388,916.	20,227.	2,737,281.	357,770.
(5) DAVID KRAJEWSKI EXEC VP/CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	763,808.	350,836.	147,315.	364,121.	26,336.	1,652,416.	90,169.
(6) JASON WEINER SVP AND GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	382,090.	198,002.	11,727.	87,237.	20,060.	699,116.	0.
(7) JAMES ROBERGE VP CAPITAL IMPROVEMENTS & SUPPORT SE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	278,657.	84,253.	89,004.	56,161.	23,901.	531,976.	26,532.
(8) TERRENCE CARNEY VP SUPPLY CHAIN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	263,224.	83,986.	143,743.	18,505.	2,563.	512,021.	28,293.
(9) NANCY KANE VP FINANCIAL REPORTING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,180.	76,646.	49,011.	62,153.	21,395.	453,385.	25,717.
(10) PHAEDRA STEWART VP HUMAN RESOURCES SINAI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	256,365.	76,821.	13,815.	42,864.	23,847.	413,712.	0.
(11) LOU DUNAWAY VP BUDGET & CAPITAL PLANNING/CFO LEV	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	229,776.	66,662.	3,718.	52,376.	19,451.	371,983.	0.
(12) RONALD DELANOIS, MD PHYSICIAN	(i)	639,003.	706,380.	85,647.	96,675.	24,977.	1,552,682.	67,886.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMES NACE, DO PHYSICIAN	(i)	559,400.	712,817.	94,571.	74,678.	1,330.	1,442,796.	60,869.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PETER CHO, MD SURGEON	(i)	929,414.	122,514.	43,545.	68,920.	24,747.	1,189,140.	37,062.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ALI TABRIZCHI, DO PHYSICIAN	(i)	803,328.	331,615.	270.	12,813.	26,270.	1,174,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) FOUAD ABBAS, MD PHYSICIAN	(i)	728,767.	74,817.	164,292.	132,652.	38,156.	1,138,684.	145,182.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JOEL SULDAN FORMER SENIOR VP & GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	2,493.	0.	402,953.	64.	165.	405,675.	117,375.
(18) LEATEEN (DIANE) JOHNSON FORMER VP PATIENT CARE	(i)	12,141.	0.	320,479.	0.	0.	332,620.	27,615.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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	(ii)							
	(i)							
	(ii)							



Part III Supplemental Information

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

PART I, LINE 1A:

ALL BOARD MEMBERS ARE ELIGIBLE FOR COMPLIMENTARY HEALTH CLUB MEMBERSHIPS.

THE BOARD MEMBERS WHO SIGN UP AND RECEIVE THE COMPLIMENTARY MEMBERSHIP ARE

REPORTED ON PART VII.

PART I, LINE 3:

THE COMPENSATION OF SINAI HOSPITAL OF BALTIMORE, INC.'S CEO/EXECUTIVE

DIRECTOR IS DETERMINED AT THE PARENT LEVEL BY LIFEBRIDGE HEALTH, INC. THE

METHODS USED AT LIFEBRIDGE HEALTH, INC. INCLUDE A COMPENSATION COMMITTEE,

INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT,

COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION

COMMITTEE.

PART I, LINES 4A-B:

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICIERS RECEIVED A SEVERANCE

PAYMENT:

LEATEEN (DIANE) JOHNSON \$ 292,864

Part III Supplemental Information

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

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATED IN A
LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

NEIL MELTZER	\$ 361,442
DAVID KRAJEWSKI	\$ 337,265
JONATHAN RINGO, MD	\$ 124,042
JAMES NACE, DO	\$ 59,594
RONALD DELANOIS, MD	\$ 71,956
FOUAD ABBAS, MD	\$ 107,026
PETER CHO, MD	\$ 48,277
LING-LING CHENG	\$ 7,050
PHAEDRA STEWART	\$ 31,031
JAMES ROBERGE	\$ 40,398
NANCY KANE	\$ 31,139
JASON WEINER	\$ 68,318
LOU DUNAWAY	\$ 25,332

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS RECEIVED PAYMENTS AS
PART OF THEIR PARTICIPATION IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL

Part III Supplemental Information

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

NONQUALIFIED RETIREMENT PLAN:

LEATEEN JOHNSON	\$ 27,615
DAVID KRAJEWSKI	\$ 105,878
NEIL MELTZER	\$ 428,403
JAMES NACE, DO	\$ 75,391
RONALD DELANOIS, MD	\$ 79,683
FOUAD ABBAS, MD	\$ 146,393
PETER CHO, MD	\$ 42,771
LING-LING CHENG	\$ 8,072
MARK KATLIC, MD	\$ 153,493
JOEL SULDAN	\$ 402,248
TERRENCE CARNEY	\$ 95,602
JONATHAN RINGO, MD	\$ 76,208
JAMES ROBERGE	\$ 62,501
NANCY KANE	\$ 39,862

COMPENSATION PROVIDED BY ORGANIZATION:

JONATHAN RINGO, MD RECEIVED COMPENSATION AS A PRESIDENT AND COO OF SINAI

Part III Supplemental Information

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

HOSPITAL OF BALTIMORE, INC., NOT AS A DIRECTOR.

LING-LING CHENG, MD RECEIVED COMPENSATION AS A PHYSICAL MEDICINE &
REHABILITATION SPECIALIST AT SINAI HOSPITAL OF BALTIMORE, INC., NOT AS A
DIRECTOR.

MARK KATLIC, MD RECEIVED COMPENSATION AS THE CHIEF DEPARTMENT OF SURGERY AT
SINAI HOSPITAL OF BALTIMORE, INC., NOT AS A DIRECTOR.

Public Disclosure Copy

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AMERICAN OFFICE EQUIPMENT	INDIRECT BUSINESS	614,880.	SINAI HOSPI		X
KELSEY KRAJEWSKI	FAMILY MEMBER OF DA	41,210.	SINAI HOSPI		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AMERICAN OFFICE EQUIPMENT CO., INC.

(D) DESCRIPTION OF TRANSACTION: SINAI HOSPITAL OF BALTIMORE, INC. AND THE LIFE BRIDGE HEALTH, INC. SUBSIDIARIES PAID APPROXIMATELY \$614,880 FOR OFFICE FURNITURE FROM AMERICAN OFFICE. MR. KUNTZ IS A DIRECTOR AND OFFICER OF SINAI HOSPITAL AND IS PRESIDENT OF THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: KELSEY KRAJEWSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DAVID KRAJEWSKI, EXECUTIVE VICE PRESIDENT/CFO

(D) DESCRIPTION OF TRANSACTION: SINAI HOSPITAL OF BALTIMORE, INC. AND LIFE BRIDGE HEALTH, INC. PAID APPROXIMATELY \$28,168 TO KELSEY KRAJEWSKI. KELSEY KRAJEWSKI WORKS FOR SINAI HOSPITAL AS A VOCATIONAL SPECIALIST. HER FATHER, DAVID KRAJEWSKI, IS THE EXECUTIVE VICE PRESIDENT/CFO OF SINAI HOSPITAL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	44,785 . COST	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO IMPROVE THE LIVES OF OUR PATIENTS AND OUR COMMUNITY.

FORM 990, PART III, LINE 1

SINAI HOSPITAL OF BALTIMORE HAS A LONGSTANDING MISSION TO PROVIDE QUALITY PATIENT CARE, EDUCATE MEDICAL STUDENTS AND RESIDENTS WHO WILL BECOME PHYSICIANS IN OUR COMMUNITY AND BEYOND, AND ENGAGE IN MEDICAL RESEARCH TO IMPROVE THE LIVES OF OUR PATIENTS AND OUR COMMUNITY. WE HAVE FOCUSED OUR ATTENTION ON QUALITY PATIENT CARE FOR MORE THAN 140 YEARS. THOUGH A JEWISH-SPONSORED HEALTH CARE ORGANIZATION, SINAI HOSPITAL'S DOORS HAVE BEEN OPEN TO CARE FOR THE SICK AND NEEDY REGARDLESS OF RACE, RELIGION OR ABILITY TO PAY. LOCATED IN NORTHWEST BALTIMORE CITY, SINAI HOSPITAL MEETS THE HEALTH CARE NEEDS OF AN EVER EXPANDING AND CULTURALLY DIVERSE POPULATION, MANY OF WHOM DO NOT HAVE ACCESS TO PRIMARY HEALTH CARE. SIGNIFICANT PORTIONS OF OUR SURROUNDING COMMUNITY FREQUENT SINAI ER-7 USING THIS EMERGENCY ROOM AS A DOCTOR'S OFFICE. LACK OF ACCESS TO HEALTH CARE IS A GROWING PROBLEM FOR MANY AMERICANS, AND SINAI HOSPITAL'S DOCTORS, NURSES AND ALLIED HEALTH CARE PROFESSIONALS UNDERSTAND THAT THE HOSPITAL'S MISSION ENDORSES OPEN ACCESS TO ALL. SINAI HOSPITAL HAS AN ESTABLISHED AND WELL POSTED CHARITY CARE POLICY THAT OFFERS A REASONABLE AMOUNT OF CARE AT NO CHARGE OR AT REDUCED RATES TO ELIGIBLE PERSONS WHO DO NOT HAVE INSURANCE. ELIGIBILITY FOR FREE CARE, REDUCED RATES AND EXTENDED PAYMENT PLANS IS DETERMINED ON A CASE BY CASE BASIS TO THOSE WHO CANNOT AFFORD TO PAY FOR CARE. SINAI'S COMMITMENT TO EDUCATION IS VISIBLE IN

ITS MEDICAL RESIDENCY PROGRAMS IN INTERNAL MEDICINE; PHYSICAL MEDICINE

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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AND REHABILITATION; OBSTETRICS AND GYNECOLOGY; PEDIATRICS; GENERAL SURGERY; AND OPHTHALMOLOGY. MANY OF THESE DOCTORS-IN-TRAINING CHOOSE SINAI FOR THEIR MEDICAL TRAINING BECAUSE OF ITS COMMUNITY SETTING AND STRONG ACADEMIC BACKGROUND. SINAI RESIDENTS STAFF A FREE TO LOW COST COMMUNITY HEALTH CENTER LOCATED ON SINAI'S CAMPUS. THIS CLINIC OFFERS PRIMARY MEDICAL, DENTAL AND PHARMACY SERVICES TO THE COMMUNITY SURROUNDING SINAI HOSPITAL. OUR YOUNG DOCTORS EMPLOY THE ART AND SCIENCE OF MEDICINE TO HELP A POPULATION WHOSE MEDICAL NEEDS ARE COMPLEX BECAUSE THEY OFTEN DON'T SEEK MEDICAL TREATMENT UNTIL THEY ARE IN CRISIS. SINAI'S COMMITMENT TO EDUCATION EXTENDS BEYOND TRAINING DOCTORS, NURSES AND OTHER HEALTH CARE PROFESSIONALS. SINAI HOSPITAL IS ALSO DETERMINED TO SHARE KNOWLEDGE AND INFORMATION WITH THE MANY PEOPLE WHO TURN TO US FOR HELP. THE COMMUNITY MISSION COMMITTEE OF LIFE BRIDGE HEALTH EVALUATES THE HEALTH CARE NEEDS OF THE COMMUNITY, REVIEWS EXISTING PROGRAMS AND DEVELOPS NEW SERVICES TO MEET THE NEEDS OF THE COMMUNITY. ONE OF THOSE SERVICES IS SINAI'S NEW BRIDGES TO IMPROVED CHILD HEALTH PROGRAM. THE MISSION OF NEW BRIDGES IS TO ASSIST YOUNG FAMILIES LIVING IN POVERTY TO EFFECTIVELY USE HEALTH AND SOCIAL SERVICES IN ORDER TO MAINTAIN AND ENHANCE THE HEALTH OF THEIR CHILDREN. PROGRAM SERVICES INCLUDE CASE MANAGEMENT, HEALTH EDUCATION, OUTREACH AND ADVOCACY SERVICES TO FAMILIES WITH CHILDREN FROM BIRTH TO SIX YEARS OF AGE. THE PROGRAM ALSO ADDRESSES THE NEEDS OF FATHERS THROUGH THE SERVICES DESCRIBED ABOVE. SERVICES ARE FREE TO ELIGIBLE FAMILIES. SINAI STAFF MEMBERS OFFER HOME VISITS, HEALTH SERVICES, EDUCATION, CRISIS INTERVENTION AND OUTREACH SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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ESTABLISHED RATES. THE HOSPITAL DOES NOT PURSUE THE COLLECTION OF THESE AMOUNTS.

FORM 990, PART VI, SECTION A, LINE 2:

RONNIE FOOTLICK AND LESLIE SCHALLER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION SHALL HAVE ONE MEMBER: LIFE BRIDGE HEALTH, INC. (THE "MEMBER") A MARYLAND NONSTOCK CORPORATION. MEMBERSHIP IN THE CORPORATION SHALL NOT BE TRANSFERABLE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBER SHALL HAVE THE EXCLUSIVE POWER AND AUTHORITY TO TAKE THE FOLLOWING ACTIONS: (1) EXCEPT FOR EX-OFFICIO DIRECTORS AS PROVIDED FOR IN THE BYLAWS, TO NOMINATE, ELECT, AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE CORPORATION; (2) TO APPOINT THE PRESIDENT OF THE CORPORATION WITH THE ADVICE AND CONSENT OF THE BOARD OF DIRECTORS; TO NOMINATE AND ELECT THE CORPORATION'S CHAIR, VICE CHAIR, SECRETARY, AND TREASURER; AND TO REMOVE EACH OF THE ABOVE-NAMED OFFICERS (WITH OR WITHOUT CAUSE), PROVIDED THAT THE BOARD OF DIRECTORS OF THE CORPORATION SHALL ALSO HAVE THE POWER TO REMOVE ANY OFFICER OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBER HAS POWER TO APPOINT AND/OR REMOVE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 10A:

THE POLICIES DESCRIBED IN PART VI, SECTION B, LINES 10A-16B APPLY TO SINAI

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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HOSPITAL OF BALTIMORE, INC. AND ITS AFFILIATES AS LISTED BELOW:

SINAI CLINICAL PROFESSIONALS, LLC

LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE, LLC

SINAI PARKING FACILITY, LLC

FORM 990, PART VI, SECTION B, LINE 11B:

THE LIFEBRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY THE ASSISTANT VICE PRESIDENT OF FINANCIAL REPORTING. IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM ALSO REVIEWS ALL THE 990 RETURNS. A FORMAL MEETING IS THEN SCHEDULED WITH THE CHIEF FINANCIAL OFFICER, VICE PRESIDENT OF FINANCIAL REPORTING, GENERAL COUNSEL, AND THE ASSISTANT VICE PRESIDENT OF FINANCIAL REPORTING TO REVIEW IN THEIR ENTIRETY ALL THE LIFEBRIDGE EXEMPT ENTITIES 990'S. MANAGEMENT THEN PROVIDES A COPY OF THE 990'S TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE LIFEBRIDGE BOARD AND TO EACH INDIVIDUAL BOARD DIRECTOR PRIOR TO THE FILING DATE FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS, OFFICERS, EMPLOYEES, MEDICAL STAFF MEMBERS, AND VOLUNTEERS ARE EXPECTED TO RECOGNIZE AND DISCLOSE AT THE EARLIEST POSSIBLE TIME ACTUAL AND POTENTIAL CONFLICTS OF INTEREST.

AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL OR A FAMILY MEMBER OF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE HEALTH. ADDITIONAL INFORMATION REGARDING WHAT CONSTITUTES A CONFLICT OF INTEREST AND HOW TO DISCLOSE A CONFLICT IS OUTLINED BELOW.

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES SHALL REQUIRE ALL EMPLOYEES, MEDICAL STAFF, AND MEMBERS OF THE BOARD TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTIONS. AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES.

AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S RELATIONSHIP WITH LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES (E.G., THE INDIVIDUAL'S CONTINUED MEMBERSHIP ON A SUBSIDIARY HOSPITAL'S MEDICAL STAFF), OR ON THE INDIVIDUAL'S OWN HEALTH CARE, OR THE INDIVIDUAL IS PERSONALLY INVOLVED IN A SUBSTANTIAL WAY (E.G., SERVES AS AN OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE) WITH ANOTHER ORGANIZATION THAT HAS A SIGNIFICANT INTEREST IN THE MATTER.

AN INDIVIDUAL IS CONSIDERED TO HAVE A "FINANCIAL INTEREST" IN A TRANSACTION IF THE INDIVIDUAL, OR THEIR FAMILY MEMBER, (I) IS A PARTY TO THE TRANSACTION, (II) WILL BENEFIT PERSONALLY FROM THE TRANSACTION, OR (III) HAS, DIRECTLY OR INDIRECTLY, A CURRENT OR ANTICIPATED OWNERSHIP OR INVESTMENT IN, OR COMPENSATION ARRANGEMENT WITH, A PARTY TO THE TRANSACTION. AN OWNERSHIP INTEREST OF LESS THAN 5% IN AN ENTITY WILL NOT, IN AND OF ITSELF, GENERALLY BE CONSIDERED A FINANCIAL INTEREST; HOWEVER, TO THE EXTENT THE INDIVIDUAL'S COMPENSATION FROM THE ENTITY IS DIRECTLY LINKED TO THE ENTITY'S BUSINESS WITH LIFEBRIDGE HEALTH, SUCH COMPENSATION WILL CONSTITUTE A FINANCIAL INTEREST.

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

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FOR THE PURPOSES OF THIS POLICY, A "FAMILY MEMBER" INCLUDES SPOUSE OR DOMESTIC PARTNER, PARENTS, BROTHERS AND SISTERS, CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDPARENTS, GRANDCHILDREN, GREAT-GRANDCHILDREN, AND IN-LAWS, SPOUSES OF BROTHERS, SISTERS, CHILDREN, GRANDCHILDREN, AND GREAT-GRANDCHILDREN, AND ANY OTHER MEMBER OF A HOUSEHOLD OF THE INDIVIDUAL.

CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER DISSEMINATION IS NECESSARY.

MEMBERS OF THE MEDICAL STAFF SHOULD REPORT CONFLICTS TO THE CHIEF OF THEIR DEPARTMENT, AND MEMBERS OF THE BOARD SHOULD REPORT THEM TO THE CHIEF COMPLIANCE OFFICER.

QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS. IF QUESTIONS ARISE OR FURTHER GUIDANCE IS SOUGHT, INDIVIDUALS CAN CONTACT THE CHIEF COMPLIANCE OFFICER (410-601-4832) OR CONFIDENTIAL COMPLIANCE HOTLINE (1-844-732-6233).

NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.

FORM 990, PART VI, SECTION C, LINE 19:

IT IS THE POLICY OF LIFE BRIDGE HEALTH INC. AND ITS SUBSIDIARIES TO MAKE AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS TO THE GENERAL PUBLIC. THE LIFE BRIDGE HEALTH INC. AND SUBSIDIARY GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST OR VIA A WEBSITE. THE

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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CONFLICT OF INTEREST POLICY IS INCLUDED ON SCHEDULE O.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	36,090,266.
MANAGEMENT AND GENERAL EXPENSES	4,307,642.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	40,397,908.

OPERATING CORPORATE ALLOCATION:

PROGRAM SERVICE EXPENSES	10,518,994.
MANAGEMENT AND GENERAL EXPENSES	26,912,311.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,431,305.

PURCHASED TEMP HELP:

PROGRAM SERVICE EXPENSES	623,098.
MANAGEMENT AND GENERAL EXPENSES	556,817.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,179,915.

CONTRACT CLEANING:

PROGRAM SERVICE EXPENSES	28,827.
MANAGEMENT AND GENERAL EXPENSES	1,578,690.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,607,517.

AGENCY NURSES:

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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PROGRAM SERVICE EXPENSES 5,968,914.

MANAGEMENT AND GENERAL EXPENSES 12,032.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,980,946.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 86,597,591.

DUE TO AFFILIATES - BONDS

ON MARCH 30, 2011, LIFE BRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, GRACE MEDICAL CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$50,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE A CONSTRUCTION AND EXPANSION PROJECT OF LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS AT SINAI HOSPITAL OF BALTIMORE AND NORTHWEST HOSPITAL CENTER. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFE BRIDGE HEALTH ISSUE, SERIES 2011, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A DISCOUNT OF \$55,766, OF WHICH SINAI'S PORTION IS \$37,093, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. ON MAY 1, 2015 A MAJORITY OF THE SERIES 2011 WAS REFINANCED WITH THE SERIES 2015 BONDS AND REDUCED THE OUTSTANDING AMOUNT BORROWED TO \$4,098,000. AS OF JUNE 30, 2020, \$2,144,657 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$1,426,541 APPEARS

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON MAY 1, 2015, A SINGLE OBLIGATED GROUP (THE OBLIGATED GROUP) WAS FORMED, CONSISTING OF LIFEBRIDGE HEALTH INC., SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., GRACE MEDICAL CENTER, THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., AND BRIDGINGLIFE INC. (FORMERLY CARROLL HOSPICE INC). MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR ALL OF THE OUTSTANDING BONDS. THE BONDS INCLUDE THE ONES DETAILED ABOVE AS WELL AS THE BONDS ISSUED ON BEHALF OF CARROLL HOSPITAL CENTER, INC. AND ITS RELATED SUBSIDIARIES. THESE BONDS WERE ISSUED BY THE MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES (MHHEFA) AUTHORITY ON BEHALF OF LIFEBRIDGE HEALTH INC. AND CARROLL HOSPITAL CENTER, INC. AND THEIR RESPECTIVE AFFILIATES, TOGETHER WITH THE OTHER OBLIGATIONS ON PARITY WITH SUCH BONDS. ALL THE BONDS ARE REPORTED ON SCHEDULE K OF THE LIFEBRIDGE HEALTH INC. FORM 990.

ON JULY 30, 2015, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., GRACE MEDICAL CENTER, THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., AND BRIDGINGLIFE INC. (FORMERLY CARROLL HOSPICE INC) (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$159,685,000 FROM THE

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE AND REFINANCE THE COST OF CONSTRUCTION, RENOVATION, AND EQUIPPING OF CERTAIN ADDITIONAL FACILITIES FOR THE OBLIGATED GROUP, TO REFUND A PORTION OF THE SERIES 2008 BONDS AND THE AUTHORITY'S CARROLL ISSUE, SERIES 2006 BONDS, AND REFINANCE A PORTION OF AN OUTSTANDING LINE OF CREDIT. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFE BRIDGE HEALTH ISSUE, SERIES 2015, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$7,389,102, OF WHICH SINAI'S PORTION IS \$2,826,708, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2020, \$164,314,903 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$66,827,715, APPEARS AS DUE TO LIFE BRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFE BRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON OCTOBER 25, 2016, LIFE BRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., GRACE MEDICAL CENTER, THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., AND BRIDGINGLIFE INC. (FORMERLY CARROLL HOSPICE INC) (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$120,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) WHICH WAS USED TO REFINANCE THE SERIES 2008 BONDS. THE

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFE BRIDGE HEALTH ISSUE, SERIES 2016, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$11,192,820, OF WHICH SINAI'S PORTION IS \$7,697,029, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2020, \$121,235,201 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$6,805,651, APPEARS AS DUE TO LIFE BRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFE BRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON OCTOBER 31, 2017, LIFE BRIDGE HEALTH, INC. TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, GRACE MEDICAL CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, THE BALTIMORE JEWISH HEALTH FOUNDATION, CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., AND BRIDGINGLIFE INC. (FORMERLY CARROLL HOSPICE INC) (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$118,120,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) WHICH WAS USED TO REFUND THE SERIES 2008 BONDS. THE BONDS WERE ISSUED AT A PREMIUM OF \$12,517,982, OF WHICH SINAI'S PORTION IS \$9,225,753, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2020 \$122,182,849 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$90,048,760, APPEARS AS DUE TO

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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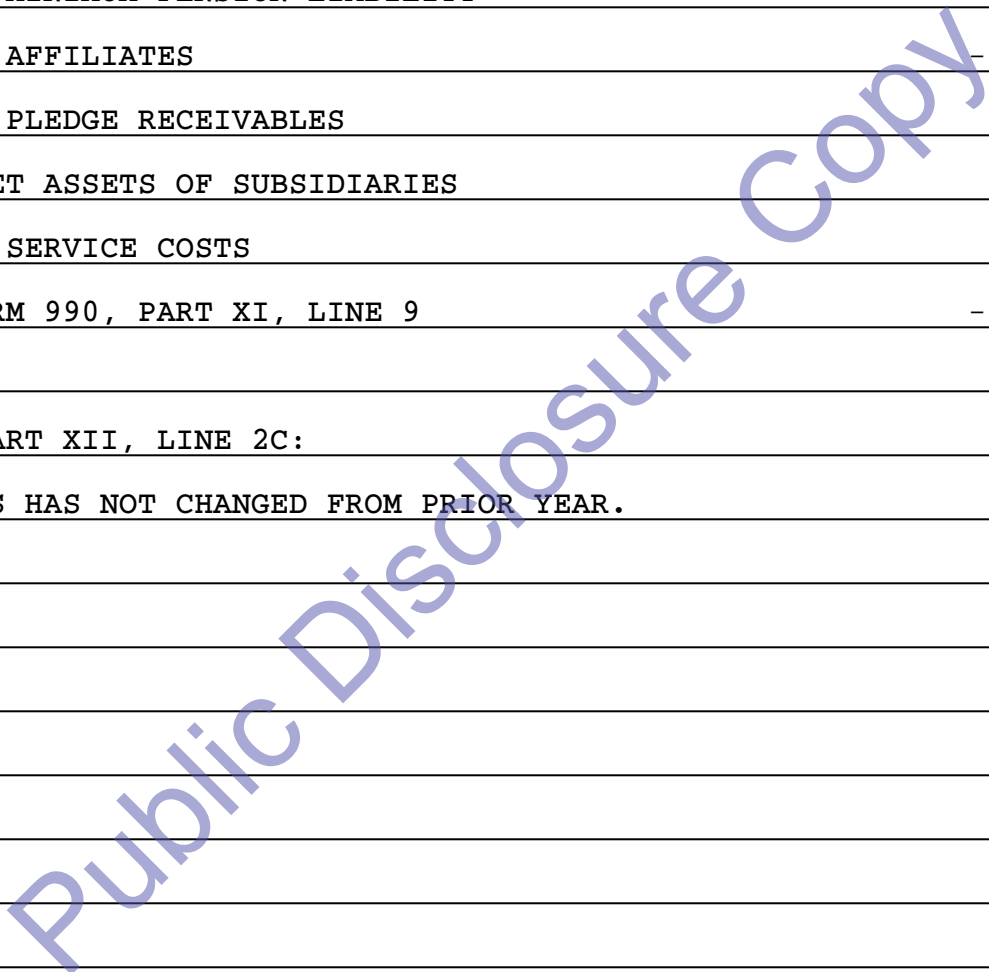
LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DECREASE IN MINIMUM PENSION LIABILITY	-20,628,592.
TRANSFER TO AFFILIATES	-51,000,000.
DECREASE IN PLEDGE RECEIVABLES	-499,537.
CHANGE IN NET ASSETS OF SUBSIDIARIES	-368,875.
PENSION NON SERVICE COSTS	1,074,816.
TOTAL TO FORM 990, PART XI, LINE 9	-71,422,188.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SINAI CLINICAL PROFESSIONALS, LLC - 27-0192555, 515 FAIRMONT AVENUE, TOWSON, MD 21286	HEALTHCARE	MARYLAND	0.	0.	SINAI HOSPITAL OF BALTIMORE, INC.
LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE, LLC - 27-4404331, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MARYLAND	663,243.	191,790.	SINAI HOSPITAL OF BALTIMORE, INC.
SINAI PARKING FACILITY, LLC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	REAL ESTATE	MARYLAND	0.	10,486,311.	SINAI HOSPITAL OF BALTIMORE, INC.

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
CARROLL COUNTY HEALTH SERVICES CORPORATION - 52-0691413, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	CHARITY SUPPORT FOR CARROLL HOSPITAL CENTER, INC.	MARYLAND	501(C)(3)	LINE 12B, II	LIFEBRIDGE HEALTH, INC.		X
BRIDGINGLIFE, INC. (FKA CARROLL HOSPICE, INC.) - 52-1565870, 292 STONER AVENUE, WESTMINSTER, MD 21157	HOSPICE	MARYLAND	501(C)(3)	7	CARROLL HOSPITAL CENTER INC.		X
CARROLL HOSPITAL CENTER FOUNDATION, INC. - 52-1115038, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	CHARITY SUPPORT FOR CARROLL HOSPITAL CENTER, INC. & CARROLL HOSPICE	MARYLAND	501(C)(3)	12A	CARROLL HOSPITAL CENTER INC.		X
CARROLL HOSPITAL CENTER, INC. - 52-1452024 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	A HOSPITAL COMMITTED TO THE HIGHEST QUALITY HEALTH CARE	MARYLAND	501(C)(3)	3	CARROLL COUNTY HEALTH SERVICES CORPORATION		X

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

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
CHILDREN'S HOSPITAL AT SINAI FOUNDATION - 52-2167587, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
CHILDREN'S HOSPITAL OF BALTIMORE CITY - 52-0591592, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
COURTLAND GARDENS NURSING AND REHABILITATION CENTER - 52-0607907, 2434 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	SKILLED NURSING CARE FOR THE ELDERLY AND DISABLED	MARYLAND	501(C)(9)	10	LIFEBRIDGE HEALTH, INC.		X
GRACE MEDICAL CENTER, INC. - 52-0591555 2000 W BALTIMORE STREET BALTIMORE, MD 21223	ACUTE CARE HOSPITAL	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. - 52-0607913, 2434 WEST BELVEDERE AVE, BALTIMORE, MD 21215	GERIATRIC HOSPITAL DEDICATED TO PROVIDING SERVICE TO THE AGED	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
LIFEBRIDGE HEALTH, INC. - 52-1402373 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	TO SUPPORT THE CHARITABLE MISSIONS OF ITS SUBSIDIARIES.	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
NORTHWEST HOSPITAL CENTER, INC. - 52-1372665 5401 OLD COURT ROAD RANDALLSTOWN, MD 21133	A HOSPITAL ASPIRING TO IMPROVE THE WELLBEING OF THE COMMUNITY IT SERVES	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY - 52-2156892, 535 OLD WESTMINSTER PIKE, SUITE 102, WESTMINSTER, MD 21157	HEALTH SERVICE	MARYLAND	501(C)(3)	7	CARROLL HOSPITAL CENTER INC.		X
THE BALTIMORE CHILD ABUSE CENTER, INC. - 52-1681279, 2300 NORTH CHARLES STREET, BALTIMORE, MD 21218	CHILD ABUSE SUPPORT, TREATMENT, AND PREVENTION	MARYLAND	501(C)(3)	7	LIFEBRIDGE HEALTH, INC.		X
THE BALTIMORE JEWISH ELDERCARE FOUNDATION - 52-2337669, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR LEVINDALE HEBREW GERIATRIC CENTER HOSPITAL	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
THE BALTIMORE JEWISH HEALTH FOUNDATION, INC. - 52-2111541, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
WEST BALTIMORE RENAISSANCE FOUNDATION, INC. - 84-3355332, 2401 W BELVEDERE AVE, BALTIMORE, MD 21215	COMMUNITY RESOURCE CENTER	MARYLAND	501(C)(3)	7	LIFEBRIDGE HEALTH, INC.		X

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	
CARROLL OCCUPATIONAL HEALTH, LLC - 20-2769332, 7001 CORPORATE CENTER COURT, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CARROLL COUNTY RADIOLOGY, LLC - 52-2190849, 7253 AMBASSADOR ROAD, BALTIMORE, MD 21244	RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CARDIOVASCULAR ASSOCIATES OF MARYLAND, LLC - 46-2935110, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE RADIOLOGY OF PARKVILLE, LLC - 46-3742313, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LIFEBRIDGE INVESTMENTS, INC. - 52-1483166 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	INVESTMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
HEALTHSTAR MEDICAL SERVICES, INC. - 52-1829098, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
PRACTICE DYNAMICS, INC. - 52-1960319 124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136	MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
LIFEBRIDGE INSURANCE COMPANY, LTD. - 98-0415396, PO BOX 1109 KY1-1102, GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
LIFEBRIDGE COMMUNITY PHYSICIANS, INC. - 80-0719005, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC - 46-2863298, 2401 WEST BELVEDERE AVENUE, BALTIMORE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE COMMUNITY PEDIATRICS, LLC - 46-2842468, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE COMMUNITY PULMONOLOGY, LLC - 46-1401312, 2401 WEST BELVEDERE AVENUE, BALTIMORE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE GYNECOLOGY OF PIKESVILLE, LLC - 46-2949092, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE MEDICAL ASSOCIATES, LLC - 46-2941505, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC SPECIALISTS, LLC) - 45-07, 2401 WEST BELVEDERE AVENUE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE PRIMARY CARE OF ELDERSBURG, LLC - 38-3897702, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC - 80-0883321, 2401 WEST BELVEDERE AVENUE, BALTIMORE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HEMOCARE MARYLAND, LLC - 26-1378175, 8028 RITCHIE HIGHWAY, SUITE 210B, PASADENA, MD 21122	HOME HEALTH SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
LIFEBRIDGE REHABILITATION SERVICES, LLC - 81-1504380, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ELLCOTT CITY ASC MANAGEMENT, LLC - 52-2331663, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SURGICENTER OF BALTIMORE - 52-1658841, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21158	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MOUNT AIRY MED-SERVICES, LLC - 46-5632176, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SPRINGWELL PARTNERS, LLC - 27-1971171, 2200 PINE HILL FARMS LANE, HUNT VALLEY, MD 21030	ASSISTED LIVING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE SUBURBAN PHYSICIAN GROUP II, LLC - 81-4209029, 5401 OLD COURT ROAD, RANDALLSTOWN, MD 21133	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE LAB MANAGEMENT, LLC - 82-1113874, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	LABORATORY SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC - 81-4223537, 2401 WEST BELVEDERE AVENUE, BALTIMORE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE MULTI-SPECIALTY, LLC - 46-3753120, 41 MAGNA WAY, SUITE 100, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
BRINTON WOODS HEALTH CARE CENTER LLC - 26-0107427, 9515 DEERCO ROAD, SUITE 407, TIMONIUM, MD 21093	REHABILITATION CENTER	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BRINTON WOODS SENIOR LIVING, LLC - 74-3137876, 9515 DEERCO ROAD, SUITE 407, TIMONIUM, MD 21093	ASSISTED LIVING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ELLCOTT CITY AMBULATORY SURGERY CENTER LLLP - 52-2331663, 2850 N RIDGE ROAD, ELLCOTT CITY, MD	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
OAK FARM SOLUTIONS, LLC - 47-4944865, 1122 KENILWORTH DRIVE, SUITE 307, TOWSON, MD 21204	HOME HEALTH SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARROLL COUNTY GENERAL HOSPITAL SOUTH CARROLL MEDICAL CENTER CONDOMINIUM, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	REAL ESTATE	MD	N/A	C CORP	N/A	N/A	N/A		X
MED-SERVICES HOLDINGS, INC. 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL COUNTY MED-SERVICES, INC. - 52-1891102, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL BILLING SERVICES, INC. - 30-0026598 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	BILLING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL HEALTH GROUP, LLC - 27-1956453 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL URGENT CARE, LLC - 46-5739154 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
LIFEBRIDGE HEALTH ISRAEL, LTD. - 51-5804516 16 ABBA HILLEL ROAD RAMAT GAN, ISRAEL 5250608	HEALTHCARE CALL CENTER	ISRAEL	N/A	C CORP	N/A	N/A	N/A		X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LIFEBRIDGE COMMUNITY PHYSICIANS, INC.	A	74,958.	FMV
(2) LIFEBRIDGE INVESTMENTS, INC.	A	169,393.	FMV
(3) PRACTICE DYNAMICS, INC.	A	96,270.	FMV
(4) LIFEBRIDGE SUBURBAN PHYSICIAN GROUP, LLC	A	31,834.	FMV
(5) LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC	A	3,974.	FMV
(6) LIFEBRIDGE NEUROSCIENCES, LLC	A	3,974.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) PRACTICE DYNAMICS, INC.	P	2,342,468.	FMV
(8) PRACTICE DYNAMICS, INC.	O	386,322.	FMV
(9) BALTIMORE JEWISH HEALTH FOUNDATION, INC.	C	2,152,655.	FMV
(10) CHILDREN'S HOSPITAL AT SINAI FOUNDATION	C	1,677,474.	FMV
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Public Disclosure Copy

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC

EIN: 46-2863298

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY PULMONOLOGY, LLC

EIN: 46-1401312

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC SPECIALISTS, LLC)

EIN: 45-0719598

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC

EIN: 80-0883321

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC

EIN: 81-4223537

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ELLICOTT CITY AMBULATORY SURGERY CENTER LLLP

EIN: 52-2331663

2850 N RIDGE ROAD

ELLICOTT CITY, MD 21043

Public Disclosure Copy

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SINAI HOSPITAL OF BALTIMORE, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 2401 WEST BELVEDERE AVENUE City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21215	D Employer identification number (Employees' trust, see instructions.) 52-0486540 E Unrelated business activity code (See instructions.) 531120
---	---------------	---	--

C Book value of all assets at end of year 634,395,634.	F Group exemption number (See instructions.) ▶	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---	--

H Enter the number of the organization's unrelated trades or businesses. ▶ 8 Describe the only (or first) unrelated trade or business here ▶ **RENTAL INCOME FROM CONTROLLED ORG**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **STMT 2** ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **NANCY KANE** Telephone number ▶ **(410) 601-5653**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	31,834.	51,144.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	31,834.	51,144.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule) (see instructions)	18		
19 Taxes and licenses	19		
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		
22 Depletion	22		
23 Contributions to deferred compensation plans	23		
24 Employee benefit programs	24		
25 Excess exempt expenses (Schedule I)	25		
26 Excess readership costs (Schedule J)	26		
27 Other deductions (attach schedule)	27	SEE STATEMENT 1	800.
28 Total deductions. Add lines 14 through 27	28		800.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29		-20,110.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31		-20,110.

Part III Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 182,103.
33	Amounts paid for disallowed fringes
34	Charitable contributions (see instructions for limitation rules) 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 182,103.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 182,103.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 181,103.

Part IV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 38,032.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)
42	Proxy tax. See instructions
43	Alternative minimum tax (trusts only)
44	Tax on Noncompliant Facility Income. See instructions
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 38,032.

Part V Tax and Payments	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a
b	Other credits (see instructions) 46b
c	General business credit. Attach Form 3800 46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d
e	Total credits. Add lines 46a through 46d 46e
47	Subtract line 46e from line 45 47 38,032.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 48
49	Total tax. Add lines 47 and 48 (see instructions) 49 38,032.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 50 0.
51a	Payments: A 2018 overpayment credited to 2019 51a 15,000.
b	2019 estimated tax payments 51b 18,000.
c	Tax deposited with Form 8868 51c 22,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d
e	Backup withholding (see instructions) 51e
f	Credit for small employer health insurance premiums (attach Form 8941) 51f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 51g
	<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶
52	Total payments. Add lines 51a through 51g 52 55,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55 16,968.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ 16,968. Refunded ▶ 56 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes No
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	Yes No

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: **EXECUTIVE VP/CFO**

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

Paid Preparer Use Only

Print/Type preparer's name: **LORI S. BURGHAUSER** Preparer's signature: **LORI S. BURGHAUSER** Date: **05/10/21** Check if self-employed PTIN: **P00370694**

Firm's name ▶ **SC&H GROUP, INC.** Firm's EIN ▶ **20-5991824**

Firm's address ▶ **910 RIDGEBROOK ROAD SPARKS, MD 21152** Phone no. **(410) 403-1500**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
		0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A) 0.		Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) LIFEBRIDGE					
(2) SUBURBAN PHYSICIAN					
(3) GROUP, LLC	45-3858352				
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3) -261,363.	-261,363.	31,834.	31,834.	51,144.
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			31,834.	51,144.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2019)

Public Disclosure Copy

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		800.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		800.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 2
CORPORATION'S NAME		IDENTIFYING NO
LIFEBRIDGE HEALTH, INC.	52-1402373	

FORM 990-T	SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS DIRECTLY CONNECTED WITH COLUMN 10 INCOME	STATEMENT 3	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENT EXPENSE		46,662.	
OPERATING EXPENSES		4,482.	
- SUBTOTAL -	3		51,144.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			51,144.

Public Disclosure Copy

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY 1

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

Unrelated Business Activity Code (see instructions) ▶ **523000**

Describe the unrelated trade or business ▶ **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 4		5 56,073.		56,073.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 56,073.		56,073.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		3,640.
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule) SEE STATEMENT 5		27		1,400.
28 Total deductions. Add lines 14 through 27		28		5,040.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		51,033.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		51,033.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION		NET INCOME OR (LOSS)
PREMIER HEALTHCARE ALLIANCE, L.P. - ORDINARY BUSINESS INCOME (LOSS)		56,073.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5		56,073.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,400.
TOTAL TO SCHEDULE M, PART II, LINE 27		1,400.

Public Disclosure Copy

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY 2

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

Unrelated Business Activity Code (see instructions) ▶ **561499**

Describe the unrelated trade or business ▶ **RENTAL INCOME THAT INCLUDES SERVICES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6 10,600.	13,288.	-2,688.
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 10,600.	13,288.	-2,688.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	SEE STATEMENT 6	27		800.
28 Total deductions. Add lines 14 through 27		28		800.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		-3,488.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		-3,488.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

800.

TOTAL TO SCHEDULE M, PART II, LINE 27

800.

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SINAI HOSPITAL OF BALTIMORE, INC.

52-0486540

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) RENTAL INCOME WITH SERVICES

- (2)
- (3)
- (4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	SEE STATEMENT 12
(1) 0.	10,600.	13,288.
(2)		
(3)		
(4)		
Total 0.	Total 10,600.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 10,600.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 13,288.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

FORM 990-T (M) DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 12

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE		12.	
RENT EXPENSE		13,276.	
- SUBTOTAL -	1		13,288.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			13,288.

Public Disclosure Copy

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY 3

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

Unrelated Business Activity Code (see instructions) ▶ **531120**

Describe the unrelated trade or business ▶ **RENTAL INCOME FROM CONTROLLED ORG**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8 3,974.	9,693.	-5,719.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 3,974.	9,693.	-5,719.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)		20		
21 Less depreciation claimed on Schedule A and elsewhere on return		21a		21b
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	SEE STATEMENT 7	27		800.
28 Total deductions. Add lines 14 through 27		28		800.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		-6,519.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		-6,519.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

800.

TOTAL TO SCHEDULE M, PART II, LINE 27

800.

Public Disclosure Copy

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) LIFEBRIDGE					
(2) COMMUNITY					
(3) GASTROENTEROLOGY,					
(4) LLC	46-2863298				

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4) -84,128.	-84,128.	3,974.	3,974.	9,693.
Totals			3,974.	9,693.

STATEMENT 13

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals						

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

FORM 990-T (M) SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS DIRECTLY CONNECTED WITH COLUMN 10 INCOME STATEMENT 13

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSES		524.	
RENT EXPENSE		9,169.	
- SUBTOTAL -	4		9,693.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			9,693.

Public Disclosure Copy

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY **4**

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

Unrelated Business Activity Code (see instructions) ▶ **531120**

Describe the unrelated trade or business ▶ **RENTAL INCOME FROM CONTROLLED ORG**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8 3,974.	9,693.	-5,719.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 3,974.	9,693.	-5,719.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			21b
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	SEE STATEMENT 8	27		800.
28 Total deductions. Add lines 14 through 27		28		800.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		-6,519.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		-6,519.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 8

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

800.

TOTAL TO SCHEDULE M, PART II, LINE 27

800.

Public Disclosure Copy

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) LIFEBRIDGE					
(2) NEUROSCIENCES, LLC	45-0719598				
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2) -2,461,288.	-2,461,288.	3,974.	3,974.	9,693.
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			3,974.	9,693.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

FORM 990-T (M) SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS DIRECTLY CONNECTED WITH COLUMN 10 INCOME STATEMENT 14

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSES		524.	
DEPRECIATION		9,169.	
- SUBTOTAL -	5		9,693.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			9,693.

Public Disclosure Copy

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY 5

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

Unrelated Business Activity Code (see instructions) ▶ **531120**

Describe the unrelated trade or business ▶ **RENTAL INCOME FROM CONTROLLED ORG**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8 74,958.	39,613.	35,345.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 74,958.	39,613.	35,345.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		2,294.
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	SEE STATEMENT 9	27		800.
28 Total deductions. Add lines 14 through 27		28		3,094.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		32,251.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		32,251.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 9

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

800.

TOTAL TO SCHEDULE M, PART II, LINE 27

800.

Public Disclosure Copy

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) LIFEBRIDGE					
(2) COMMUNITY					
(3) PHYSICIANS, INC.	80-0719005				
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3) -2,985,510.	-2,985,510.	74,958.	74,958.	39,613.
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			74,958.	39,613.

STATEMENT 15

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

FORM 990-T (M) SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS DIRECTLY CONNECTED WITH COLUMN 10 INCOME STATEMENT 15

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSES		524.	
RENT EXPENSE		38,829.	
DEPRECIATION		260.	
- SUBTOTAL -	6		39,613.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			39,613.

Public Disclosure Copy

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY 6

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

Unrelated Business Activity Code (see instructions) ▶ **531120**

Describe the unrelated trade or business ▶ **RENTAL INCOME FROM CONTROLLED ORG**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8 169,393.	158,273.	11,120.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 169,393.	158,273.	11,120.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		722.
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	SEE STATEMENT 10	27		800.
28 Total deductions. Add lines 14 through 27		28		1,522.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		9,598.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		9,598.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 10

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

800.

TOTAL TO SCHEDULE M, PART II, LINE 27

800.

Public Disclosure Copy

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) LIFEBRIDGE					
(2) INVESTMENTS, INC.	52-1483166				
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2) 539,750.	539,750.	169,393.	169,393.	158,273.
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			169,393.	158,273.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

FORM 990-T (M) SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS DIRECTLY CONNECTED WITH COLUMN 10 INCOME STATEMENT 16

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSES		38,789.	
RENT EXPENSE		119,484.	
- SUBTOTAL -	7		158,273.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			158,273.

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**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY 7

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization **SINAI HOSPITAL OF BALTIMORE, INC.** Employer identification number **52-0486540**

Unrelated Business Activity Code (see instructions) ▶ **531120**

Describe the unrelated trade or business ▶ **RENTAL INCOME FROM CONTROLLED ORG**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8 96,270.		96,270.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 96,270.		96,270.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		6,249.
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	SEE STATEMENT 11	27		800.
28 Total deductions. Add lines 14 through 27		28		7,049.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		89,221.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		89,221.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 11

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

800.

TOTAL TO SCHEDULE M, PART II, LINE 27

800.

Public Disclosure Copy

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) PRACTICE DYNAMICS,					
(2) INC.	52-1960319				
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2) 302,567.	302,567.	96,270.	96,270.	0.
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			96,270.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

**SCHEDULE O
(Form 1120)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
--	---

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending JUNE 30, 2018, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1	SINAI HOSPITAL OF BALTIMORE, INC.	52-0486540	20-06		
2	LIFEBRIDGE INVESTMENTS, INC. & SUBS	52-1483166	20-06		
3	NORTHWEST HOSPITAL CENTER, INC.	52-1372665	20-06		
4	CARROLL COUNTY MED SERVICES, INC.	52-1891102	20-06		
5	CARROLL COUNTY HEALTH SERVICES CORP	52-0691413	20-06		
6	CARROLL HOSPITAL CENTER FOUNDATION, INC.	52-1115038	20-06		
7	CARROLL HOSPITAL CENTER, INC.	52-1452024	20-06		
8	LIFEBRIDGE HEALTH, INC.	52-1402373	20-06		
9	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	52-0607913	20-06		
10	CHILDREN'S HOSPITAL AT SINAI FOUNDATION, INC.	52-2167587	20-06		
Total					

Schedule O (Form 1120) (Rev. 12-2018)

Public Disclosure Copy

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1	BALTIMORE CHILD ABUSE CENTER, INC.	52-1681279	20-06		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

Schedule O (Form 1120) (Rev. 12-2018)

Public Disclosure Copy

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SINAI HOSPITAL OF BALTIMORE, INC.	Taxpayer identification number (TIN) 52-0486540
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2401 WEST BELVEDERE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21215	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NANCY KANE

- The books are in the care of ▶ **2401 WEST BELVEDERE AVENUE - BALTIMORE, MD 21215**
Telephone No. ▶ **(410) 601-5653** Fax No. ▶ **(410) 601-8362**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SINAI HOSPITAL OF BALTIMORE, INC.	Taxpayer identification number (TIN) 52-0486540
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2401 WEST BELVEDERE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21215	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NANCY KANE

- The books are in the care of ▶ **2401 WEST BELVEDERE AVENUE - BALTIMORE, MD 21215**
Telephone No. ▶ **(410) 601-5653** Fax No. ▶ **(410) 601-8362**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	55,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	33,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	22,000.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Financial Statements and
Supplementary Financial Information

June 30, 2020 and 2019

(With Independent Auditors' Report Thereon)

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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Independent Auditors' Report

The Board of Directors
LifeBridge Health, Inc. and Subsidiaries:

We have audited the accompanying consolidated financial statements of LifeBridge Health, Inc. and subsidiaries, which comprise the consolidated balance sheets as of June 30, 2020 and 2019, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of LifeBridge Health, Inc. and subsidiaries as of June 30, 2020 and 2019, and the results of their operations and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in Schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

October 22, 2020

Public Disclosure Copy

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

June 30, 2020 and 2019

(Dollars in thousands)

Assets	2020	2019
Current assets:		
Cash and cash equivalents	\$ 251,832	167,802
Investments	470,176	219,672
Assets limited as to use, current portion	81,346	39,733
Patient service receivables	151,707	171,245
Other receivables	10,253	21,216
Inventory	44,020	34,280
Prepaid expenses	22,683	22,237
Pledges receivable, current portion	3,386	2,841
Total current assets	<u>1,035,403</u>	<u>679,026</u>
Board-designated investments	191,964	213,856
Long-term investments	398,330	382,848
Donor-restricted investments	58,174	56,508
Reinsurance recovery receivable	11,138	21,401
Assets limited as to use, net of current portion	68,743	59,955
Pledges receivable, net of current portion	7,681	7,567
Property and equipment, net	714,010	672,491
Beneficial interest in split-interest agreement	4,792	4,997
Investment in unconsolidated affiliates	41,450	47,701
Other assets, net	82,816	77,461
Total assets	<u>\$ 2,614,501</u>	<u>2,223,811</u>

Public Disclosure Copy

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

June 30, 2020 and 2019

(Dollars in thousands)

Liabilities and Net Assets	2020	2019
Current liabilities:		
Accounts payable and accrued liabilities	\$ 115,082	106,640
Accrued salaries, wages and benefits	110,853	94,250
Advances from third-party payors	235,588	36,772
Current portion of long-term debt and capital lease obligations, net	24,501	14,957
Other current liabilities	41,129	29,377
Total current liabilities	527,153	281,996
Other long-term liabilities	178,107	141,448
Long-term debt and capital lease obligations, net	592,211	537,831
Total liabilities	1,297,471	961,275
Net assets:		
Net assets without donor restrictions	1,222,796	1,170,838
Noncontrolling interest in consolidated subsidiaries	20,201	19,785
Total net assets without donor restrictions	1,242,997	1,190,623
Net assets with donor restrictions	74,033	71,913
Total net assets	1,317,030	1,262,536
Total liabilities and net assets	\$ 2,614,501	2,223,811

See accompanying notes to consolidated financial statements.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Operations

Years ended June 30, 2020 and 2019

(Dollars in thousands)

	<u>2020</u>	<u>2019</u>
Unrestricted revenues, gains and other support:		
Patient service revenue	\$ 1,532,608	1,521,903
Net assets released from restrictions used for operations	3,955	4,101
Other operating revenue	<u>125,642</u>	<u>84,391</u>
Total operating revenues	<u>1,662,205</u>	<u>1,610,395</u>
Expenses:		
Salaries and employee benefits	928,375	868,537
Supplies	263,453	267,679
Purchased services	286,696	276,338
Depreciation and amortization	89,160	86,949
Repairs and maintenance	31,660	27,448
Interest	<u>25,430</u>	<u>26,312</u>
Total expenses	<u>1,624,774</u>	<u>1,553,263</u>
Operating income	<u>37,431</u>	<u>57,132</u>
Other income (loss), net:		
Investment income	37,815	42,019
Other	6,684	2,037
Loss on refinancing of debt	<u>(2,954)</u>	<u>—</u>
Total other income, net	<u>41,545</u>	<u>44,056</u>
Excess of revenues over expenses	78,976	101,188
Net assets released from restrictions used for the purchases of property and equipment	1,647	3,533
Net change in value of beneficial interest in split-interest agreement	210	224
Adjustment to pension liability	(26,795)	(32,548)
Other	<u>(1,664)</u>	<u>(6,866)</u>
Increase in unrestricted net assets	<u>\$ 52,374</u>	<u>65,531</u>

See accompanying notes to consolidated financial statements.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2020 and 2019

(Dollars in thousands)

	<u>Without donor restrictions</u>	<u>With donor restrictions</u>	<u>Total net assets</u>
Net assets at June 30, 2018	\$ 1,125,092	72,676	1,197,768
Excess of revenues over expenses	101,188	—	101,188
Unrealized gain on investments	—	303	303
Net assets released from restrictions used for the purchase of property and equipment	3,533	(3,533)	—
Restricted gifts and bequests	—	6,826	6,826
Net assets released from restrictions used for operations	—	(4,101)	(4,101)
Net change in value of beneficial interest in split-interest agreement	224	(298)	(74)
Adjustment to pension liability	(32,548)	—	(32,548)
Other	(6,866)	40	(6,826)
Change in net assets	<u>65,531</u>	<u>(763)</u>	<u>64,768</u>
Net assets at June 30, 2019	<u>1,190,623</u>	<u>71,913</u>	<u>1,262,536</u>
Excess of revenues over expenses	78,976	—	78,976
Unrealized gain on investments	—	476	476
Net assets released from restrictions used for the purchase of property and equipment	1,647	(1,647)	—
Restricted gifts and bequests	—	7,384	7,384
Net assets released from restrictions used for operations	—	(3,955)	(3,955)
Net change in value of beneficial interest in split-interest agreement	210	(187)	23
Adjustment to pension liability	(26,795)	—	(26,795)
Other	(1,664)	49	(1,615)
Change in net assets	<u>52,374</u>	<u>2,120</u>	<u>54,494</u>
Net assets at June 30, 2020	<u>\$ 1,242,997</u>	<u>74,033</u>	<u>1,317,030</u>

See accompanying notes to consolidated financial statements.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended June 30, 2020 and 2019

(Dollars in thousands)

	<u>2020</u>	<u>2019</u>
Cash flows from operating activities:		
Change in net assets	\$ 54,494	64,768
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	89,160	86,949
Gain on sale of lab business	—	(15,113)
Adjustment to pension liability	26,795	32,548
Realized and unrealized gains on investments, net	(19,949)	(21,982)
Restricted gifts and bequests	(7,384)	(6,826)
Change in beneficial interest of split-interest agreement	205	297
Earnings on investments in unconsolidated affiliates	111	(2,594)
Distributions from unconsolidated affiliates	6,536	3,532
Distributions to noncontrolling interest owners	1,381	9,722
Fair value of noncontrolling interests in acquisitions	—	(1,107)
Amortization of deferred financing costs and discounts	1,604	1,494
Inherent contribution	(6,716)	—
Loss on refinancing of debt	2,954	—
Change in operating assets and liabilities:		
Decrease (increase) in patient service receivables, net	19,538	(20,503)
Decrease (increase) in other receivables	10,963	(2,413)
Increase in pledges receivable	(659)	(4,181)
Increase in inventory	(6,045)	(1,226)
Increase in prepaid expenses	(446)	(2,957)
Decrease in reinsurance recovery receivable	10,263	4,853
Increase in other assets	(9,375)	(5,639)
Increase (decrease) in accounts payable and accrued liabilities, and accrued salaries, wages, and benefits	23,550	(8,375)
Increase (decrease) in advances from third-party payors	196,092	(6,034)
Increase in other current and long-term liabilities	25,636	3,057
Net cash provided by operating activities	<u>418,708</u>	<u>108,270</u>
Cash flows from investing activities:		
Change in investments and assets limited as to use	(262,203)	(3,588)
Investment in unconsolidated affiliates	(396)	(155)
Purchases of property and equipment	(98,439)	(92,176)
Purchases of alternative investments	(28,893)	(16,405)
Proceeds from sales of alternative investments	8,426	783
Proceeds (loss) from sales of business	—	15,113
Cash paid for acquisitions	—	(1,459)
Net cash used in investing activities	<u>(381,505)</u>	<u>(97,887)</u>
Cash flows from financing activities:		
Payment on debt and capital lease obligations	(99,423)	(17,043)
Proceeds from issuance of debt	133,789	7,504
Distributions to noncontrolling interest owners	(1,381)	(9,722)
Restricted gifts and bequests	7,384	6,826
Net cash provided by (used in) financing activities	<u>40,369</u>	<u>(12,435)</u>
Net increase (decrease) in cash and cash equivalents and restricted cash	77,572	(2,052)
Cash and cash equivalents and restricted cash:		
Beginning of year	189,781	191,833
End of year	\$ <u>267,353</u>	<u>189,781</u>

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended June 30, 2020 and 2019

(Dollars in thousands)

	<u>2020</u>	<u>2019</u>
Supplemental cash flow disclosures:		
Cash paid during the year for interest	\$ 24,819	24,659
Cash paid during the year for income taxes	300	874
Accounts payable related to purchase of property and equipment	5,867	5,476
Adjustment to goodwill and property and equipment, net	—	2,566
Acquisition of Grace Medical Center	see footnote 3	—
Reconciliation of ending cash and cash equivalents and restricted cash to consolidated balance sheets:		
Cash and cash equivalents	\$ 251,832	167,802
Investments	8,898	13,291
Long-term investments	6,623	8,688
Cash and cash equivalents and restricted cash	<u>\$ 267,353</u>	<u>189,781</u>

See accompanying notes to consolidated financial statements.

Public Disclosure Copy

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

(1) Organization

On October 1, 1998, Sinai Health System, Inc. merged with Northwest Health System, Inc. to form LifeBridge Health, Inc. (LifeBridge). LifeBridge is a not-for-profit, nonstock Maryland Corporation.

LifeBridge's subsidiaries include Sinai Hospital of Baltimore, Inc. (Sinai); Northwest Hospital Center, Inc. (Northwest); Carroll Hospital Center (Carroll); Levindale Hebrew Geriatric Center and Hospital, Inc. (Levindale); Baltimore Child Abuse Center (BCAC); Children's Hospital of Baltimore City, Inc.; The Baltimore Jewish Health Foundation, Inc. (BJHF); The Baltimore Jewish Eldercare Foundation, Inc. (BJEF); Children's Hospital at Sinai Foundation, Inc. (CHSF); LifeBridge Anesthesia Associates, LLC (LAA); LifeBridge Insurance Company, Ltd. (LifeBridge Insurance); Courtland Gardens Nursing and Rehabilitation Center, Inc. (Courtland); LifeBridge Investments, Inc. (Investments); LifeBridge Health ACO, LLC; LifeBridge Physician Network, LLC; 8600 Liberty Road, LLC; and LifeBridge 23 Crossroads Drive Medical Office Building, LLC. Except for LifeBridge Insurance and Investments, all of the entities named above are not-for-profit and tax-exempt. Sinai and Levindale are constituent agencies of THE ASSOCIATED: Jewish Community Federation of Baltimore, Inc. (AJCF), a charitable corporation.

Effective November 1, 2019, Grace Medical Center (Grace) became a subsidiary of LifeBridge. The acquisition of Grace by LifeBridge is further discussed in note 3.

Investments is a for-profit corporation that holds, directly and indirectly, interests in a variety of for-profit businesses. Investments' wholly owned subsidiaries include:

- *Practice Dynamics, Inc.*
- *LifeBridge Health and Fitness, LLC*
- *Sinai Eldersburg Real Estate, LLC*
- *General Surgery Specialists, LLC*
- *BW Primary Care, LLC*
- *LifeBridge Community Practices, LLC*
- *The Center for Urologic Specialties, LLC*
- *LifeBridge Community Physicians, Inc. (Community Physicians)*

Investments also holds interests in numerous other health-related businesses.

Community Physicians is a for-profit corporation that provides physician and related services through numerous subsidiaries.

Carroll is a not-for-profit, nonstock Maryland corporation. The accompanying consolidated financial statements include the accounts of Carroll and its wholly or partially owned subsidiaries.

Wholly owned subsidiaries of Carroll include Carroll Hospital Center Foundation, Inc. (Carroll Foundation); Carroll Hospice, Inc. (CH); Carroll Regional Cancer Center Physicians, LLC (CRCCP); and Carroll Hospital Center MOB Investment, LLC. Carroll also holds interests in various health-related companies.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

Carroll County Med-Services, Inc. (CCMS) is a wholly owned, for-profit subsidiary of CCHS that is involved in real estate holdings, physician services, and other activities and also maintains ownership interests in various joint ventures. Wholly owned subsidiaries of CCMS include: Carroll Health Group, LLC; Carroll PHO, LLC; and Carroll ACO, LLC. CCMS also holds interests in various health-related companies.

(2) Significant Accounting Policies

(a) Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. All controlled and direct member entities are consolidated. The accompanying consolidated financial statements include the accounts of LifeBridge Health, Inc. and subsidiaries (the Corporation). All entities where the Corporation exercises significant influence, but does not have control, are accounted for under the equity method. All other unconsolidated entities are accounted for under the cost method. All significant intercompany accounts and transactions have been eliminated.

(b) Cash and Cash Equivalents

Cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less at the date of purchase.

(c) Assets Limited as to Use

Assets limited as to use primarily consists of assets held by trustees under bond indenture agreements, a self-insured workers' compensation reserve fund, and designated assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes. A portion of the designated assets set aside by the Board of Directors is contractually designated.

(d) Inventory

Inventories, which consist primarily of medical supplies and pharmaceuticals, are stated at the lower of cost (using the moving average cost method of valuation) or market.

(e) Investments, Long-Term Investments and Donor-Restricted Investments

The Corporation's investment portfolio is considered a trading portfolio and is classified as current or noncurrent assets based on management's intention as to use. All debt and equity securities are reported in the consolidated balance sheets at fair value, principally based on quoted market prices. Cash equivalents, as defined above, included within investments and assets limited as to use are treated as investments.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

The Corporation has investments in alternative investments, primarily funds of hedge funds, totaling \$163,030 and \$146,995 at June 30, 2020 and 2019, respectively. These funds utilize various types of debt and equity securities and derivative instruments in their investment strategies. Also included in alternative investments are BJEF's and BJHF's funds that are invested on their behalf by the Associated Jewish Charities (AJC), an affiliate of AJCF. Alternative investments are recorded under the equity method, which is based on the net asset value (NAV) of the shares in each investment company or partnership.

Investments in unconsolidated affiliates are accounted for under the cost or equity method of accounting as appropriate and are included in other assets or investment in unconsolidated affiliates, respectively, in the consolidated balance sheets. The Corporation's equity income or loss is recognized in other operating revenue within the excess of revenue over expenses in the accompanying consolidated statements of operations.

Investments also include assets restricted by donor and assets designated by the Board of Directors for future capital improvements and other purposes over which it retains control and may, at its discretion, use for other purposes. Purchases and sales of securities are recorded on a trade-date basis.

Investment income (interest and dividends) including realized gains and losses on investment sales is reported as other income (loss), net within the excess of revenues over expenses in the accompanying consolidated statements of operations and changes in net assets unless the income or loss is restricted by the donor or law. Investment income on funds held in trust for self-insurance purposes is included in other operating revenue. Investment income and net gains (losses) that are restricted by the donor are recorded as a component of changes in net assets with donor restrictions, in accordance with donor-imposed restrictions. Realized gains and losses are determined based on the specific security's original purchase price. Unrealized gains and losses are included in other income, net within the excess of revenue over expenses.

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 Inputs – Unadjusted quoted prices in active markets for identical assets or liabilities accessible to the reporting entity at the measurement date
- Level 2 Inputs – Other than quoted prices included in Level 1 inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability
- Level 3 Inputs – Unobservable inputs for the asset or liability used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

The hierarchy requires the use of observable market data when available. Assets and liabilities are classified in their entirety based on the lowest-level input that is significant to the fair value measurements.

(f) Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter of the period of the lease term or the estimated useful life of the equipment. Maintenance and repair costs are expensed as incurred. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

(g) Impairment of Long-Lived Assets

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

In addition to consideration of impairment upon the events or changes in circumstances described above, management regularly evaluates the remaining lives of its long-lived assets. If estimates are changed, the carrying value of affected assets is allocated over the remaining lives. In estimating the future cash flows for determining whether an asset is impaired and if expected future cash flows used in measuring assets are impaired, the Corporation groups its assets at the lowest level for which there are identifiable cash flows independent of other groups of assets. The Corporation did not record a loss on impairment during the year ended June 30, 2020 or 2019.

(h) Goodwill and Other Assets, Net

Other assets consist primarily of goodwill and other intangibles related to practice acquisitions, notes receivable, and the cash surrender value of split-dollar life insurance.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

Goodwill represents the excess of the aggregate purchase price over the fair value of the net assets acquired in a business combination. ASC Topic 350, *Intangibles – Goodwill and Other*, requires that tangible and indefinite-lived assets as well as goodwill must be analyzed in order to determine whether their value has been impaired.

Goodwill is assessed annually for impairment at the reporting unit. As of June 30, 2020 and 2019, the Corporation had one reporting unit, which included all subsidiaries. The Corporation first assesses qualitative factors to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount as a basis for determining whether it is necessary to perform the two-step goodwill impairment tests as described in ASC Topic 350. The more-likely than-not threshold is defined as having a likelihood of more than 50%. The Corporation determined that it was not more likely than not that the fair value of its reporting unit was less than its carrying amount. Accordingly, the Corporation concluded that goodwill was not impaired as of June 30, 2020 and 2019 without having to perform the two-step impairment test.

(i) Beneficial Interest in Split Interest Agreement

CHSF holds a 25% interest in a trust, of which management has estimated the present value of the future income stream. CHSF will receive 25% of the net annual income until 2024, when the trust will terminate, and 25% of the principal will be distributed to CHSF. Management has reported the beneficial interest at fair value based on the fair value of the underlying trust investments.

(j) Advances from Third-Party Payors

Advances from third-party payors are comprised of advance funding from CareFirst BlueCross BlueShield, Medicaid, Aetna, United/MAMSI, and other insurance providers. The Corporation also received advance funding through the Cares Act and Medicare Accelerated and Advance Payment Program in response to the COVID-19 pandemic. See note 4 for further information.

(k) Self-Insurance Programs

The Corporation maintains self-insurance programs for professional and general liability, workers' compensation, and employee health benefits. The provision for estimated self-insurance program claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. The estimates are based on historical trends, claims asserted, and reported incidents.

(l) Other Long-Term Liabilities

Other long-term liabilities consist of self-insurance liabilities, pension plan liabilities, asset retirement obligations, and deferred compensation plan liabilities.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

(m) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date those promises become unconditional. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions.

(n) Net Assets

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of externally imposed stipulations. Accordingly, net assets of the Corporation and changes therein are classified and reported as follows:

Net assets without donor restrictions – Net assets that are not subject to externally imposed stipulations

Net assets with donor restrictions – Net assets subject to externally imposed stipulations that may or will be met either by actions of the Corporation and/or the passage of time or may be maintained by the Corporation in perpetuity.

Revenues are reported as increases in net assets without donor restrictions unless use of the related asset is limited by externally imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses are reported as increases or decreases in net assets without donor restrictions unless use of the related asset is limited by externally imposed restrictions or law. Expirations of temporary restrictions of net assets (i.e., the externally stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets if used to acquire capital assets; otherwise, they are recorded as unrestricted operating revenue.

(o) Net Patient Service Revenue

Net patient service revenue for Sinai, Northwest, Carroll, Grace, and the chronic hospital component of Levindale is recorded at rates established by the State of Maryland Health Services Cost Review Commission (HSCRC) and, accordingly, reflects consideration expected to be received from patients based on rates in effect during the period in which the services are rendered over time and the Corporation's performance obligations are met. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the Corporation does not believe it is required to provide additional services to the patient.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

Because all of its performance obligations relate to contracts with a duration of less than one year, the Corporation has elected to apply the optional exemption provided in Financial Accounting Standards Board ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Corporation is utilizing the portfolio approach practical expedient in ASC 606, *Revenue from Contracts with Customers*, for contracts related to net patient service revenue. The Corporation accounts for the contracts within each portfolio as a collective group, rather than individual contracts, based on the payment pattern expected in each portfolio category and the similar nature and characteristics of the patients within each portfolio. The portfolios consist of major payor classes for inpatient revenue and outpatient revenue. Based on historical collection trends and other analyses, the Corporation has concluded that revenue for a given portfolio would not be materially different than if accounting for revenue on a contract-by-contract basis.

On January 29, 2014, the Corporation and the HSCRC agreed to implement the Global Budget Revenue (GBR) methodology for Sinai, Northwest, Carroll, Grace, and Levindale. The agreement is updated annually, was in place during the years ended June 30, 2020 and 2019, and will renew for a one-year period unless it is canceled by the HSCRC or by the applicable hospital. The GBR model is a revenue constraint and quality improvement system designed by the HSCRC to provide hospitals with strong financial incentives to manage their resources efficiently and effectively in order to slow the rate of increase in healthcare costs and improve healthcare delivery processes and outcomes. The GBR model is consistent with the hospitals' mission to provide the highest value of care possible to their patients and the communities they serve.

The GBR agreement establishes a prospective, fixed revenue base (the GBR cap) for each fiscal year. This includes both inpatient and outpatient regulated services. Under GBR, the Corporation's revenue for all HSCRC-regulated services is predetermined for the upcoming year, regardless of changes in volume (subject to certain limits), service mix intensity, or mix of inpatient or outpatient services that occurs during the year. The GBR agreement allows the Corporation to adjust unit rates, within certain limits, to achieve the overall revenue base for the Corporation at year-end. Any overcharge or undercharge versus the GBR cap, within established constraint parameters, is prospectively added to the subsequent year's GBR cap. The GBR is adjusted for changes in market share, with the market-shift adjustments made semi-annually, on January 1 and July 1. The GBR cap is adjusted annually for inflation and changes in payor mix and uncompensated care, as well as changes in population and aging within the Corporation's service area. A hospital's GBR cap may also be adjusted based on the hospital's performance on various quality and utilization metrics established by the HSCRC. During the year ended June 30, 2020, the HSCRC issued regulations due to the impact of COVID-19 (note 4) on all hospitals in Maryland that allow hospitals to carry over any undercharge less amount recouped from other federal programs, including funds received from programs under the CARES Act as described in note 4, to the following fiscal year GBR cap. The HSCRC may also impose various other revenue adjustments that could be significant in the future.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

Contractual adjustments, which represent the difference between amounts billed as patient service revenue and amounts paid by third-party payors, are accrued in the period in which the related performance obligations are met. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue.

Implicit price concessions represent differences between amounts billed and the estimated consideration the Corporation expects to receive from patients, which are determined based on historical collection experience, current market factors, and other factors. Generally, patients who are covered by third-party payors are responsible for patient responsibility balances, including deductibles and coinsurance, which vary in amount. The Corporation estimates the transaction price for patients with deductibles and coinsurance based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any explicit price concessions, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price were not significant in 2020 or 2019.

Prior to October 1, 2019, Medicare reimbursed Northwest and Levindale for skilled nursing services under the Medicare skilled nursing Prospective Payment System (PPS). Under PPS, the payment rate is based on patient resource utilization as calculated by a patient classification system known as Resource Utilization Groups (RUG's).

Medicaid reimburses Levindale for long-term care services based on Levindale's actual costs. However, beginning in January 2015, the cost data from the 2012 cost reports was used to set Resource Utilization Group (similar to Medicare) rates, which are adjusted for changes in case mix. The case mix from two quarters prior is used to adjust the rates on a quarterly basis.

Effective October 1, 2019, Medicare reimburses Northwest and Levindale for skilled nursing services under the Medicare Patient-Driven Payment Model (PDPM). Under PDPM, therapy minutes are removed as the basis for payment in favor of resident classifications and anticipated resource needs during the course of a patient's stay. PDPM assigns every resident a case-mix classification that drives the daily reimbursement rate for that individual.

All other patient service revenue is recorded at the estimated net realizable amounts from patients, third-party payors, and others for services rendered.

(p) Other Operating Revenue

Other operating revenue includes income of LifeBridge Health and Fitness LLC, revenue from other support services, and revenue generated from investments in joint ventures that offer healthcare services or services that support or complement the delivery of care. During the year ended June 30, 2019, the Corporation sold its lab business for approximately \$15,100 and recognized a gain on sale of approximately \$15,100, which is included in other operating revenue.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

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(Dollars in thousands)

(q) Grants

Federal grants are accounted for either as an exchange transaction or as a contribution based on terms and conditions of the grant. If the grant is accounted for as an exchange transaction, revenue is recognized as other operating revenue when earned. If the grant is accounted for as a contribution, the revenues are recognized as either other operating revenue or restricted contributions depending on the restrictions within the grant. During the year ended June 30, 2020, the Corporation received grants from the programs under the CARES Act. See note 4 for further information.

(r) Charity Care and Bad Debt

Sinai, Northwest, Carroll, Grace, and Levindale provide care to patients who meet certain criteria under their charity care policies without charge or at amounts less than their established rates. Because the facilities do not pursue the collection of amounts determined to qualify as charity care, those amounts are not reported as revenue. The amount of charity care provided during the years ended June 30, 2020 and 2019, based on patient charges forgone, was \$10,529 and \$8,702, respectively. The total direct and indirect costs to provide the care amounted to approximately \$8,889 and \$7,156 for the years ended June 30, 2020 and 2019, respectively.

All patient accounts are handled consistently and appropriately to maximize cash flow and to identify bad debt accounts timely. Active accounts are considered bad debt accounts when they met specific collection activity guidelines and/or are reviewed by the appropriate management and deemed to be uncollectible. Every effort is made to identify and pursue all account balance liquidation options, including, but not limited to, third-party payor reimbursement, patient payment arrangements, Medicaid eligibility, and financial assistance. Third-party receivable management agencies provide extended business office services and insurance outsource services to ensure maximum effort is taken to recover insurance and self-pay dollars before transfer to bad debt. Contractual arrangements with third-party collection agencies were used to assist in the recovery of bad debt after all internal collection efforts have been exhausted. In so doing, the collection agencies must operate consistently with the goal of maximum bad debt recovery and strict adherence with Fair Debt Collections Practices Act (FDCPA) rules and regulations while maintaining positive patient relations.

(s) Income Taxes

LifeBridge and its not-for-profit subsidiaries have been recognized by the Internal Revenue Service as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

LifeBridge's incorporated for-profit subsidiaries account for income taxes in accordance with FASB ASC Topic 740, *Income Taxes*. Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in the period that includes the enactment date. Any changes to the valuation allowance on the deferred tax asset are reflected in the year of the change. The Corporation accounts for uncertain tax positions in accordance with ASC Topic 740.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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(Dollars in thousands)

(t) Use of Estimates

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

(u) Excess of Revenues over Expenses

The accompanying consolidated statements of operations include a performance indicator, excess of revenue over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include changes in the funded status of defined-benefit pension plans, permanent transfers of assets to and from affiliates for other than goods and services, and contributions received for additions of long-lived assets.

(v) Employee Pension Plan

Pension benefits are administered by the Corporation. The Corporation accounts for its defined-benefit pension plans within the framework of ASC Topic 958, *Not-for-Profit Entities, Section 715, Compensation-Retirement Benefits* (Topic 958, Section 715), which requires the recognition of the overfunded or underfunded status of a defined-benefit pension plan as an asset or liability. The plans are subject to annual actuarial evaluations, which involve various assumptions creating changes in elements of expense and liability measurement. Key assumptions include the discount rate, the expected rate of return on plan assets, retirement, mortality, and turnover. The Corporation evaluates these assumptions annually and modifies them as appropriate.

Additionally, ASC Topic 958, Section 715 requires the measurement date for plan assets and liabilities to coincide with the employer's year-end and requires the disclosure in the notes to the consolidated financial statements of additional information about certain effects on net periodic benefit cost for the next fiscal year that arise from delayed recognition of the gains or losses, prior service costs or credits, and transition asset or obligation. The Corporation reports the service cost component of pension cost in salaries and employee benefit expense and the other components of net benefit cost in other income, net.

(w) Management's Assessment and Plans

The Corporation adopted Accounting Standards Update (ASU) No. 2014-15, *Disclosure of Uncertainties about an Entity's Ability to Continue as a Going Concern*, (ASU 2014-15), which requires management to evaluate an entity's ability to continue as a going concern within one year after the date that the financial statements are issued (or available to be issued, when applicable). Management determined that there were no conditions or events that raise substantial doubt about the Corporation's ability to continue as a going concern, and the Corporation will continue to meet its obligations through October 22, 2021.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

(x) *New Accounting Pronouncements*

The FASB issued ASU No. 2016-02, *Leases* (ASU 2016-02), which will require lessees to recognize most leases on balance sheet, increasing their reported assets and liabilities—sometimes very significantly. This update was developed to provide financial statement users with more information about an entity's leasing activities and will require changes in processes and internal controls. The FASB issued ASU No. 2020-05, *Leases – Effective Dates for Certain Entities*, which deferred the effective date for ASU 2016-02 for one year, which the Corporation has elected to utilize the deferral. The adoption of ASU 2016-02 is effective for fiscal year 2021. Companies can either apply this standard by either retrospectively applying the new guidance at the beginning of the earliest comparable period presented, or they can use a transition method to adopt the new lease requirements by allowing entities to initially apply the requirements recognizing a cumulative effect adjustment to the opening balance of unrestricted net assets in the period of adoption.

In August 2018, the FASB issued ASU No. 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software, Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement that is a Service Contract*. This ASU aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software. The ASU is effective for the Corporation for annual reporting periods beginning after December 15, 2020 and interim periods beginning after December 15, 2021 with early adoption permitted. The Corporation is currently assessing the impact that ASU No. 2018-15 will have on its consolidated financial statements and will adopt the provisions upon the effective date.

Effective July 1, 2019, the Corporation adopted ASU No. 2016-18, *Restricted Cash* (Topic 20), which requires that the statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, the amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The retrospective adoption of ASU No. 2016-18 did not have a material impact on the Corporation's consolidated financial statements.

From time to time, new accounting guidance is issued by the FASB or other standard-setting bodies that is adopted by the Corporation as of the effective date or, in some cases where early adoption is permitted, in advance of the effective date. The Corporation has assessed the recently issued guidance that is not yet effective and, unless otherwise indicated above, believes the new guidance will not have a material impact on its consolidated financial position, results of operations, or cash flows.

(3) **Acquisitions**

The Corporation became the sole corporate member of Grace Medical Center on November 1, 2019. Beginning on that date, the financial position and results of operations of Grace were consolidated into the Corporation. As part of the transaction, LifeBridge agreed to pay \$25,000, which is being paid over six years through 2026 and is included in long-term liabilities in the table below. The affiliation was accounted for under the guidance of ASC Topic 805, *Business Combinations*. As a result, the Corporation recorded an

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inherent contribution related to the transaction of \$6,716, which is included within other nonoperating income during the year ended June 30, 2020 in the accompanying consolidated statement of operations.

The following table summarizes the estimated fair value of assets acquired and liabilities assumed at November 1, 2019:

Assets:	
Current assets	\$ 3,695
Property and equipment	32,631
Other long-term assets	—
Total assets	<u>\$ 36,326</u>
Liabilities:	
Current liabilities	\$ —
Long-term liabilities	29,610
Total liabilities	<u>29,610</u>
Net assets:	
Unrestricted	<u>6,716</u>
Total net assets	<u>6,716</u>
Total liabilities and net assets	<u>\$ 36,326</u>

The following table summarizes the Corporation's pro forma consolidated results as though the acquisition date occurred at July 1, 2018:

	<u>2020</u>	<u>2019</u>
Operating revenues	\$ 1,698,186	1,720,498
Operating expenses	<u>1,656,224</u>	<u>1,657,300</u>
Net operating income	41,962	63,198
Nonoperating income	<u>41,562</u>	<u>42,589</u>
Excess of revenues over expenses	<u>\$ 83,524</u>	<u>105,787</u>
Changes in net assets:		
Net assets without donor restrictions	\$ 56,922	71,597
Net assets with donor restrictions	<u>2,120</u>	<u>(763)</u>
Total changes in net assets	<u>\$ 59,042</u>	<u>70,834</u>

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(4) COVID-19

The CARES Act, which was enacted on March 27, 2020, authorizes \$100 billion in funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (the PHSSEF), which was subsequently increased to \$175 billion. Payments from the PHSSEF are intended to compensate healthcare providers for lost revenues and incremental expenses incurred in response to the COVID-19 pandemic and are not required to be repaid provided the recipients attest to and comply with certain terms and conditions, including limitations on balance billing and not using PHSSEF funds to reimburse expenses or losses that other sources are obligated to reimburse. The U.S. Department of Health and Human Services (the HHS) initially distributed \$30 billion of this funding based on each provider's share of total Medicare fee-for-service reimbursement in 2019, but announced that \$50 billion in CARES Act funding (including the \$30 billion already distributed) will be allocated proportional to providers' share of 2018 net patient revenue. HHS indicated that distributions of the remaining \$50 billion were targeted primarily to hospitals in COVID-19 high-impact areas, to rural providers, and to reimburse providers for COVID-19-related treatment of uninsured patients. The Corporation received approximately \$55,800 in payments from the initial PHSSEF payments of which \$48,400 were recognized as revenue and included within other operating revenue for the year ended June 30, 2020 in the accompanying consolidated statement of operations.

As a way to increase cash flow to Medicare providers impacted by the COVID-19 pandemic, the CARES Act expanded the Medicare Accelerated and Advance Payment Program. Inpatient acute care hospitals may request accelerated payments of up to 100% of the Medicare payment amount for a six-month period (not including Medicare Advantage payments). CMS based payment amounts for inpatient acute care hospitals on the provider's Medicare fee-for-service reimbursements in the last six months of 2019. Such accelerated payments are interest-free for inpatient acute care hospitals for 12 months, and the program initially required CMS to recoup the payments beginning 120 days after receipt by the provider, by withholding future Medicare fee-for-service payments for claims until the full accelerated payment has been recouped. On October 1, 2020, new legislation was signed that delayed the timing of the recoupments of these advances by CMS, which will now begin in April 2021. The payments are made for services a healthcare entity has provided or will provide to its Medicare patients who are the healthcare entity's customers. Therefore, they are accounted for under ASC Topic 606 as revenue. In April 2020, the Corporation received approximately \$196,100 of accelerated payments, which have been accrued on the consolidated balance sheet as of June 30, 2020 as a contract liability, in accordance with ASC Topic 606 and are included within advances from third-party payors on the accompanying consolidated balance sheets. This contract liability will be reduced over time as revenue is recognized for claims submitted for services provided.

Lastly, the CARES Act provides for deferred payment of the employer portion of social security taxes between March 27, 2020 and December 31, 2020, with 50% of the deferred amount due December 31, 2021 and the remaining 50% due December 31, 2022. The Corporation began deferring the employer portion of social security taxes in mid-April 2020. As of June 30, 2020, the Corporation deferred approximately \$7,000 in social security taxes.

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Due to the recent enactment of the CARES Act and the PPPHCE Act, there is still a high degree of uncertainty surrounding their implementation, and the public health emergency continues to evolve. In September and October 2020, HHS issued reporting requirements that provided information on how the Corporation should report how it used the funds received under these programs. The requirements changed the calculations to be based on unreimbursed healthcare-related expenses attributable to the coronavirus and the year-over-year change in net patient care revenues. The Corporation believes that such new guidance is a nonrecognized subsequent event as of June 30, 2020, and any changes will be accounted for during the year ending June 30, 2021. The Corporation continues to assess the potential impact of the CARES Act and the PPPHCE Act, the potential impact of future stimulus measures, if any, and the impact of other laws, regulations, and guidance related to COVID-19 on its business, results of operations, financial condition, and cash flows.

In July 2020, an additional \$38,100 was received by the Corporation related to a targeted allocation under PHSSEF. This funding is considered to be a nonrecognized subsequent event as of June 30, 2020, and the Corporation will evaluate the accounting for these funds during the year ended June 30, 2021.

(5) Investments

Investments, which consist of assets limited as to use, board-designated investments, donor-restricted investments, and long-term investments in the accompanying consolidated balance sheets, are stated at fair value or under the equity method, as appropriate, as of June 30, 2020 and 2019 and consist of the following:

	<u>2020</u>	<u>2019</u>
Assets limited as to use:		
Self-insurance fund:		
Mutual funds	\$ 45,047	39,195
Equity securities	20,634	17,829
Alternative investments	<u>3,062</u>	<u>2,931</u>
Self-insurance fund	<u>68,743</u>	<u>59,955</u>
Debt service fund:		
Cash and cash equivalents	16,210	14,197
Government securities	<u>723</u>	<u>3,036</u>
Debt service fund	<u>16,933</u>	<u>17,233</u>

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	<u>2020</u>	<u>2019</u>
Construction funds:		
Cash and cash equivalents	\$ 64,413	17,535
Government securities	—	4,965
	<u>64,413</u>	<u>22,500</u>
Total assets limited as to use	150,089	99,688
Less current portion	<u>(81,346)</u>	<u>(39,733)</u>
Assets limited as to use, net of current portion	<u>\$ 68,743</u>	<u>59,955</u>
Beneficial interest in split-interest agreement	\$ 4,792	4,997

There are other investments restricted by donors other than pledges receivable and beneficial interest that are included in long-term investments as of June 30, 2020 and 2019. As of June 30, 2020 and 2019 current, long-term, donor-restricted, and board-designated investments are as follows:

	<u>2020</u>	<u>2019</u>
Current, long-term, donor-restricted, and board-designated investments:		
Cash and cash equivalents	\$ 35,063	29,226
Mutual funds	279,392	317,019
Equity securities	195,582	178,504
Government securities	193,281	9,458
Fixed-income securities	255,358	194,613
Alternative investments	<u>159,968</u>	<u>144,064</u>
Current, long-term, donor-restricted, and board-designated investments	1,118,644	872,884
Less current portion	<u>(470,176)</u>	<u>(219,672)</u>
Long-term, donor-restricted, and board-designated investments	<u>\$ 648,468</u>	<u>653,212</u>

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Investment income and gains and losses on long-term investments, board-designated investments, donor-restricted investments, and assets limited as to use comprise the following for the years ended June 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Investment income:		
Interest income and dividends	\$ 18,175	20,340
Unrealized (losses) gains on trading securities	(334)	3,181
Realized gains on sale of securities	<u>19,974</u>	<u>18,498</u>
Investment income	37,815	42,019
Other changes in net assets:		
Changes in unrealized gains on net assets with donor restrictions	<u>476</u>	<u>303</u>
Total investment return	<u>\$ 38,291</u>	<u>42,322</u>

(6) Liquidity and Availability

Financial assets available for general expenditure within one year of June 30, 2020 and 2019 include the following (in thousands):

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 251,832	167,802
Short-term investments	470,176	219,672
Patient receivables	151,707	171,245
Other receivables	10,253	21,216
Pledges receivables, current	3,386	2,841
Long-term investments (excluding alternatives investments)	<u>238,362</u>	<u>238,784</u>
	<u>\$ 1,125,716</u>	<u>821,560</u>

The Corporation has certain board-designated assets whose use is limited, which are available for general expenditures within one year in the normal course of operations, pending board approval. These board-designated assets were \$191,964 and \$213,856 as of June 30, 2020 and 2019, respectively, and are not included in the table above.

The Corporation has assets limited to use held by trustees, set aside for the Corporation's captive insurance subsidiary, and held for donor-restricted purposes. These investments are not reflected in the amounts above.

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The Corporation invests in alternative investments to increase the investment portfolio's diversification. The asset allocation of the portfolio is broadly diversified across global equity and global fixed-income asset classes and alternative investment strategies and is designed to maximize the probability of achieving the Corporation's long-term investment objectives at an appropriate level of risk while maintaining a level of liquidity to meet the needs of ongoing portfolio management. The nature of alternative investments generally restricts the liquidity and availability of these investments to be available for the general expenditures of the Corporation within one year of the consolidated balance sheet. As such, these investments have been excluded from the amounts above.

As part of the Corporation's liquidity management plan, cash in excess of daily requirements for general expenditures is invested in long-term investments. The Corporation's long-term investment portfolio contains money market funds and other liquid investments that can be drawn upon, if necessary, to meet the liquidity needs of the Corporation.

The Corporation maintains a \$5 million revolving credit facility as discussed in note 12. As of June 30, 2020 and 2019, \$5 million was available under the credit facility.

(7) Pledges Receivable

Contributions and pledges to raise funds are recorded as temporarily restricted net assets until the donor-intended purpose is met and the cash is collected. Future pledges are discounted at the Treasury bill rate to reflect the time value of money, and an allowance for potentially uncollectible pledges has been established.

Sinai, Northwest, Carroll, and Levindale have recorded total pledges as of June 30, 2020 and 2019 as follows:

	<u>2020</u>	<u>2019</u>
Gross pledges receivable	\$ 13,327	12,879
Less:		
Discount for time value of money	(569)	(656)
Allowance for uncollectible accounts	<u>(1,691)</u>	<u>(1,815)</u>
	<u>\$ 11,067</u>	<u>10,408</u>

The pledges are due as follows:

Less than one year	\$ 4,054
One to five years	9,273
Five years and thereafter	<u>—</u>
	<u>\$ 13,327</u>

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(8) Property and Equipment

As described in note 16, Sinai and Levindale leases from an affiliate of AJCF all land, land improvements, buildings, and fixed equipment located at those entities' primary locations; LifeBridge entities own the movable equipment. Property and equipment are classified as follows at June 30:

	Estimated useful life	2020	2019
Land		\$ 23,736	22,250
Land improvements	8–20 years	40,683	37,234
Building and improvements	10–40 years	1,073,286	991,732
Fixed equipment	8–20 years	113,444	97,740
Movable equipment	3–15 years	642,463	587,592
		<u>1,893,612</u>	<u>1,736,548</u>
Less accumulated depreciation		<u>(1,241,183)</u>	<u>(1,091,865)</u>
		652,429	644,683
Construction in progress		<u>61,581</u>	<u>27,808</u>
Property and equipment, net		<u>\$ 714,010</u>	<u>672,491</u>

Depreciation and amortization were \$89,160 and \$86,949 for the years ended June 30, 2020 and 2019, respectively. Of this, depreciation expense was \$89,002 and \$83,053 for the years ended June 30, 2020 and 2019, respectively.

Included in property and equipment is building and equipment, net of accumulated amortization, of \$10,828 and \$12,662 for the years ended June 30, 2020 and 2019, respectively, financed with capital lease obligations. Accumulated amortization related to the building and equipment under capital leases was \$18,126 and \$16,174 at June 30, 2020 and 2019, respectively.

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(9) Investments in Joint Ventures

Investments in joint ventures and partnerships, accounted for under either the equity or cost method as appropriate, consist of the following at June 30, 2020 and 2019:

Joint Venture	Business purpose	2020		2019	
		Percentage ownership	Balance	Percentage ownership	Balance
MNR Industries, LLC	Urgent Care Centers	40 %	\$ 19,390	40 %	\$ 21,662
Baltimore County Radiology, LLC	Outpatient Radiology	25	7,365	25	7,905
Mt. Airy Med-Services, LLC	Real Estate	50	3,849	50	4,129
Future Care Old Court, LLC	Nursing Home	40	2,658	40	2,944
Locheam Nursing Home, LLC	Nursing Home	10	2,000	10	2,000
Mt. Airy Plaza, LLC	Real Estate	50	48	50	1,326
LifeBridge Sports Medicine & Rehabilitation, LLC	Physical Therapy	50	2,114	50	2,158
Advanced Health Collaborative, LLC	Medicare Advantage Plan	25	210	25	210
Carroll Care Pharmacies, LLC	Pharmacies	—	—	49	1,054
Other Joint Ventures	Miscellaneous	5-50	3,816	5-50	4,313
Total			\$ 41,450		\$ 47,701

For those joint ventures and partnerships accounted for using the equity method, the Corporation recorded equity in earnings of joint ventures and partnerships. For those joint ventures and partnerships accounted for using the cost method, the Corporation recorded dividend income. Such amounts are included in other operating revenue in the consolidated statements of operations.

(10) Other Assets

As of June 30, other assets comprise the following balances:

	2020	2019
Goodwill	\$ 38,061	34,924
Investment in Premier	22,469	21,073
Notes receivable	3,410	3,270
Other intangible assets	9,499	10,170
Pension asset (note 14(b))	—	102
Deferred compensation assets	7,846	6,823
Other	1,531	1,099
Other assets	\$ 82,816	77,461

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(11) Long-Term Debt and Capital Lease Obligations

As of June 30, long-term debt and capital lease obligations consist of the following:

	2020	2019
Maryland Health and Higher Educational Facilities Authority (MHHEFA):		
Revenue Bonds Series 2011	\$ 2,145	3,140
Revenue Bonds Series 2012A	5,420	51,045
Revenue Bonds Series 2015	158,220	159,621
Revenue Bonds Series 2016	119,435	119,670
Revenue Bonds Series 2017	111,350	114,620
Springwell Senior Living Issue Series 2019	35,439	—
Other debt:		
M&T Bank taxable loan	27,084	31,946
Bank of America note payable	50,000	—
BB&T promissory note	48,350	—
Capital leases	11,365	13,021
Other	25,128	33,922
	593,936	526,985
Less current portion	(24,501)	(14,957)
Plus unamortized premium	26,615	29,628
Less deferred financing costs	(3,839)	(3,825)
Long-term debt, net	\$ 592,211	537,831

A single obligated group (the Obligated Group), consisting of LifeBridge, Sinai, Northwest, Grace, Levindale, BJHF, CHSF, CCHS, Carroll, CCMS, CHG, CH, and CRCCP, has been formed with respect to certain bonds issued by the Maryland Health and Higher Educational Facilities Authority (MHHEFA) and certain other obligations. Members of the Obligated Group are jointly and severally liable for all of the outstanding bonds issued by MHHEFA on behalf of LifeBridge and CCHS and their respective affiliates, together with other obligations issued on parity with such bonds.

In March 2011, MHHEFA loaned \$50,695 from the proceeds of bonds (Series 2011 Bonds) to LifeBridge and certain of its subsidiaries. Portions of the Series 2011 Bonds are payable on July 1 of each year through 2041. The Series 2011 Bonds bear interest at a weighted fixed rate of 5.99%. Approximately \$46,040 of the Series 2011 Bonds were repaid as part of the Series 2016 Bond offering, which is further discussed below.

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In May 2012, MHHEFA loaned \$59,780 from the proceeds of bonds (Series 2012A Bonds) to CCHS and certain of its subsidiaries (the Series 2012 Bonds). The Series 2012 Bonds were issued in three series: \$26,995 of serial bonds maturing in 2013 through 2027 with interest rates ranging from 2% to 5%, \$7,505 of term bonds maturing in 2030 with an interest rate of 4%, and \$25,280 of term bonds maturing in 2037 (Series 2012A Bonds) with an interest rate of 5%. Approximately \$48,775 of the Series 2012A Bonds were repaid as part of the \$48,335 promissory note in 2020, which is discussed below. As a result of the refinancing, there was a loss of \$2,557, which is included within nonoperating income on the accompanying statement of operations.

On June 26, 2015, LifeBridge entered into a \$50,000 direct bank placement with M&T Bank (2015 M&T Bank Taxable Loan). The interest rates range from 1.57% to 3.28%, with maturity dates ranging from July 1, 2016 to July 1, 2025. The 2015 M&T Loan is secured on parity with the bonds.

On July 30, 2015, MHHEFA issued \$159,685 in bonds (Series 2015 Bonds) on behalf of LifeBridge. The proceeds of the Series 2015 Bonds have been and will be used to finance and refinance the cost of construction, renovation, and equipping of certain additional facilities for the Obligated Group, to refund prior years' bonds of debt obligations. \$33,130 of the bonds are serial bonds with maturity dates ranging from 2019 through 2030 and interest rates ranging from 2.0% to 5.0%. \$14,260, \$26,325, \$35,970, and \$50,000 of the bonds are term bonds that are due in 2035, 2040, 2047, and 2047, respectively, with interest rates of 4.0%, 5.0%, 4.1%, and 5.0%, respectively.

On October 25, 2016, MHHEFA issued \$120,695 in bonds (Series 2016 Bonds) on behalf of LifeBridge Health. The proceeds of the Series 2016 Bonds were used to refinance prior bonds. \$40,465 of the bonds are serial bonds with maturity dates ranging from 2017 through 2036 and interest rates ranging from 2% to 5%. \$40,640 of the bonds are term bonds that are due in 2041 with an interest rate of 4%. The remaining \$39,590 of the bonds are term bonds that are due in 2047 with an interest rate of 5%.

On October 31, 2017, MHHEFA issued \$118,120 in bonds (Series 2017 Bonds) on behalf of LifeBridge Health. The proceeds of the Series 2017 Bonds have been used to refund prior bonds. \$82,700 of the bonds are serial bonds with maturity dates ranging from 2019 through 2037 and interest rates ranging from 3% to 5%. \$24,220 of the bonds are term bonds that are due in 2042 with an interest rate of 4%. The remaining \$11,200 of the bonds are term bonds that are due in 2044 with an interest rate of 5%.

On July 1, 2019, the Maryland Health and Higher Educational Facilities Authority issued \$35,639 in bonds (Springwell Senior Living Issue Series 2019) on behalf of Springwell. The proceeds of the Series 2019 Bonds have been and will be used to finance and refinance the cost of construction renovation and equipping of certain facilities of Springwell and to refinance certain other outstanding indebtedness. All obligations related to this bond issuance are guaranteed by LifeBridge Health, Inc. Portions are payable on July 1 of each year starting 2025 through 2034. The bonds bear interest at a rate of 2.715% for the initial term rate period ending June 30, 2024. Following the initial term rate period, the bonds will enter the flexible mode rate period and will bear interest at different flexible rates.

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The Series 2011, 2012A, 2015, 2016, and 2017 Bonds are governed by a Master Loan Agreement. Under the Master Loan Agreement, MHHEFA maintains a security interest in the revenue of the obligors. In addition, the Master Loan Agreement requires Obligated Group members to adhere to limitations on mergers, disposition of assets, and additional indebtedness and certain financial covenants. The financial covenants include a rate covenant, which requires the Obligated Group to achieve a debt service coverage ratio of 1.10; a liquidity covenant, which requires the Obligated Group to maintain 45 days cash on hand; and a debt-to-capitalization covenant, which requires the Obligated Group to maintain a debt-to-capitalization ratio of not more than 65%, all measured as of June 30 in each fiscal year.

On April 1, 2020, Bank of America issued a \$50,000 note payable on behalf of Grace. The proceeds of the note payable have been used to finance the cost of demolition, construction, and renovation at Grace Medical Center, Sinai Hospital, and Northwest Hospital. The note payable has a maturity date of April 1, 2027 with an interest rate of 1.9%. A bond can be issued by MHHEFA at the request of Grace and will be issued for the outstanding principal amount of the note payable on that day.

On March 5, 2020, BB&T issued a \$48,350 promissory note on behalf of Carroll. The proceeds of the promissory note have been used to refinance the 2012A bonds discussed above. The promissory note will have an interest rate of 2.32% per year until it becomes a revenue bond issued by Maryland Health and Higher Educational Facilities, in which the rate will be 1.83% per year. The bond can be issued by MHHEFA upon request beginning July 1, 2022. The promissory note has a maturity date of July 2037.

In November 2019, the Corporation entered into an agreement with Bon Secours Baltimore Health Corporation (BSB) to acquire Grace Medical Center, an acute care hospital. Upon acquisition, the Corporation would pay \$25,000 payable over six years to an exempt affiliated foundation established by BSB that would fund future community services in West Baltimore. The note payable matures on October 2025, and the outstanding principal was \$25,000 at June 30, 2020.

In 2017, the Corporation acquired Springwell Partners, LLC (Springwell). Upon acquisition, the Corporation assumed the debt of Springwell. The debt consisted of two term notes that were amended in February 2017. The first term note of \$9,000 bore monthly interest of one-month LIBOR plus 1.6% which approximated 4.0% as of June 30, 2019. The second term note of \$6,000 bore monthly interest of 4.75%. Both term notes had maturity dates of February 5, 2022 and were secured by certain property and equipment. The outstanding principal of the two notes as of June 30, 2019 was \$13,007. The notes were paid off and the loan agreement terminated in July 2019, using proceeds from the bond issuance (see above). Additionally, there was a construction loan that had been drawn on in the amount of \$19,404 as of June 30, 2019. This loan had an interest rate of one-month LIBOR plus 1.6%, which approximated 4.0% as of June 30, 2019. The term loan was to mature in February 2022, but was terminated and paid off in July 2019 using proceeds from the bond issuance (see above). As a result of the refinancing, there was a loss of \$397, which is included within nonoperating income on the accompanying consolidated statements of operations.

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Deferred financing costs are amortized using the effective-interest method over the term of the related debt. Amortization expense was \$52 and \$73 for the years ended June 30, 2020 and 2019, respectively. Such amortization is included in interest expense in the accompanying consolidated statements of operations.

Deferred bond issuance costs are amortized using the effective-interest method over the term of the related debt. Amortization expense was \$10 for the years ended June 30, 2020. Such amortization is included in interest expense in the consolidated financial statements.

The Corporation is obligated under several noncancelable capital leases for hospital equipment and office building space.

The total future principal payments on long-term debt and capital lease payments are as follows:

	<u>MHHEFA and other debt</u>	<u>Capital lease obligations</u>
Years ending June 30:		
2021	\$ 22,145	2,356
2022	23,118	2,403
2023	28,333	2,451
2024	26,934	2,499
2025	27,915	2,522
Thereafter	<u>454,126</u>	<u>630</u>
	\$ <u>582,571</u>	12,861
Less interest portion		<u>(1,496)</u>
		\$ <u>11,365</u>

(12) M&T Bank Line of Credit

Sinai maintains a \$5,000 line of credit with M&T Bank. As of June 30, 2020 and 2019, there were no balances outstanding on this line of credit.

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(13) Net Assets With Donor Restrictions

Net assets without and with donor restrictions are available for the following purposes at June 30:

	2020	2019
Without donor restrictions:		
Designated by the board	\$ 191,964	213,856
Undesignated	1,051,033	976,767
With donor restrictions:		
Perpetual in nature	18,877	18,248
Purpose restricted – capital	23,527	23,303
Purpose restricted – operations	16,258	14,957
Time restricted	15,371	15,405
Net assets	\$ 1,317,030	1,262,536

The net assets without donor restrictions that is designated by the Board of Directors represent funds that are to be used to pay for future capital expenditures at Carroll.

(14) Employee Benefit Plans

(a) LifeBridge Health Pension Plans (Sinai and Levindale)

The Corporation sponsors two noncontributory defined-benefit pension plans (the Sinai/Levindale Plans) covering full-time, nonunion and union employees of Sinai and Levindale. Annual contributions to the Sinai/Levindale Plans are made at a level equal to or greater than the funding requirement as determined by the Sinai/Levindale Plans' consulting actuary. Contributions are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future.

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The following table sets forth the Sinai/Levindale Plans' funded status and amounts recognized in the accompanying consolidated financial statements as of June 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Measurement date	June 30, 2020	June 30, 2019
Change in projected benefit obligation:		
Benefit obligation at beginning of year	\$ 253,922	225,136
Service cost	8,993	7,704
Interest cost	9,054	9,372
Actuarial loss	22,982	22,595
Benefits paid	(11,973)	(10,030)
Expenses paid from assets	(905)	(855)
Benefit obligation at end of year	<u>282,073</u>	<u>253,922</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	214,679	209,368
Actual return on plan assets	10,385	11,167
Company contributions	8,239	5,029
Benefits paid	(11,973)	(10,030)
Expenses paid from assets	(905)	(855)
Fair value of plan assets at end of year	<u>220,425</u>	<u>214,679</u>
Funded status	<u>\$ (61,648)</u>	<u>(39,243)</u>

Amounts recognized in the consolidated financial statements consist of the following at June 30:

	<u>2020</u>	<u>2019</u>
Amounts recognized in the consolidated balance sheets:		
Other long-term liabilities	\$ 61,648	39,243
Amounts recognized in net assets without donor restrictions:		
Net actuarial loss	<u>\$ 88,871</u>	<u>66,466</u>
	<u>\$ 88,871</u>	<u>66,466</u>

The Corporation has estimated \$8,239 for its defined-benefit contributions to the Sinai/Levindale Plans for the fiscal year ended June 30, 2020. The accumulated benefit obligation for the Sinai/Levindale Plans is \$254,034 and \$228,163 at June 30, 2020 and 2019, respectively.

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Net periodic pension expense for the years ended June 30, 2020 and 2019 was as follows:

	<u>2020</u>	<u>2019</u>
Pension costs:		
Service cost	\$ 8,993	7,704
Interest cost	9,054	9,372
Expected return on plan assets	(14,665)	(14,312)
Amortization of net loss	4,857	4,352
Net periodic benefit cost	<u>\$ 8,239</u>	<u>7,116</u>

The estimated net actuarial loss and prior service cost to be amortized from unrestricted net assets into net periodic pension benefit cost over the next fiscal year are \$7,281 and \$4,858, respectively. The Corporation recorded \$8,993 and \$7,704 of the net periodic benefit cost in salary and employee benefit expense during the years ended June 30, 2020 and 2019, respectively, and recorded \$(754) and \$(588) in other income, net during the years ended June 30, 2020 and 2019, respectively.

Actuarial assumptions used were as follows:

	<u>2020</u>	<u>2019</u>
Assumptions used to determine annual pension expense:		
Discount rate	3.67 %	4.28 %
Expected return on plan assets	7.00	7.00
Rate of compensation increase	2.50	2.50
Assumptions used to determine end-of-year liabilities:		
Discount rate	3.06 %	3.67 %
Expected return on plan assets	7.00	7.00
Rate of compensation increase	2.50	2.50
Plan asset allocation:		
Asset category:		
Fixed-income/debt securities	25.00 %	25.00 %
Equity securities/mutual funds	54.00	54.00
Alternative investments	21.00	21.00
Total	<u>100.00 %</u>	<u>100.00 %</u>

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In selecting the expected long-term rate of return on plan assets, Sinai and Levindale considered the average rate of earnings on the funds invested or to be invested to provide for the benefits of these plans. This included considering the Sinai/Levindale Plans' asset allocation and the expected returns likely to be earned over the life of the plans. Target asset allocation is as follows:

	<u>Target</u>
Target allocation on assets:	
Equity securities	52 %
Alternative investments	23
Fixed-income/debt securities	25

Following are the benefit payments expected to be disbursed from plan assets:

Years ending June 30:	
2021	\$ 14,472
2022	14,752
2023	15,620
2024	15,593
2025	15,328
2026–2030	79,282

The fair values of assets of the Sinai/Levindale Plans held by PNC Institutional Investments by level at June 30, 2020 were as follows:

	<u>Pension benefits – Plan assets</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>NAV</u>	
Assets:				
Cash and cash equivalents	\$ 7,235	—	—	7,235
Mutual funds and equity securities	120,790	—	—	120,790
Fixed-income mutual funds	54,399	—	—	54,399
Alternative investments	—	—	38,001	38,001
Total assets	<u>\$ 182,424</u>	<u>—</u>	<u>38,001</u>	<u>220,425</u>

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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The fair values of assets of the Sinai/Levindale Plans held by PNC Institutional Investments by level at June 30, 2019 were as follows:

	Pension benefits – Plan assets			Total
	Level 1	Level 2	NAV	
Assets:				
Cash and cash equivalents	\$ 7,359	—	—	7,359
Mutual funds and equity securities	125,323	—	—	125,323
Fixed-income mutual funds	52,842	—	—	52,842
Alternative investments	—	—	29,155	29,155
Total assets	\$ 185,524	—	29,155	214,679

For the year ended June 30, 2020 or 2019, there were no significant transfers into or out of Levels 1, 2, or 3. Changes to the fair values based on the NAV are summarized as follows:

	Total
Balance as of June 30, 2019	\$ 29,155
Additions:	
Contributions/purchases	7,728
Disbursements:	
Withdrawals/sales	(1,060)
Net change in value	2,178
Balance as of June 30, 2020	\$ 38,001

The following table summarizes redemption terms for the hedge fund-of-funds vehicles held as of June 30, 2020:

	Fund 1	Fund 2	Fund 3	Fund 4
Redemption timing:				
Redemption frequency	Monthly	Annually	Quarterly	Quarterly
Required notice	30 days	90 days	30 days	60 days
Audit reserve:				
Percentage held back for audit reserve	-%	5%	-%	-%

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The Corporation's investment policies are established by LifeBridge Investment Committee, which comprises members of the Board of Directors, other community leaders, and management. Among its responsibilities, the Investment Committee is charged with establishing and reviewing asset allocation strategies, monitoring investment manager performance, and making decisions to retain and terminate investment managers. Assets of each of the Corporation's pension plans are managed in a similar fashion, as the Corporation's investments and assets whose use is limited, by the same group of investment managers. The Corporation has incorporated an Investment Policy Statement (IPS) into the investment program. The IPS, which has been formally adopted by the Corporation's Board of Directors, contains numerous standards designed to ensure adequate diversification by asset class and geography. The IPS also limits all investments by manager and position size and limits fixed-income position size based on credit ratings, which serves to further mitigate the risks associated with the investment program. As of June 30, 2020 and 2019, management believes that all investments were being managed in a manner consistent with the IPS.

Sinai and Levindale expect to contribute \$11,101 to the Sinai/Levindale Plan during the year ending June 30, 2021.

(b) Carroll Plan

CCHS sponsors a defined-benefit cash balance plan (the Carroll Plan) covering employees of Carroll, CCMS, and Carroll Foundation. CCHS's funding policy is to make contributions to the Carroll Plan based on actuarially determined amounts necessary to provide assets sufficient to meet benefits to be paid to plan participants and to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code, plus such amounts as CCHS may determine to be appropriate from time to time. Under the cash balance plan structure, the benefits under the Carroll Plan are determined based on employee tenure rather than age. CCHS elected to freeze benefit accruals and participation in the Carroll Plan on December 31, 2006.

The information below describes certain actions of CCHS for the years ended June 30, 2020 and 2019.

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The following table sets forth the changes in the projected benefit obligation, the changes in the Carroll Plan's assets, the Carroll Plan's funded status, the amounts recognized in the consolidated financial statements, and the Carroll Plan's net periodic pension cost as of June 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Measurement date	June 30, 2020	June 30, 2019
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 74,342	69,047
Interest cost	2,670	2,890
Actuarial gain	5,220	5,416
Expenses paid	(420)	—
Benefits paid	<u>(3,033)</u>	<u>(3,011)</u>
Benefit obligation at end of year	<u>78,779</u>	<u>74,342</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	74,444	78,870
Actual return on plan assets	4,010	(1,415)
Employer contribution	500	—
Expenses paid	(420)	—
Benefits paid	<u>(3,033)</u>	<u>(3,011)</u>
Fair value of plan assets at end of year	<u>75,501</u>	<u>74,444</u>
Funded status	<u>\$ (3,278)</u>	<u>102</u>

The accumulated benefit obligation for the Carroll Plan was \$78,779 and \$74,342 at June 30, 2020 and 2019, respectively. The pension liability of \$(3,278) and the pension asset of \$102 as of June 30, 2020 and 2019, respectively, are included in other long-term liabilities and other assets, respectively, in the consolidated balance sheets.

Net periodic pension expense for the years ended June 30, 2020 and 2019 was as follows:

	<u>2020</u>	<u>2019</u>
Pension expense:		
Components of net periodic pension expense:		
Interest cost	\$ 2,670	2,890
Expected return on plan assets	(5,128)	(5,414)
Amortization of actuarial loss	<u>2,318</u>	<u>802</u>
Net periodic pension expense	<u>\$ (140)</u>	<u>(1,722)</u>

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The estimated net actuarial loss to be amortized from unrestricted net assets into net periodic pension benefit cost over the next fiscal year is \$2,883 and \$2,318, respectively. The Corporation recorded \$(140) and \$(1,722) of the net periodic pension expense in other income, net during the years ended June 30, 2020 and 2019, respectively.

Assumptions to determine the benefit obligation as of June 30, 2020 and 2019 were as follows:

	<u>2020</u>	<u>2019</u>
Discount rate	3.06 %	3.67 %

Assumptions used in the determination of net periodic pension expense for the years ended June 30, 2020 and 2019 were as follows:

	<u>2020</u>	<u>2019</u>
Discount rate	3.67 %	4.28 %
Expected long-term rate of return on plan assets	7.00	7.00

Deferred pension costs, which have not yet been recognized in periodic pension expense but are accrued in net assets without donor restrictions, are \$30,913 and \$26,892 at June 30, 2020 and 2019, respectively. Deferred pension costs represent unrecognized actuarial losses or unexpected changes in the projected benefit obligation and plan assets over time primarily due to changes in assumed discount rates and investment experience.

CCHS's weighted average asset allocations for the plan assets for the years ended June 30, 2020 and 2019 were as follows:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	2.0 %	3.0 %
Fixed-income/debt securities	29.0	28.0
Mutual funds and equity securities	56.0	58.0
Alternative investments	13.0	11.0
	<u>100.0 %</u>	<u>100.0 %</u>

Pension plan assets are invested in accordance with the CCHS's investment policy in an attempt to maximize return with reasonable and prudent levels of risk. This structure includes various assets classes, investment management styles, asset allocation, and acceptable ranges that, in total, are expected to produce a sufficient level of overall diversification and total investment return over the long term. CCHS periodically reviews performance to test progress toward attainment of longer-term targets, to compare results with appropriate indices and peer groups, and to assess overall investment risk levels.

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The following table presents the Carroll Plan's assets measured at fair value at June 30, 2020:

	Pension benefits – Plan assets			Total
	Level 1	Level 2	NAV	
Assets:				
Cash and cash equivalents \$	1,589	—	—	1,589
Mutual funds/equities	42,535	—	—	42,535
Fixed-income mutual funds	21,652	—	—	21,652
Alternative investments	—	—	9,725	9,725
Total assets \$	<u>65,776</u>	<u>—</u>	<u>9,725</u>	<u>75,501</u>

The following table presents the Carroll Plan's assets measured at fair value at June 30, 2019:

	Pension benefits – Plan assets			Total
	Level 1	Level 2	NAV	
Assets:				
Cash and cash equivalents \$	2,086	—	—	2,086
Mutual funds/equities	42,831	—	—	42,831
Fixed-income mutual funds	20,769	—	—	20,769
Alternative investments	—	—	8,758	8,758
Total assets \$	<u>65,686</u>	<u>—</u>	<u>8,758</u>	<u>74,444</u>

For the year ended June 30, 2020 or 2019, there were no significant transfers into or out of Levels 1, 2, or 3. Changes to the fair values based on the NAV are summarized as follows:

	Total
Balance as of June 30, 2019	\$ 8,758
Additions:	
Contributions/purchases	2,422
Disbursements:	
Withdrawals/sales	(3,209)
Net change in value	<u>1,754</u>
Balance as of June 30, 2020	<u>\$ 9,725</u>

The Carroll Plan invests in alternative investments that are primarily hedge fund of funds.

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The following table summarizes redemption terms for the hedge fund-of-funds vehicles held as of June 30, 2020:

	Fund 1	Fund 2	Fund 3	Fund 4
Redemption timing:				
Redemption frequency	Monthly	Annually	Quarterly	Quarterly
Required notice	30 days	90 days	30 days	60 days
Audit reserve:				
Percentage held back for audit reserve	-%	5%	-%	-%

CCHS expects to contribute \$360 to the Carroll Plan during the year ending June 30, 2021.

The following benefit payments, which reflect future services, as appropriate, are expected to be paid from the Carroll Plan's assets during the years ending June 30 of the indicated year:

2021	\$	3,406
2022		3,655
2023		3,771
2024		3,888
2025		4,041
2026–2029		21,969
	\$	40,730

(c) Contributory Plans

Northwest has a qualified noncontributory defined-contribution pension plan (the NW Plan) covering substantially all employees who work at least 1,000 hours per year, who have completed 2 years of continuous service as of the beginning of the plan year, and who have attained the age of 21 as of the beginning of the plan year. Participants in the NW Plan are 100% vested. Northwest makes annual contributions to the NW Plan equivalent to 1.5% of the participants' salaries for employees who have been in the NW Plan from 1 to 5 years, 4.0% for those in the plan from 6 to 19 years, and 6.5% thereafter. It is Northwest's policy to fund plan costs as they accrue. Plan expense was approximately \$2,700 and \$2,200 for the years ended June 30, 2020 and 2019, respectively, and is included in salaries and employee benefits in the accompanying consolidated statements of operations.

Certain LifeBridge entities have supplemental 403(b) retirement plans for eligible employees. The entities may elect to match varying percentages of an employee's contribution up to a certain percentage of the employee's annual salary. The associated expense was approximately \$6,900 and \$6,500 for the years ended June 30, 2020 and 2019, respectively, and is included in salaries and employee benefits in the accompanying consolidated statements of operations.

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Certain companies under Community Physicians and Investments maintain a defined-contribution plan for employees meeting certain eligibility requirements. Eligible employees can also make contributions. Under the plan, the employer may elect to match a percentage of eligible employees' contributions each year. The related expense was approximately \$1,900 and \$1,800 for the years ended June 30, 2020 and 2019, respectively, and is included in salaries and employee benefits in the accompanying consolidated statements of operations.

Certain LifeBridge entities maintain a nonqualified deferred compensation plan for key employees and physicians. The Corporation establishes a separate deferral account on its books for each participant for each plan year. In general, participants are entitled to receive the deferred funds upon their death, attainment of the specified vesting date, or involuntary termination of their employment without cause, whichever occurs first. The related expense was approximately \$5,400 and \$2,600 for the years ended June 30, 2020 and 2019, respectively, and is included in salaries and employee benefits in the accompanying consolidated statements of operations.

(d) Postretirement Plan Other than Pension

Carroll sponsors a postretirement plan other than pension for employees. Carroll employees retired from active employment at 65 years of age or older or at 55 years of age after earning at least 10 years of vesting service are eligible for health and prescription drug benefits under Carroll's self-insured health plan. Effective January 1, 2009, individuals are no longer permitted to participate in this Plan once they are Medicare eligible. Plan participants contribute premiums to the Plan in amounts determined by Carroll for pre-Medicare and post-Medicare age retirees. At June 30, 2020 and 2019, Carroll has accrued a liability of \$949 and \$640 related to this plan, respectively.

(15) Regulation and Reimbursement

The Corporation and other healthcare providers in Maryland are subject to certain inherent risks, including the following:

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

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

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

The current rate of reimbursement for hospital services to patients under the Medicare and Medicaid programs is based on an agreement between the Centers for Medicaid and Medicare Services (CMS) and the State of Maryland. This agreement is based upon a waiver from Medicare prospective payment system reimbursement principles granted to the State of Maryland by CMS.

In January 2019, Maryland entered a newly negotiated phase of the waiver agreement with CMS. This subsequent phase is designed to last for 10 years, with two distinct 5 year periods, the first 5 year period ending December 31, 2023. While elements of the initial agreement pertaining to limits on hospital per capita growth and growth of total-cost-of-care per Medicare beneficiary of Maryland compared to the nation remain unchanged, the new agreement expands the scope of the waiver to focus more on a patient's total-cost-of-care. Most notably, Maryland will be required to generate annual Medicare total-cost-of-care savings of \$300 million per year by the end of 2023, with all Maryland hospitals demonstrating total-cost-of-care savings through care redesign initiatives. In addition, Maryland will continue to maintain patient quality methodologies focused on readmissions, hospital acquired conditions, and potentially avoidable utilization, but will also adopt statewide measures related to national measures such as falls prevention and opioid overdoses.

(16) Related-Party Transactions

Land Leases

Sinai and Levindale are constituent agencies of AJCF, a charitable corporation.

The legal title to substantially all land, land improvements, buildings, and fixed equipment included in Sinai's and Levindale's property and equipment is held by an affiliate of AJCF. Sinai and Levindale have entered into leases with the AJCF affiliate with respect to these assets. The leases allow Sinai and Levindale to conduct their business on the property as currently conducted. Rent under each lease is one dollar per year. The leases may not be terminated before December 31, 2050.

Other

In addition to its arrangement with AJCF, Sinai receives services from certain other constituent agencies of AJCF.

(17) Income Taxes

At June 30, 2020, Investments has approximately \$58,456 in net operating loss carryforwards for income tax purposes. The net operating loss carryforwards for tax purposes are available to reduce future taxable income and for net operating losses generated as of June 30, 2018, will expire in varying periods through 2038. For the net operating losses generated for the fiscal year June 30, 2019 and forward, the loss can be carry forward indefinitely.

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The net operating loss carryforwards created a federal net deferred tax asset of approximately \$12,276 and \$11,811 as of June 30, 2020 and 2019, respectively, and a state deferred tax asset of approximately \$4,588 and \$4,602 as of June 30, 2020 and 2019, respectively. Management has determined that it is more likely than not that Investments will not be able to utilize the deferred tax assets; therefore, a full valuation allowance was recorded against the net deferred assets as of June 30, 2020 and 2019.

At June 30, 2020, Carroll has approximately \$107,902 in net operating loss carryforwards for federal income tax purposes. The net operating loss carryforwards for tax purposes are available to reduce future taxable income and for net operating losses generated as of June 30, 2018, will expire in varying periods through 2038. For the net operating losses generated for the fiscal year June 30, 2019 and forward, the loss can be carry forward indefinitely.

The net operating loss carryforwards created a federal net deferred tax asset of approximately \$22,659 and \$20,593 as of June 30, 2020 and 2019, respectively, and a state deferred tax asset of approximately \$6,995 and \$6,354 as of June 30, 2020 and 2019, respectively. Management has determined that it is more likely than not that Carroll will not be able to utilize the deferred tax assets; therefore, a full valuation allowance was recorded against the net deferred assets as of June 30, 2020 and 2019.

On March 27, 2020, the United States enacted The Coronavirus Aid, Relief and Economic Security (CARES) Act, which includes several significant business tax provisions that, among other things, would eliminate the taxable income limit for certain net operating losses (NOL) and allow businesses the option to carry back NOLs arising in 2018, 2019, and 2020 to the five prior tax years; accelerate refunds of previously generated corporate Alternative Minimum Tax (AMT) credits; generally loosen the business interest limitation under section 163(j) from 30 percent to 50 percent for years 2019 and 2020; and fix the “retail glitch” for qualified improvement property in the 2017 tax code overhaul known informally as the Tax Cuts and Jobs Act (TCJA, P.L. 115-97).

The provision for income taxes varies from the amount computed by applying the statutory federal income tax rate to income before income taxes primarily due to the impact of nondeductible expenses and changes in valuation allowance.

(18) Other Long-Term Liabilities

Other long-term liabilities at June 30, 2020 and 2019 are as follows:

	<u>2020</u>	<u>2019</u>
Professional/general liability (note 19(a))	\$ 70,588	59,839
Pension liability	65,875	39,883
Medical office building	28,222	29,488
Asset retirement obligation	860	3,260
Deferred compensation	7,557	6,473
Other	5,005	2,505
	<u>\$ 178,107</u>	<u>141,448</u>

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At June 30, 2020 and 2019, there was \$26,556 and \$24,322 included in other current liabilities related to professional liabilities, respectively.

(19) Self-Insurance Programs

(a) Professional/General Liability

The Corporation is self-insured, through LifeBridge Insurance, for most professional and general liability claims arising out of the operations of LifeBridge and its subsidiaries. Estimated liabilities have been recorded for both reported and incurred but not reported claims. See note 18.

LifeBridge Insurance purchases reinsurance coverage from other highly rated insurance carriers to cover their liabilities in excess of various retentions. The amounts that LifeBridge subsidiaries must transfer to LifeBridge Insurance to fund professional and general liability claims are actuarially determined and are sufficient to cover expected liabilities. Management's estimate of the liability for professional and general liability claims, including incurred but not reported claims, is principally based on actuarial estimates performed by an independent third-party actuary. Professional liability coverage for certain employed physicians is provided by commercial insurance carriers. The receivable for the expected reinsurance receivable is recorded on the consolidated balance sheets. Amounts in excess of the self-insured limits are insured by highly rated commercial insurance companies.

(b) Workers' Compensation

Sinai, Northwest, Levindale, Grace Medical Center, LAA, and CCMS and its subsidiaries are insured for workers' compensation liability through a combination of self-insurance and excess insurance policies. Losses for asserted and unasserted claims are accrued based on estimates derived from past experiences, as well as other considerations including the nature of each claim or incident, relevant trend factors, and estimates of incurred but not reported amounts.

LifeBridge has accrued a liability for known and incurred but not reported claims of \$7,026 and \$7,422 at June 30, 2020 and 2019, respectively. These amounts are included in accounts payable and accrued liabilities in the accompanying consolidated balance sheets. Management believes these accruals are adequate to provide for all workers' compensation claims that have been incurred through June 30, 2020.

All other entities have occurrence-based commercial insurance coverage. There are no material insurance recoveries related to workers' compensation claims under those policies as of June 30, 2020 or 2019.

LifeBridge maintains stop-loss policies on workers' compensation claims. The Corporation is insured for individual claims exceeding \$450.

(c) Health Insurance

LifeBridge is self-insured for employee health claims. LifeBridge has accrued a liability of \$5,656 and \$6,332 at June 30, 2020 and 2019, respectively, for known claims and incurred but not reported claims. These amounts are included in accounts payable and accrued liabilities in the accompanying consolidated balance sheets.

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(20) Net Patient Service Revenue and Patient Receivables

The Corporation grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2020 and 2019 is as follows:

	<u>2020</u>	<u>2019</u>
Medicare	28 %	31 %
Medicaid	12	9
BlueCross	9	10
Commercial and other	44	42
Self-pay	7	8
	<u>100 %</u>	<u>100 %</u>

The mix of net patient service revenue for the Corporation for the years ended June 30, 2020 and 2019 is as follows:

	<u>2020</u>	<u>2019</u>
Medicare	44 %	44 %
Medicaid	8	5
BlueCross	12	12
Commercial and other	33	35
Self-pay	3	4
	<u>100 %</u>	<u>100 %</u>

(21) Commitments and Contingencies

(a) *Litigation*

The Corporation is subject to numerous laws and regulations of federal, state, and local governments. The Corporation's compliance with these laws and regulations can be subject to periodic governmental review and interpretation, which can result in regulatory action unknown or unasserted at this time. Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the ordinary course of business. After consultation with legal counsel, it is management's opinion that the ultimate resolution of these claims will not have a material adverse effect on the Corporation's financial position.

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(Dollars in thousands)

(b) Letters of Credit

M&T Bank has established an open letter of credit for Sinai of \$211 (which has not been drawn upon) to guarantee Sinai's obligation for liabilities assumed as a member of a risk retention group during the period 1988 to 1994. Additionally, M&T Bank has established a standby letter of credit of \$2,662 to serve as collateral as required by the Maryland Office of Unemployment Insurance. M&T Bank has established a standby letter of credit for Levindale of \$441 as required by the State of Maryland Department of Labor, Licensing, and Regulation. M&T Bank has established a standby letter of credit for LifeBridge Health & Fitness of \$200 as required by the State of Maryland Office of the Attorney General. M&T Bank has established a standby letter of credit of \$84 to serve as collateral as required by the City of Baltimore for the completion of certain construction work at Sinai. M&T has established standby letters of credit of \$94, \$76, and \$42 to serve as collateral as required by Baltimore County for the completion of certain construction work at Northwest. M&T Bank has established a surety bond of \$102 for the LifeBridge Health AC as required by the Centers for Medicare and Medicaid Services (CMS).

(c) Operating Leases

The Corporation has entered into operating lease agreements for hospital equipment and office space, which expire on various dates through year 2030. Total rental expense for the years ended June 30, 2020 and 2019 for all operating leases was approximately \$30,548 and \$31,205, respectively. Future minimum lease payments under all noncancelable operating leases are as follows:

Years ending June 30:	
2021	\$ 13,758
2022	12,092
2023	10,426
2024	9,728
2025	8,880
Thereafter	<u>23,178</u>
	<u>\$ 78,062</u>

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

(22) Noncontrolling Interest

The reconciliation of a noncontrolling interest reported in unrestricted net assets is as follows:

	LifeBridge Health, Inc.	Noncontrolling interest	Unrestricted net assets
Balance at June 30, 2018	\$ 1,106,696	18,396	1,125,092
Operating income	47,111	10,021	57,132
Nonoperating income	44,056	—	44,056
Excess of revenues over expenses	91,167	10,021	101,188
Change in funded status of pension plan	(32,548)	—	(32,548)
Net assets released for purchase of property and equipment	3,533	—	3,533
Other	1,990	(8,632)	(6,642)
Change in net assets	64,142	1,389	65,531
Balance at June 30, 2019	1,170,838	19,785	1,190,623
Operating income	36,922	509	37,431
Nonoperating income	41,545	—	41,545
Excess of revenues over expenses	78,467	509	78,976
Change in funded status of pension plan	(26,795)	—	(26,795)
Net assets released for purchase of property and equipment	1,647	—	1,647
Other	(1,361)	(93)	(1,454)
Change in net assets	51,958	416	52,374
Balance at June 30, 2020	\$ 1,222,796	20,201	1,242,997

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

(23) Functional Expenses

The Corporation provides general healthcare services to patients. Expenses for the years ended June 30, 2020 and 2019 related to providing these services are as follows:

2020				
	Healthcare services	Other services	General and administrative	Total
Salaries and benefits	\$ 656,603	2,777	268,995	928,375
Supplies	186,773	304	76,376	263,453
Purchased services	202,072	1,618	83,006	286,696
Depreciation, amortization, and gain/loss on sale of assets	61,612	1,847	25,701	89,160
Repairs and maintenance	22,013	509	9,138	31,660
Interest	18,055	—	7,375	25,430
	<u>\$ 1,147,128</u>	<u>7,055</u>	<u>470,591</u>	<u>1,624,774</u>
2019				
	Healthcare services	Other services	General and administrative	Total
Salaries and benefits	\$ 623,266	2,081	243,190	868,537
Supplies	192,397	332	74,950	267,679
Purchased services	197,305	1,658	77,375	276,338
Depreciation, amortization, and gain/loss on sale of assets	61,789	814	24,346	86,949
Repairs and maintenance	19,247	516	7,685	27,448
Interest	18,945	—	7,367	26,312
	<u>\$ 1,112,949</u>	<u>5,401</u>	<u>434,913</u>	<u>1,553,263</u>

The consolidated financial statements report certain categories of expenses that are attributable to more than one function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, wages, and benefits, which include allocations on the basis of estimates of time and effort.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

(24) Fair Value of Financial Instruments

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

(a) Assets and Liabilities

Cash and cash equivalents, patient service receivables, other receivables, inventory, prepaid expenses, pledges receivable, accounts payable and accrued liabilities, advances to third-party payors, and other current liabilities – The carrying amounts reported in the consolidated balance sheet approximate the related fair values.

Investments (donor-restricted, assets limited as to use, and long-term), and beneficial interest in split-interest agreements – Fair values are based on quoted market prices of individual securities or investments if available, or are estimated using quoted market prices for similar securities or investment managers' best estimate of underlying fair value.

Investment in unconsolidated affiliates – Investments in unconsolidated affiliates are not readily marketable. Therefore, it is not practicable to estimate their fair value, and such investments are recorded in accordance with the equity method or at cost.

(b) Fair Value Hierarchy

The following table presents assets that are measured at fair value on a recurring basis as of June 30, 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Cash and cash equivalents	\$ 115,686	—	—	115,686
Equity securities and mutual funds	540,655	—	—	540,655
Government securities	—	194,004	—	194,004
Fixed-income securities	—	255,358	—	255,358
Beneficial interest in split-interest agreement	—	4,792	—	4,792
Total assets	<u>\$ 656,341</u>	<u>454,154</u>	<u>—</u>	<u>1,110,495</u>

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

(Dollars in thousands)

The following table presents assets that are measured at fair value on a recurring basis as of June 30, 2019:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Cash and cash equivalents	\$ 60,958	—	—	60,958
Equity securities and mutual funds	552,547	—	—	552,547
Government securities	—	17,458	—	17,458
Fixed-income securities	—	194,614	—	194,614
Beneficial interest in split-interest agreement	—	4,997	—	4,997
Total assets	<u>\$ 613,505</u>	<u>217,069</u>	<u>—</u>	<u>830,574</u>

See note 2(e) for information on the Corporation's alternative investments that are recorded under the equity method and are not reported above.

For the years ended June 30, 2020 or 2019, there were no significant transfers into or out of Levels 1, 2, or 3.

(25) Subsequent Events

Management evaluated all events and transactions that occurred after June 30, 2020 and through October 22, 2020, the date the consolidated financial statements were issued. Other than described in note 4, the Corporation did not have any material recognizable subsequent events during the period.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidating Balance Sheet Information

June 30, 2020

(Dollars in thousands)

Assets	Sinai Hospital Consolidated	Northwest Hospital	Carroll Hospital	Levindale Hebrew Geriatric Ctr & Hospital	Grace Medical Center	Other LifeBridge Entities	Eliminations	LifeBridge Health Consolidated
Current assets:								
Cash and cash equivalents	\$ 60,220	60,667	42,564	15,617	18,146	54,618	—	251,832
Investments	14,491	3,437	—	276	—	451,972	—	470,176
Assets limited as to use, current portion	14,301	4,867	2,331	215	49,791	9,841	—	81,346
Patient service receivables	80,688	23,337	21,207	8,060	4,917	13,498	—	151,707
Other receivables	111,372	75,930	67,171	25,007	8,939	30,456	(308,622)	10,253
Inventory	29,558	7,651	5,003	348	1,227	233	—	44,020
Prepaid expenses	7,293	1,454	1,598	104	241	11,993	—	22,683
Pledges receivable, current portion	1,915	264	1,034	43	—	130	—	3,386
Total current assets	319,838	177,607	140,908	49,670	83,261	572,741	(308,622)	1,035,403
Board-designated investments	—	—	—	—	—	191,964	—	191,964
Long-term investments	64,120	574	83,196	—	—	250,440	—	398,330
Donor-restricted investments	14,491	—	4,188	—	—	39,495	—	58,174
Reinsurance recovery receivable	—	—	—	—	—	11,138	—	11,138
Assets limited as to use, net of current portion	—	—	—	—	—	68,743	—	68,743
Pledges receivable, net of current portion	3,143	57	4,142	78	—	261	—	7,681
Property and equipment, net	208,864	97,025	142,790	40,404	30,623	194,304	—	714,010
Beneficial interest in split-interest agreement	4,792	—	—	—	—	—	—	4,792
Investment in unconsolidated affiliates	—	—	864	—	—	195,523	(154,937)	41,450
Other assets, net of accumulated amortization	19,148	3,793	16,045	68	360	43,402	—	82,816
Total assets	\$ 634,396	279,056	392,133	90,220	114,244	1,568,011	(463,559)	2,614,501

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidating Balance Sheet Information

June 30, 2020

(Dollars in thousands)

Liabilities and Net Assets	Sinai Hospital Consolidated	Northwest Hospital	Carroll Hospital	Levindale Hebrew Geriatric Ctr & Hospital	Grace Medical Center	Other LifeBridge Entities	Eliminations	LifeBridge Health Consolidated
Current liabilities:								
Accounts payable and accrued liabilities	\$ 63,878	21,215	15,064	6,266	21,269	296,011	(308,621)	115,082
Accrued salaries, wages, and benefits	41,510	8,404	13,237	3,551	4,243	39,908	—	110,853
Advances from third-party payors	95,242	53,819	48,608	24,719	11,312	1,888	—	235,588
Current portion of long-term debt and capital lease obligations, net	3,836	1,238	1,188	206	9,643	8,390	—	24,501
Other current liabilities	2,205	644	266	—	8,006	30,008	—	41,129
Total current liabilities	206,671	85,320	78,363	34,742	54,473	376,205	(308,621)	527,153
Other long-term liabilities	74,622	9,635	19,109	6,891	2,000	65,850	—	178,107
Long-term debt and capital lease obligations, net	244,329	79,865	128,109	9,474	65,158	65,276	—	592,211
Total liabilities	525,622	174,820	225,581	51,107	121,631	507,331	(308,621)	1,297,471
Net assets:								
Net assets without donor restrictions	59,979	96,101	102,437	38,602	(7,426)	1,043,677	(110,574)	1,222,796
Noncontrolling interest in consolidated subsidiaries	—	—	5,032	—	—	9,533	5,636	20,201
Total net assets without donor restrictions	59,979	96,101	107,469	38,602	(7,426)	1,053,210	(104,938)	1,242,997
Net assets with donor restrictions	48,795	8,135	59,083	511	39	7,470	(50,000)	74,033
Total net assets	108,774	104,236	166,552	39,113	(7,387)	1,060,680	(154,938)	1,317,030
Total liabilities and net assets	\$ 634,396	279,056	392,133	90,220	114,244	1,568,011	(463,559)	2,614,501

See accompanying independent auditors' report.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidating Statement of Operations Information

Year ended June 30, 2020

(Dollars in thousands)

	Sinai Hospital Consolidated	Northwest Hospital	Carroll Hospital	Levindale Hebrew Geriatric Ctr & Hospital	Grace Medical Center	Other LifeBridge Entities	Eliminations	LifeBridge Health Consolidated
Unrestricted revenues, gains, and other support:								
Patient service revenue	\$ 773,091	249,417	231,624	78,286	31,512	168,678	—	1,532,608
Net assets released from restrictions used for operations	3,508	—	48	69	—	330	—	3,955
Other operating revenue	50,415	10,674	18,745	5,704	5,534	68,271	(33,701)	125,642
Total operating revenues	827,014	260,091	250,417	84,059	37,046	237,279	(33,701)	1,662,205
Expenses:								
Salaries and employee benefits	430,137	135,903	128,190	51,860	28,753	153,131	401	928,375
Supplies	163,810	48,062	20,940	5,995	3,746	20,900	—	263,453
Purchased services	149,124	46,346	58,283	17,740	15,235	34,070	(34,102)	286,696
Depreciation and amortization	30,619	12,707	12,555	3,159	2,153	27,967	—	89,160
Repairs and maintenance	16,850	5,671	4,959	1,427	998	1,755	—	31,660
Interest	1,028	984	4,588	16	187	18,627	—	25,430
Total expenses	791,568	249,673	229,515	80,197	51,072	256,450	(33,701)	1,624,774
Operating income (loss)	35,446	10,418	20,902	3,862	(14,026)	(19,171)	—	37,431
Other income (loss), net:								
Investment income	18,826	4,581	9,026	1,209	—	4,173	—	37,815
Other	991	(30)	(2,062)	(238)	6,602	1,421	—	6,684
Loss on refinancing of debt	—	—	(2,557)	—	—	(397)	—	(2,954)
Total other income, net	19,817	4,551	4,407	971	6,602	5,197	—	41,545
Excess (deficit) of revenues over expenses	\$ 55,263	14,969	25,309	4,833	(7,424)	(13,974)	—	78,976

See accompanying independent auditors' report.

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

2019

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form4720 for instructions and the latest information.

For calendar year 2019 or other tax year beginning **JUL 1**, 2019, and ending **JUN 30**, 2020

Name of organization or entity SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) 2401 WEST BELVEDERE AVENUE	Check box for type of annual return: <input checked="" type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input type="checkbox"/> Form 990-PF <input type="checkbox"/> Other <input type="checkbox"/> Form 5227
City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21215	

A Is the organization a foreign private foundation within the meaning of section 4948(b)?		Yes	No
B Has corrective action been taken on any taxable event that resulted in Ch. 42 taxes being reported on this form? (Enter "N/A" if not applicable)			X
If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions).			

Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1 Tax on undistributed income - Schedule B, line 4	1	
2 Tax on excess business holdings - Schedule C, line 7	2	
3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e)	3	
4 Tax on taxable expenditures - Schedule E, Part I, column (g)	4	
5 Tax on political expenditures - Schedule F, Part I, column (e)	5	
6 Tax on excess lobbying expenditures - Schedule G, line 4	6	
7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7	
8 Tax on premiums paid on personal benefit contracts	8	
9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9	
10 Tax on taxable distributions - Schedule K, Part I, column (f)	10	
11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12	
13 Tax on excess executive compensation - Schedule N	13	8,258.
14 Tax on net investment income of private colleges and universities - Schedule O	14	
15 Total (add lines 1 - 14)	15	8,258.

Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons
(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

(a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code				(b) Taxpayer identification number	
a					
b					
c					
	(c) Tax on self-dealing - Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize charitable purpose - Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures - Schedule E, Part II, col. (d)	(f) Tax on political expenditures - Schedule F, Part II, col. (d)	
a					
b					
c					
Total					
	(g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d)	(h) Tax on excess benefit transactions - Schedule I, Part II, col. (d), and Part III, col. (d)	(i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d)	(j) Tax on taxable distributions - Schedule K, Part II, col. (d)	
a					
b					
c					
Total					
	(k) Tax on prohibited benefits - Sch L, Part II, col. (d), and Part III, col. (d)			(l) Total - Add cols. (c) through (k)	
a					
b					
c					
Total					

Part II-B Summary of Taxes (See Tax Payments in the instructions.)	
1	Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I)
2	Total tax. Add Part I, line 15, and Part II-B, line 1
3	Total payments including amount paid with Form 8868 (see instructions)
4	Tax due. If line 2 is larger than line 3, enter amount owed (see instructions)
5	Overpayment. If line 2 is smaller than line 3, enter the difference. This is your refund

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation		
(a) Act number	(b) Date of act	(c) Description of act
1		
2		
3		
4		
5		

(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealer (10% of col. (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e))

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)

1	Undistributed income for years before 2018 (from Form 990-PF for 2019, Part XIII, line 6d)	1
2	Undistributed income for 2018 (from Form 990-PF for 2019, Part XIII, line 6e)	2
3	Total undistributed income at end of current tax year beginning in 2019 and subject to tax under section 4942 (add lines 1 and 2)	3
4	Tax - Enter 30% of line 3 here and on Part I, line 1	4

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	1		
2	Permitted holdings in business enterprise	2		
3	Value of excess holdings in business enterprise	3		
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5	Taxable excess holdings in business enterprise - line 3 minus line 4	5		
6	Tax - Enter 10% of line 5	6		
7	Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7		

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 3					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Table with 5 columns: (a) Item number, (b) Amount, (c) Date paid or incurred, (d) Name and address of recipient, (e) Description of expenditure and purposes for which made. Includes a Total row at the bottom.

Table with 4 columns: (a) Names of foundation managers liable for tax, (b) Item no. from Part I, col. (a), (c) Tax from Part I, col. (h), or prorated amount, (d) Manager's total tax liability (add amounts in col. (c) (see instructions)).

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Table with 6 columns: (a) Item number, (b) Amount, (c) Date paid or incurred, (d) Description of political expenditure, (e) Initial tax imposed on organization or foundation (10% of col. (b)), (f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2 1/2% of col. (b)). Includes a Total row at the bottom.

Table with 4 columns: (a) Names of organization managers or foundation managers liable for tax, (b) Item no. from Part I, col. (a), (c) Tax from Part I, col. (f), or prorated amount, (d) Manager's total tax liability (add amounts in col. (c) (see instructions)).

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)- (5% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 7					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c) (see instructions))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation		
(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		
(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) *Continued*

Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments			
(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments			
(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions)				
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction	
1				
2				
3				
4				
5				
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Total - Column (h). Enter here and on Part I, line 9				

Part II Tax Imposed on Entity Managers (Section 4965) Continued

Table with 4 columns: (a) Name of entity manager, (b) Transaction number from Part I, col. (a), (c) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a), (d) Manager's total tax liability (add amounts in col. (c)).

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.

Part I Taxable Distributions and Tax Computation

Table with 4 columns: (a) Item number, (b) Name of sponsoring organization and donor advised fund, (c) Description of distribution, (d) Date of distribution, (e) Amount of distribution, (f) Tax imposed on organization (20% of col. (e)), (g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000). Includes Total lines for columns (f) and (g).

Part II Summary of Tax Liability of Fund Managers and Proration of Payments

Table with 4 columns: (a) Name of fund managers liable for tax, (b) Item no. from Part I, col. (a), (c) Tax from Part I, col. (g) or prorated amount, (d) Manager's total tax liability (add amounts in col. (c) (see instructions)).

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I Prohibited Benefits and Tax Computation		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Fund Managers and Proration of Payments			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I Failures to Meet Section 501(r)(3)

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

Part II Computation of Tax

1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)	1
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12	2

SCHEDULE N - Tax on Excess Executive Compensation (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1	SEE STATEMENT 1			
2				
3				
4				
5				
6	Attachment, if necessary. See instructions			
Total (add column (e) items 1 - 6)				39,323.
Tax. Enter 21% of the amount above here and on Part I, line 13				8,258.

SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities (Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary					
6	Total					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14					

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

	EXECUTIVE VP/CFO	
Signature of officer or trustee	Title	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/10/21		P00370694
Firm's name ▶ SC&H GROUP, INC.			Firm's EIN ▶ 20-5991824	
Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152			Phone no. (410) 403-1500	

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE	(C) EXCESS RENUMERATION	(D) EXCESS PARACHUTE PAYMENT	(E) TOTAL
0.	MARK KATLIC	39,323.		39,323.
TOTAL EXCESS EXECUTIVE COMPENSATION				39,323.

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