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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 16, 2019 at 7:29 AM

**DATE OF STATEMENT:** 10/16/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Brian Moffet

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 Light Street Baltimore MD 21202](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 W Belvedere Ave Baltimore MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Miles & Stockbridge

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [100 Light Street Baltimore MD 21202](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Law Firm

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Principal/Lawyer

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Legal Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$53,849.25

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Brian Moffet

**COMPLETED BY:** Brian Moffet, [Bmoffet@milesstockbridge.com](mailto:Bmoffet@milesstockbridge.com), 410-385-3656



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Mon, Oct 28, 2019 at 11:12 AM

**DATE OF STATEMENT:** 10/28/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** David Dopkin

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [99 Painters Mill Road, Owings Mills, MD 21117](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 W. Belvedere Ave Baltimore MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** The Classic Catering People, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [99 Painters Mill Road, Owings Mills, MD 21117](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Catering Services

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Partner

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Catering Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$54,254.15

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** David Dopkin

**COMPLETED BY:** Kate Kennedy, [ckennedy@lifebridgehealth.org](mailto:ckennedy@lifebridgehealth.org), 410-601-9457



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Fri, Oct 25, 2019 at 2:12 PM

**DATE OF STATEMENT:** 10/25/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Leonard Attman - Partner

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11155 Dolfield Boulevard, Suite 100, Owings Mills, MD 21117](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 West Belvedere Avenue, Baltimore, MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** HomeCare Maryland, LLC - (Partner)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11155 Dolfield Boulevard, Suite 100, Owings Mills, MD 21117](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Home Health Services

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Partner

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Mr. Attman and LifBridge Investments, Inc. are co-owners of a joint venture, HomeCare Maryland LLC, which provides home health services to Baltimore City, Baltimore County and the surrounding areas.

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$416,515.91 (Distribution to Partner)

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Leonard Attman

**COMPLETED BY:** Leonard Attman, [cmcdonald@ag-mgmt.com](mailto:cmcdonald@ag-mgmt.com), 4107666366



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 10, 2019 at 9:12 AM

**DATE OF STATEMENT:** 10/10/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Dr. Mark Katlic

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue Baltimore MD 21215](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 W. Belvedere Avenue Baltimore MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sinai Hospital of Baltimore, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2401 W. Belvedere Avenue Baltimore MD 21215](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Hospital

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Chief of Surgery

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:**  
Salary/Wages

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$1,066,975.57

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Dr. Mark Katlic

**COMPLETED BY:** Mark Katlic, [Mkatlic@lifebridgehealth.org](mailto:Mkatlic@lifebridgehealth.org), 410-601-5547



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 9, 2019 at 4:01 PM

**DATE OF STATEMENT:** 10/9/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 1/25/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Nupur Parekh Flynn

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1201 N. Calvert Street, Baltimore, MD 21202](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 West Belvedere Avenue, Baltimore, MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Brown Capital Management

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1201 N. Calvert Street Baltimore, MD, 21202](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Asset Management

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Managing Director, Marketing and Public Relations

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Investment Management Fees

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$240,098.71

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Nupur Parekh Flynn

**COMPLETED BY:** Nupur Parekh Flynn, [nupurflynn@hotmail.com](mailto:nupurflynn@hotmail.com), (410) 727-2138



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 10, 2019 at 6:02 PM

**DATE OF STATEMENT:** 10/10/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** David Kuntz

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [309 N Calvert Street Baltimore MD 21202](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 W. Belvedere Avenue](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** American Office Equipment Co. Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [309 N Calvert Street Baltimore MD 21209](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Office Furniture Sales

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Sales of Office Furniture

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$979,895.88

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** David Kuntz

**COMPLETED BY:** David Kuntz, [Dkuntz@americanoffice.com](mailto:Dkuntz@americanoffice.com), 410-539-7529



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 10, 2019 at 6:08 PM

**DATE OF STATEMENT:** 10/10/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Ling-ling Cheng, MD

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W Belvedere Ave, Baltimore, MD 21215](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 W Belvedere Ave, Baltimore, MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sinai Hospital of Baltimore

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2401 W Belvedere Ave, Baltimore, MD 21215](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Medical Services

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Physician

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Employed physician

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$233,608.52

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Ling-ling Cheng

**COMPLETED BY:** Ling-ling Cheng, [lcheng@lifebridgehealth.org](mailto:lcheng@lifebridgehealth.org), 410-601-4367



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 10, 2019 at 6:11 PM

**DATE OF STATEMENT:** 10/10/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Maury Weinstein

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [338 Clubhouse Road Hunt Valley, MD 21031](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 W Belvedere Ave, Baltimore, MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** System Source

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [338 Clubhouse Road Hunt Valley, MD 21031](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Computer support and services

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President & Co-Owner

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Computer and technology services related to an off-site pediatrics office

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$121,614.33

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Maury Weinstein

**COMPLETED BY:** Maury Weinstein, [mweinste@syssrc.com](mailto:mweinste@syssrc.com), 410-771-5544





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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 10, 2019 at 6:17 PM

**DATE OF STATEMENT:** 10/10/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jonathan Ringo

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W Belvedere Ave, Baltimore, MD 21215](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 W Belvedere Ave, Baltimore, MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sinai Hospital of Baltimore

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2401 W Belvedere Ave, Baltimore, MD 21215](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Sinai Hospital of Baltimore, Inc

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President, COO

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Salary

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$837,628.02

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Jonathan Ringo

**COMPLETED BY:** Jonathan Ringo, [jringo@lifebridgehealth.org](mailto:jringo@lifebridgehealth.org), 410-601-5135



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Fri, Oct 11, 2019 at 11:58 AM

**DATE OF STATEMENT:** MD

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Marc Terrill

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [101 West Mount Royal Avenue, Baltimore, MD 21201](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 West Belvedere Avenue, Baltimore, MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** President of The Associated: Jewish Community Federation of Baltimore, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [101 West Mount Royal Avenue, Baltimore, MD 21201](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Non profit

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Donation

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$25,900

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Marc Terrill

**COMPLETED BY:** Marc Terrill, [mterrill@associated.org](mailto:mterrill@associated.org), 410-369-9254



Andrea Strong -MDH- <andrea.strong@maryland.gov>

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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: andrea.strong@maryland.gov

Mon, Oct 28, 2019 at 5:19 PM

**DATE OF STATEMENT:** 10/28/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Neil Meltzer

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue Baltimore MD 21215](#)

**HOSPITAL NAME:** Lifebridge Sinai Hospital of Baltimore

**HOSPITAL ADDRESS:** [2401 W. Belvedere Avenue Baltimore MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sinai Hospital of Baltimore, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2401 W. Belvedere Avenue Baltimore MD 21215](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Hospital

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Chief Executive Officer

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:**  
Salary/Wages

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,039,319.17

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Neil Meltzer

**COMPLETED BY:** Kate Kennedy, [ckennedy@lifebridgehealth.org](mailto:ckennedy@lifebridgehealth.org), 410-601-9457