

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

2024

Open to Public  
Inspection

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <b>NORTHWEST HOSPITAL CENTER, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>5401 OLD COURT ROAD</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>RANDALLSTOWN, MD 21133</b><br><b>F</b> Name and address of principal officer: <b>CRAIG CARMICHAEL</b><br><b>SAME AS C ABOVE</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions.<br><b>H(c)</b> Group exemption number |
| <b>I</b> 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                                                                                                             | <b>D</b> Employer identification number<br><b>52-1372665</b><br><b>E</b> Telephone number<br><b>(410) 601-5653</b><br><b>G</b> Gross receipts \$ <b>339,549,149</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>J</b> Website: <b>WWW.LIFEBRIDGEHEALTH.ORG/NORTHWEST</b>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          | <b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## Part I Summary

|                             |            |                                                                                                                                                                                                |                                                                      |              |
|-----------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------|
| Activities & Governance     | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES WE SERVE THROUGH COMPASSIONATE, HIGH QUALITY CARE.</b> |                                                                      |              |
|                             | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                        |                                                                      |              |
|                             | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                              | <b>3</b>                                                             | <b>24</b>    |
|                             | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                  | <b>4</b>                                                             | <b>22</b>    |
|                             | <b>5</b>   | Total number of individuals employed in calendar year 2024 (Part V, line 2a)                                                                                                                   | <b>5</b>                                                             | <b>1,977</b> |
|                             | <b>6</b>   | Total number of volunteers (estimate if necessary)                                                                                                                                             | <b>6</b>                                                             | <b>65</b>    |
|                             |            | <b>7a</b>                                                                                                                                                                                      | Total unrelated business revenue from Part VIII, column (C), line 12 | <b>7a</b>    |
| <b>b</b>                    |            | Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                                                                         | <b>7b</b>                                                            | <b>0</b>     |
| Revenue                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)                                                                                                                                                  | Prior Year                                                           | Current Year |
|                             | <b>9</b>   | Program service revenue (Part VIII, line 2g)                                                                                                                                                   | 1,697,145                                                            | 1,151,220    |
|                             | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                  | 269,775,312                                                          | 274,941,122  |
|                             | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                       | 8,901,906                                                            | 10,717,898   |
|                             | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                               | 17,775,093                                                           | 14,247,653   |
|                             | <b>12</b>  |                                                                                                                                                                                                | 298,149,456                                                          | 301,057,893  |
| Expenses                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                               | 0                                                                    | 0            |
|                             | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                  | 0                                                                    | 0            |
|                             | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                              | 153,124,343                                                          | 160,774,881  |
|                             | <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                  | 0                                                                    | 0            |
|                             | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25)                                                                                                                                      | 572,128                                                              |              |
|                             | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                                                                   | 145,602,448                                                          | 136,056,648  |
|                             | <b>18</b>  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                      | 298,726,791                                                          | 296,831,529  |
| Net Assets or Fund Balances | <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                           | (577,335)                                                            | 4,226,364    |
|                             | <b>20</b>  | Total assets (Part X, line 16)                                                                                                                                                                 | Beginning of Current Year                                            | End of Year  |
|                             | <b>21</b>  | Total liabilities (Part X, line 26)                                                                                                                                                            | 223,402,421                                                          | 216,985,477  |
|                             | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                     | 145,435,107                                                          | 138,944,398  |
|                             |            |                                                                                                                                                                                                | 77,967,314                                                           | 78,041,079   |

## 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                                |  |                      |                |
| Paid Preparer Use Only | Print/Type preparer's name                                       |  | Preparer's signature | Date           |
|                        | TODD TERESCO                                                     |  |                      |                |
|                        | Firm's name BDO USA                                              |  | Firm's EIN           | 13-5381590     |
|                        | Firm's address 8401 GREENSBORO DR STE 800, MCLEAN, VA 22102-3599 |  | Phone no.            | (703) 893-0600 |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2024)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 197,607,734 including grants of \$ 0) (Revenue \$ 274,941,122)

NORTHWEST HOSPITAL CENTER, INC. IS RESPONSIBLE FOR THE MANAGEMENT AND DAY-TO-DAY OPERATION OF  
THE 193 BED ACUTE-CARE FACILITY. THE HOSPITAL HAD MORE THAN 8,000 INPATIENT ADMISSIONS AND MORE  
THAN 46,000 EMERGENCY ROOM VISITS. IN ACCORDANCE WITH OUR TAX-EXEMPT FUNCTION, THE ORGANIZATION  
OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL  
HAS A 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 ESTABLISHED RATES. THE HOSPITAL DOES NOT  
PURSUE THE COLLECTION OF THESE AMOUNTS.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 197,607,734

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                             | Yes        | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>22</b> 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> . . . . .                                                                                                                                                                                        | <b>22</b>  | ✓  |
| <b>23</b> 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> . . . . .                                                                                                                            | <b>23</b>  | ✓  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                                                                                  | <b>24a</b> | ✓  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                                        | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                               | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                                                                  | <b>24d</b> |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                                                                               | <b>25a</b> | ✓  |
| <b>b</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> . . . . .                                                                                                               | <b>25b</b> | ✓  |
| <b>26</b> 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> . . . . .                                                       | <b>26</b>  | ✓  |
| <b>27</b> 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> . . . . . | <b>27</b>  | ✓  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).                                                                                                                                                                                               |            |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                                              | <b>28a</b> | ✓  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                                                                                                   | <b>28b</b> | ✓  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                                                      | <b>28c</b> | ✓  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                                                                                          | <b>29</b>  | ✓  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                         | <b>30</b>  | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                                                                                               | <b>31</b>  | ✓  |
| <b>32</b> 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> . . . . .                                                                                                                                                                                                                                             | <b>32</b>  | ✓  |
| <b>33</b> 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> . . . . .                                                                                                                                                                                             | <b>33</b>  | ✓  |
| <b>34</b> 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> . . . . .                                                                                                                                                                                                                                         | <b>34</b>  | ✓  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                | <b>35a</b> | ✓  |
| <b>b</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> . . . . .                                                                                                                                                                 | <b>35b</b> |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                                                  | <b>36</b>  | ✓  |
| <b>37</b> 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> . . . . .                                                                                                                                                    | <b>37</b>  | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                                                                                                     | <b>38</b>  | ✓  |

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                            | <b>1a</b> | 61 |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .                                                                          | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> | ✓  |

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |                                                                                                                                                                                                                                                |                 | Yes | No |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----|----|
| <b>2a</b>                                                                           | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                  | <b>2a</b> 1,977 |     |    |
| <b>b</b>                                                                            | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                 | <b>2b</b>       | ✓   |    |
| <b>3a</b>                                                                           | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                  | <b>3a</b>       |     | ✓  |
| <b>b</b>                                                                            | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                                                    | <b>3b</b>       |     |    |
| <b>4a</b>                                                                           | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?     | <b>4a</b>       |     | ✓  |
| <b>b</b>                                                                            | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                         |                 |     |    |
| <b>5a</b>                                                                           | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                          | <b>5a</b>       |     | ✓  |
| <b>b</b>                                                                            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                               | <b>5b</b>       |     | ✓  |
| <b>c</b>                                                                            | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                              | <b>5c</b>       |     |    |
| <b>6a</b>                                                                           | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                        | <b>6a</b>       |     | ✓  |
| <b>b</b>                                                                            | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                  | <b>6b</b>       |     |    |
| <b>7</b>                                                                            | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                           |                 |     |    |
| <b>a</b>                                                                            | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                | <b>7a</b>       |     | ✓  |
| <b>b</b>                                                                            | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                | <b>7b</b>       |     |    |
| <b>c</b>                                                                            | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                           | <b>7c</b>       |     | ✓  |
| <b>d</b>                                                                            | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                              | <b>7d</b>       |     |    |
| <b>e</b>                                                                            | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                | <b>7e</b>       |     | ✓  |
| <b>f</b>                                                                            | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                   | <b>7f</b>       |     | ✓  |
| <b>g</b>                                                                            | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                               | <b>7g</b>       |     |    |
| <b>h</b>                                                                            | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                             | <b>7h</b>       |     |    |
| <b>8</b>                                                                            | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                 | <b>8</b>        |     |    |
| <b>9</b>                                                                            | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                               |                 |     |    |
| <b>a</b>                                                                            | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                             | <b>9a</b>       |     |    |
| <b>b</b>                                                                            | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                              | <b>9b</b>       |     |    |
| <b>10</b>                                                                           | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                 |                 |     |    |
| <b>a</b>                                                                            | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                       | <b>10a</b>      |     |    |
| <b>b</b>                                                                            | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                    | <b>10b</b>      |     |    |
| <b>11</b>                                                                           | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                |                 |     |    |
| <b>a</b>                                                                            | Gross income from members or shareholders                                                                                                                                                                                                      | <b>11a</b>      |     |    |
| <b>b</b>                                                                            | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                  | <b>11b</b>      |     |    |
| <b>12a</b>                                                                          | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                              | <b>12a</b>      |     |    |
| <b>b</b>                                                                            | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                          | <b>12b</b>      |     |    |
| <b>13</b>                                                                           | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                        |                 |     |    |
| <b>a</b>                                                                            | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                               | <b>13a</b>      |     |    |
| <b>b</b>                                                                            | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                      | <b>13b</b>      |     |    |
| <b>c</b>                                                                            | Enter the amount of reserves on hand                                                                                                                                                                                                           | <b>13c</b>      |     |    |
| <b>14a</b>                                                                          | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                     | <b>14a</b>      |     | ✓  |
| <b>b</b>                                                                            | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                                                                      | <b>14b</b>      |     |    |
| <b>15</b>                                                                           | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | <b>15</b>       |     | ✓  |
| <b>16</b>                                                                           | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.                                                                                   | <b>16</b>       |     | ✓  |
| <b>17</b>                                                                           | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?<br>If "Yes," complete Form 6069. | <b>17</b>       |     |    |



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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                                           | Yes       | No                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 24<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |           |                                     |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . . <b>1b</b> 22                                                                                                                                                                                                                        |           |                                     |
| <b>2</b> 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? . . . . .                                                                                                                                                  | <b>2</b>  | <input checked="" type="checkbox"/> |
| <b>3</b> 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? . . . . .                                                                                                      | <b>3</b>  | <input checked="" type="checkbox"/> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                                                                                                                       | <b>4</b>  | <input checked="" type="checkbox"/> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                                                                                                                             | <b>5</b>  | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                                                                                                                     | <b>6</b>  | <input checked="" type="checkbox"/> |
| <b>7a</b> 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? . . . . .                                                                                                                                                                    | <b>7a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                                                                                                                              | <b>7b</b> | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                                |           |                                     |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                                                                                                                    | <b>8a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                                                                                                                  | <b>8b</b> | <input checked="" type="checkbox"/> |
| <b>9</b> 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 . . . . .                                                                                                           | <b>9</b>  | <input checked="" type="checkbox"/> |

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

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

**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 ☒ 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, 10090 RED RUN BLVD., OWINGS MILLS, MD 21117, (410) 601-5653

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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) LESLIE R. SIMMONS<br>LBH COO                                     | 1.0<br>50.0                                                                                |                                                                                                              |                       |         | ✓            |                              |        | 0                                                                               | 1,953,912                                                                            | 125,076                                                                                       |
| (2) DAVID H. KRAJEWSKI<br>ASSISTANT TREASURER, NW/ EVP/CFO, LBH      | 1.0<br>54.0                                                                                |                                                                                                              |                       | ✓       |              |                              |        | 0                                                                               | 1,939,064                                                                            | 47,616                                                                                        |
| (3) JASON H. WEINER<br>ASSISTANT SECRETARY, NW/SVP/GEN. COUNSEL, LBH | 1.0<br>54.0                                                                                |                                                                                                              |                       | ✓       |              |                              |        | 0                                                                               | 1,144,544                                                                            | 217,432                                                                                       |
| (4) ROBERT SALTZMAN, M.D.<br>PHYSICIAN                               | 0.0<br>40.0                                                                                |                                                                                                              |                       |         |              | ✓                            |        | 0                                                                               | 1,085,332                                                                            | 36,180                                                                                        |
| (5) CRAIG CARMICHAEL<br>PRESIDENT & COO, NORTHWEST                   | 40.0<br>0.0                                                                                | ✓                                                                                                            |                       | ✓       |              |                              |        | 905,252                                                                         | 0                                                                                    | 76,456                                                                                        |
| (6) JAMES ROBERGE<br>VP CAPITAL IMPROVEMENTS & SUPPORT SERVICES      | 1.0<br>45.0                                                                                |                                                                                                              |                       |         | ✓            |                              |        | 0                                                                               | 605,333                                                                              | 80,102                                                                                        |
| (7) NEERAJ VERMA, M.D.<br>PRESIDENT, MED STAFF, NW, MEC CHAIR        | 1.0<br>40.0                                                                                | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                               | 605,044                                                                              | 25,052                                                                                        |
| (8) CHAITANYA RAVI<br>PHYSICIAN                                      | 40.0<br>0.0                                                                                |                                                                                                              |                       |         |              | ✓                            |        | 466,058                                                                         | 0                                                                                    | 87,575                                                                                        |
| (9) NANCY KANE<br>VP FINANCIAL REPORTING                             | 1.0<br>44.0                                                                                |                                                                                                              |                       |         | ✓            |                              |        | 0                                                                               | 424,851                                                                              | 90,386                                                                                        |
| (10) SAMUEL SMITH<br>VP CHIEF MEDICAL OFFICER                        | 40.0<br>0.0                                                                                |                                                                                                              |                       |         |              | ✓                            |        | 477,936                                                                         | 0                                                                                    | 15,952                                                                                        |
| (11) ADAM BECKER<br>PHYSICIAN ANESTHESIA                             | 40.0<br>0.0                                                                                |                                                                                                              |                       |         |              | ✓                            |        | 482,316                                                                         | 0                                                                                    | 8,019                                                                                         |
| (12) EDGAR CASNER<br>VP SUPPLY CHAIN                                 | 1.0<br>44.0                                                                                |                                                                                                              |                       |         | ✓            |                              |        | 0                                                                               | 403,862                                                                              | 49,986                                                                                        |
| (13) ANN MARIE MADDEN<br>CHIEF NURSING OFFICER                       | 40.0<br>0.0                                                                                |                                                                                                              |                       |         | ✓            |                              |        | 428,314                                                                         | 0                                                                                    | 16,477                                                                                        |
| (14) CAMILLE N. UPCHURCH, M.D.<br>PHYSICIAN                          | 40.0<br>1.0                                                                                |                                                                                                              |                       |         |              | ✓                            |        | 382,121                                                                         | 0                                                                                    | 16,818                                                                                        |

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

| (A)<br>Name and title                                                                                                                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                                                                                                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                 |                                                                                      |                                                                                               |
| (15) DAVID MCCORMICK<br>CFO, NW/VP, LBH                                                                                                                                  | 1.0<br>40.0                                                                                |                                                                                                              |                       |         | ✓            |                              |        | 0                                                                               | 307,542                                                                              | 45,816                                                                                        |
| (16) ALEX HENDLER<br>TREASURER                                                                                                                                           | 1.0<br>0.0                                                                                 | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (17) HAROLD HACKERMAN<br>CHAIR                                                                                                                                           | 1.0<br>1.0                                                                                 | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (18) HAYDEN MOORE<br>SECRETARY                                                                                                                                           | 1.0<br>0.0                                                                                 | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (19) LEE COPLAN<br>DIRECTOR, EX OFFICIO, LIFEBRIDGE CHAIR                                                                                                                | 1.0<br>4.0                                                                                 | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (20) PAT ISAAC<br>VICE CHAIR                                                                                                                                             | 1.0<br>0.0                                                                                 | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (21) AMY SOLOMON<br>DIRECTOR                                                                                                                                             | 1.0<br>0.0                                                                                 | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (22) BILL MILLER<br>DIRECTOR                                                                                                                                             | 1.0<br>0.0                                                                                 | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (23) BITA DAYHOFF<br>DIRECTOR                                                                                                                                            | 1.0<br>0.0                                                                                 | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (24) CHARLES FISHER, JR., ESQ.<br>DIRECTOR                                                                                                                               | 1.0<br>0.0                                                                                 | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (25) (SEE PART VII CONTINUATION SHEET)                                                                                                                                   |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| <b>1b Subtotal</b>                                                                                                                                                       |                                                                                            |                                                                                                              |                       |         |              |                              |        | 3,141,997                                                                       | 8,469,484                                                                            | 938,943                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b>                                                                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| <b>d Total (add lines 1b and 1c)</b>                                                                                                                                     |                                                                                            |                                                                                                              |                       |         |              |                              |        | 3,141,997                                                                       | 8,469,484                                                                            | 938,943                                                                                       |
| <b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization |                                                                                            |                                                                                                              |                       |         |              |                              |        | 342                                                                             |                                                                                      |                                                                                               |

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

**Section B. Independent Contractors**

| <b>1</b> 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)<br>Name and business address                                                                                                                                                                                                                             | (B)<br>Description of services | (C)<br>Compensation |
| QUALIVIS, LLC, 5930 CORNERSTONE COURT W., SUITE 30, SAN DIEGO, CA 92121                                                                                                                                                                                      | AGENCY NURSES                  | 10,990,591          |
| CROTHALL HEALTHCARE, 1500 LIBERTY RIDGE DRIVE, SUITE 210, WAYNE, PA 19087                                                                                                                                                                                    | CONTRACT CLEANING              | 5,285,073           |
| METZ CULINARY MGMT, 2 WOODLAND DRIVE, DALLAS, PA 18612                                                                                                                                                                                                       | FOOD SERVICES                  | 3,117,283           |
| DAVITA OWINGS MILLS, P.O. BOX 403008, ATLANTA, GA 30384                                                                                                                                                                                                      | DIALYSIS SERVICES              | 937,450             |
| PALANTIR TECHNOLOGIES, 1200 17TH STREET, FLOOR 15, DENVER, CO 80202                                                                                                                                                                                          | IT SERVICES                    | 587,500             |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization                                                                                    |                                |                     |



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                    |                                                  |                                                                                                                                       |                              | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|--------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b> | <b>1a</b>                                        | Federated campaigns . . . . .                                                                                                         | <b>1a</b>                    | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                         | Membership dues . . . . .                                                                                                             | <b>1b</b>                    | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                                         | Fundraising events . . . . .                                                                                                          | <b>1c</b>                    | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>d</b>                                         | Related organizations . . . . .                                                                                                       | <b>1d</b>                    | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>e</b>                                         | Government grants (contributions)                                                                                                     | <b>1e</b>                    | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>f</b>                                         | All other contributions, gifts, grants,<br>and similar amounts not included above                                                     | <b>1f</b>                    | 1,151,220            |                                              |                                      |                                                               |
|                                                                    | <b>g</b>                                         | Noncash contributions included in<br>lines 1a-1f . . . . .                                                                            | <b>1g</b>                    | \$ 0                 |                                              |                                      |                                                               |
|                                                                    | <b>h</b>                                         | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                               |                              | 1,151,220            |                                              |                                      |                                                               |
|                                                                    | <b>Program Service<br/>Revenue</b>               |                                                                                                                                       |                              | Business Code        |                                              |                                      |                                                               |
| <b>2a</b>                                                          |                                                  | PATIENT REVENUE                                                                                                                       | 621400                       | 274,941,122          | 274,941,122                                  | 0                                    | 0                                                             |
| <b>b</b>                                                           |                                                  |                                                                                                                                       |                              | 0                    | 0                                            | 0                                    | 0                                                             |
| <b>c</b>                                                           |                                                  |                                                                                                                                       |                              | 0                    | 0                                            | 0                                    | 0                                                             |
| <b>d</b>                                                           |                                                  |                                                                                                                                       |                              | 0                    | 0                                            | 0                                    | 0                                                             |
| <b>e</b>                                                           |                                                  |                                                                                                                                       |                              | 0                    | 0                                            | 0                                    | 0                                                             |
| <b>f</b>                                                           |                                                  | All other program service revenue . .                                                                                                 |                              | 0                    | 0                                            | 0                                    | 0                                                             |
| <b>g</b>                                                           |                                                  | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                               |                              | 274,941,122          |                                              |                                      |                                                               |
| <b>Other Revenue</b>                                               | <b>3</b>                                         | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .                                             |                              | 5,266,381            | 0                                            | 0                                    | 5,266,381                                                     |
|                                                                    | <b>4</b>                                         | Income from investment of tax-exempt bond proceeds                                                                                    |                              | 0                    | 0                                            | 0                                    | 0                                                             |
|                                                                    | <b>5</b>                                         | Royalties . . . . .                                                                                                                   |                              | 0                    | 0                                            | 0                                    | 0                                                             |
|                                                                    | <b>6a</b>                                        | Gross rents . . . . .                                                                                                                 | (i) Real<br>426,092          | (ii) Personal<br>0   |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                         | Less: rental expenses                                                                                                                 | 6b                           | 0                    | 0                                            |                                      |                                                               |
|                                                                    | <b>c</b>                                         | Rental income or (loss)                                                                                                               | 6c                           | 426,092              | 0                                            |                                      |                                                               |
|                                                                    | <b>d</b>                                         | Net rental income or (loss) . . . . .                                                                                                 |                              | 426,092              | 0                                            | 0                                    | 426,092                                                       |
|                                                                    | <b>7a</b>                                        | Gross amount from<br>sales of assets<br>other than inventory                                                                          | (i) Securities<br>43,942,773 | (ii) Other<br>0      |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                         | Less: cost or other basis<br>and sales expenses . .                                                                                   | 7b                           | 38,491,256           | 0                                            |                                      |                                                               |
|                                                                    | <b>c</b>                                         | Gain or (loss) . . . . .                                                                                                              | 7c                           | 5,451,517            | 0                                            |                                      |                                                               |
|                                                                    | <b>d</b>                                         | Net gain or (loss) . . . . .                                                                                                          |                              | 5,451,517            | 0                                            | 0                                    | 5,451,517                                                     |
|                                                                    | <b>8a</b>                                        | Gross income from fundraising<br>events (not including \$<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | 8a                           | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                         | Less: direct expenses . . . . .                                                                                                       | 8b                           | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                                         | Net income or (loss) from fundraising events . . . . .                                                                                |                              | 0                    |                                              | 0                                    | 0                                                             |
|                                                                    | <b>9a</b>                                        | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .                                                                | 9a                           | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                         | Less: direct expenses . . . . .                                                                                                       | 9b                           | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                                         | Net income or (loss) from gaming activities . . . . .                                                                                 |                              | 0                    | 0                                            | 0                                    | 0                                                             |
|                                                                    | <b>10a</b>                                       | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                    | 10a                          | 40,217               |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                                         | Less: cost of goods sold . . . . .                                                                                                    | 10b                          | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                                         | Net income or (loss) from sales of inventory . . . . .                                                                                |                              | 40,217               | 0                                            | 0                                    | 40,217                                                        |
| <b>Miscellaneous<br/>Revenue</b>                                   |                                                  |                                                                                                                                       | Business Code                |                      |                                              |                                      |                                                               |
|                                                                    | <b>11a</b>                                       | PHARMACY SALES                                                                                                                        | 621990                       | 11,061,707           | 0                                            | 0                                    | 11,061,707                                                    |
|                                                                    | <b>b</b>                                         | CAFETERIA SALES                                                                                                                       | 722210                       | 1,392,371            | 0                                            | 0                                    | 1,392,371                                                     |
|                                                                    | <b>c</b>                                         | OTHER OPERATING REVENUE                                                                                                               | 900099                       | 1,327,266            | 0                                            | 0                                    | 1,327,266                                                     |
|                                                                    | <b>d</b>                                         | All other revenue . . . . .                                                                                                           |                              | 0                    | 0                                            | 0                                    | 0                                                             |
|                                                                    | <b>e</b>                                         | <b>Total.</b> Add lines 11a-11d . . . . .                                                                                             |                              | 13,781,344           |                                              |                                      |                                                               |
| <b>12</b>                                                          | <b>Total revenue.</b> See instructions . . . . . |                                                                                                                                       | 301,057,893                  | 274,941,122          | 0                                            | 24,965,551                           |                                                               |

**Part IX Statement of Functional Expenses**

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

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

|                                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                           | 0                     | 0                               |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                                      | 0                     | 0                               |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .                                                                                                               | 0                     | 0                               |                                        |                             |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                                | 0                     | 0                               |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                       | 11,442,568            | 3,021,982                       | 7,848,458                              | 572,128                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                   | 0                     | 0                               | 0                                      | 0                           |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                                                                       | 119,624,951           | 93,338,859                      | 26,286,092                             | 0                           |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                             | 3,403,644             | 2,827,311                       | 576,333                                | 0                           |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                                        | 18,002,441            | 11,194,836                      | 6,807,605                              | 0                           |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                                 | 8,301,277             | 6,895,636                       | 1,405,641                              | 0                           |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                                     | 0                     | 0                               | 0                                      | 0                           |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                                          | 9,321                 | 0                               | 9,321                                  | 0                           |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                                     | 0                     | 0                               | 0                                      | 0                           |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                                       | 72,412                | 0                               | 72,412                                 | 0                           |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                        | 0                     |                                 |                                        | 0                           |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                                     | 276,683               | 0                               | 276,683                                | 0                           |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .                                                                                                                                  | 56,999,498            | 30,785,470                      | 26,214,028                             | 0                           |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                                     | 189,276               | 110                             | 189,166                                | 0                           |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                                               | 3,635,127             | 570,555                         | 3,064,572                              | 0                           |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                                        | 0                     | 0                               | 0                                      | 0                           |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                                     | 0                     | 0                               | 0                                      | 0                           |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                                     | 7,720,354             | 4,163,954                       | 3,556,400                              | 0                           |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                                        | 148,573               | 8,560                           | 140,013                                | 0                           |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                                | 0                     | 0                               | 0                                      | 0                           |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                        | 146,913               | 69,711                          | 77,202                                 | 0                           |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                                      | 3,206,522             | 1,103,897                       | 2,102,625                              | 0                           |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                                        | 0                     | 0                               | 0                                      | 0                           |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                     | 17,567,240            | 11,617,146                      | 5,950,094                              | 0                           |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                                     | 24,872                | 24,827                          | 45                                     | 0                           |
| <b>24</b> 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.) . . . . .                                           |                       |                                 |                                        |                             |
| <b>a</b> <u>SUPPLIES</u> . . . . .                                                                                                                                                                                                                                | 45,622,661            | 31,904,345                      | 13,718,316                             | 0                           |
| <b>b</b> <u>DUES AND MEMBERSHIPS</u> . . . . .                                                                                                                                                                                                                    | 437,196               | 80,535                          | 356,661                                | 0                           |
| <b>c</b> . . . . .                                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>d</b> . . . . .                                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>e</b> All other expenses . . . . .                                                                                                                                                                                                                             | 0                     | 0                               | 0                                      | 0                           |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .                                                                                                                                                                                     | 296,831,529           | 197,607,734                     | 98,651,667                             | 572,128                     |
| <b>26</b> <b>Joint costs.</b> 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)<br>Beginning of year |            | (B)<br>End of year |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                      | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                       | 7,730                    | <b>1</b>   | 7,630              |
|                                    | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                          | 48,673,161               | <b>2</b>   | 41,397,497         |
|                                    | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                              | 395,039                  | <b>3</b>   | 1,743,302          |
|                                    | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                        | 43,483,537               | <b>4</b>   | 42,440,253         |
|                                    | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 0                        | <b>5</b>   | 0                  |
|                                    | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                               | 0                        | <b>6</b>   | 0                  |
|                                    | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                 | 0                        | <b>7</b>   | 0                  |
|                                    | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                     | 4,673,360                | <b>8</b>   | 4,134,811          |
|                                    | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           | 1,989,992                | <b>9</b>   | 1,899,113          |
|                                    | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                           | <b>10a</b> 352,084,340   |            |                    |
|                                    | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                  | <b>10b</b> 262,820,176   |            |                    |
|                                    |                                                                                                                                                                                                                                    | 87,195,841               | <b>10c</b> | 89,264,164         |
|                                    | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                         | (150)                    | <b>11</b>  | 0                  |
|                                    | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                             | 3,662,667                | <b>12</b>  | 2,255,367          |
|                                    | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                              | 0                        | <b>13</b>  | 0                  |
|                                    | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                              | 0                        | <b>14</b>  | 0                  |
|                                    | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                             | 33,321,244               | <b>15</b>  | 33,843,340         |
|                                    | <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .                                                                                                                                               | 223,402,421              | <b>16</b>  | 216,985,477        |
| <b>Liabilities</b>                 | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                          | 40,303,656               | <b>17</b>  | 44,598,270         |
|                                    | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                 | 0                        | <b>18</b>  | 0                  |
|                                    | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                               | 17,649,243               | <b>19</b>  | 828,656            |
|                                    | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                    | 0                        | <b>20</b>  | 0                  |
|                                    | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                          | 0                        | <b>21</b>  | 0                  |
|                                    | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .     | 0                        | <b>22</b>  | 0                  |
|                                    | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                 | 0                        | <b>23</b>  | 0                  |
|                                    | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                   | 0                        | <b>24</b>  | 0                  |
|                                    | <b>25</b> 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 . . . . .                                          | 87,482,208               | <b>25</b>  | 93,517,472         |
|                                    | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                              | 145,435,107              | <b>26</b>  | 138,944,398        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                               |                          |            |                    |
|                                    | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                          | 63,572,495               | <b>27</b>  | 65,986,184         |
|                                    | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                             | 14,394,819               | <b>28</b>  | 12,054,895         |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                        |                          |            |                    |
|                                    | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                             | 0                        | <b>29</b>  | 0                  |
|                                    | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                               | 0                        | <b>30</b>  | 0                  |
|                                    | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                               | 0                        | <b>31</b>  | 0                  |
|                                    | <b>32</b> Total net assets or fund balances . . . . .                                                                                                                                                                              | 77,967,314               | <b>32</b>  | 78,041,079         |
|                                    | <b>33</b> Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                 | 223,402,421              | <b>33</b>  | 216,985,477        |

Form **990** (2024)

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

|           |                                                                                                                          |           |             |
|-----------|--------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                                      | <b>1</b>  | 301,057,893 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                                       | <b>2</b>  | 296,831,529 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1 . . . . .                                                             | <b>3</b>  | 4,226,364   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .                      | <b>4</b>  | 77,967,314  |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                                   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                                         | <b>6</b>  |             |
| <b>7</b>  | Investment expenses . . . . .                                                                                            | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments . . . . .                                                                                       | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O) . . . . .                                           | <b>9</b>  | (4,152,599) |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . . | <b>10</b> | 78,041,079  |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                                  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>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.<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <b>c</b> 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | ✓   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .                                                                                                                                                                                                                                                           | ✓   |    |
| <b>b</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 . . . . .                                                                                                                                                                                                       | ✓   |    |

Form **990** (2024)

| (A) Name and Title                                       | (B) Average hours per week<br>(list any hours for related organizations below dotted line) | (C) Position<br>(Check all that apply) |                       |         |              |                              |        | (D) Reportable compensation from the organization<br>(W-2/1099-MISC) | (E) Reportable compensation from related organizations<br>(W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|                                                          |                                                                                            | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                            |
| (25) CHERYL BROWN, ESQ.<br>-----<br>DIRECTOR             | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (26) ELLIOTT HIRSHMAN, PH.D.<br>-----<br>DIRECTOR        | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (27) GEORGE EVANS, DDS<br>-----<br>DIRECTOR              | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (28) GREGORY LAWRENCE, ESQ.<br>-----<br>DIRECTOR         | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (29) JAKE KLEIN<br>-----<br>DIRECTOR (AS OF 7/1/2024)    | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (30) JASON A. BLAVATT, ESQ.<br>-----<br>DIRECTOR         | 1.0<br>-----<br>2.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (31) JOSEPH MIGLIARA<br>-----<br>DIRECTOR                | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (32) KENNETH BARNEY<br>-----<br>DIRECTOR                 | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (33) MICHAEL O'HALLORAN<br>-----<br>DIRECTOR             | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (34) RICHARD KEMPER<br>-----<br>DIRECTOR                 | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (35) RONALD ATTMAN<br>-----<br>DIRECTOR                  | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (36) SCOTT KUHLMAN<br>-----<br>DIRECTOR                  | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (37) SERINA COPANAS<br>-----<br>DIRECTOR (THRU 9/1/2024) | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (38) TASHA CORNISH<br>-----<br>DIRECTOR (AS OF 7/1/2024) | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |
| (39) WILLIAM SMULYAN, M.D.<br>-----<br>DIRECTOR          | 1.0<br>-----<br>0.0                                                                        | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                          |



SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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

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

NORTHWEST HOSPITAL CENTER, INC.  
52-1372665

Cat. No. 11285F

14

Schedule A (Form 990) 2024

5/13/2026 1:02:20 PM

**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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . .                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . .                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> 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) . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                                 |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024  | (f) Total                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                    |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                 |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                   |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                       |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                   |          |          |          |          | <b>12</b> |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                       | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                              | <b>15</b> | %                        |
| <b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .                                                                                                                         |           | <input type="checkbox"/> |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .                                                                                                                      |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2024.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                               |          |          |          |          |          |           |
| <b>2</b> 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 . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                     |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .                                                                                                    |          |          |          |          |          |           |
| <b>b</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                   |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                    |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                        |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                                                                                                         |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                                                                                     |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .                                                                                                       |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                       |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on                                                                                          |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                            |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                                                                                             |          |          |          |          |          |           |
| <b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                             |           |   |
|-------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                                                                   |           |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .                                                                                                                                                                                                                                             | <b>17</b> | %                        |
| <b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .                                                                                                                                                                                                                                                                   | <b>18</b> | %                        |
| <b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .         |           | <input type="checkbox"/> |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . |           | <input type="checkbox"/> |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .                                                                                                                                                                                                                        |           | <input type="checkbox"/> |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                     |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                                  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                                |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                                         |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                             |     |    |
| <b>c</b> 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)? If "Yes," explain in <b>Part VI</b> 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.                                                                                                                                                                                |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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). |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>6</b> 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? If "Yes," provide detail in <b>Part VI</b> .                                                              |     |    |
| <b>7</b> 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? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                                          |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>9a</b> 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))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> 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)? If "Yes," answer line 10b below.                                                                                                                                                                                                                                                          |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)                                                                                                                                                                                                                                                                                                                                                               |     |    |



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                      |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

| <b>Section A—Adjusted Net Income</b>  |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                              | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                             |
| <b>2</b>                              | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                             |
| <b>3</b>                              | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                             |
| <b>4</b>                              | Add lines 1 through 3.                                                                                                                                                                                   | <b>4</b>       |                             |
| <b>5</b>                              | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                             |
| <b>6</b>                              | 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) | <b>6</b>       |                             |
| <b>7</b>                              | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                             |
| <b>8</b>                              | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | <b>8</b>       |                             |
| <b>Section B—Minimum Asset Amount</b> |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          |                |                             |
| <b>a</b>                              | Average monthly value of securities                                                                                                                                                                      | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances                                                                                                                                                                            | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                                                                                           |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets                                                                                                                                             | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.                                                                                                                                                                            | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                                                           | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.                                                                                                                                                                                | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b>       |                             |
| <b>Section C—Distributable Amount</b> |                                                                                                                                                                                                          |                | Current Year                |
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                                                    | <b>1</b>       |                             |
| <b>2</b>                              | Enter 0.85 of line 1.                                                                                                                                                                                    | <b>2</b>       |                             |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                                                   | <b>3</b>       |                             |
| <b>4</b>                              | Enter greater of line 2 or line 3.                                                                                                                                                                       | <b>4</b>       |                             |
| <b>5</b>                              | Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>       |                             |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                                                            | <b>6</b>       |                             |
| <b>7</b>                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

Schedule A (Form 990) 2024



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

| Section D—Distributions |                                                                                                                                                    | Current Year |  |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| <b>1</b>                | Amounts paid to supported organizations to accomplish exempt purposes                                                                              | <b>1</b>     |  |
| <b>2</b>                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>     |  |
| <b>3</b>                | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              | <b>3</b>     |  |
| <b>4</b>                | Amounts paid to acquire exempt-use assets                                                                                                          | <b>4</b>     |  |
| <b>5</b>                | Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )                                                       | <b>5</b>     |  |
| <b>6</b>                | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               | <b>6</b>     |  |
| <b>7</b>                | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          | <b>7</b>     |  |
| <b>8</b>                | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>     |  |
| <b>9</b>                | Distributable amount for 2024 from Section C, line 6                                                                                               | <b>9</b>     |  |
| <b>10</b>               | Line 8 amount divided by line 9 amount                                                                                                             | <b>10</b>    |  |

  

| Section E—Distribution Allocations (see instructions)                                                                                                                                    | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2024 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.                                                   |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2024                                                                                                                                 |                             |                                        |                                           |
| <b>a</b> From 2019 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>b</b> From 2020 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>c</b> From 2021 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>d</b> From 2022 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>e</b> From 2023 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>f</b> <b>Total</b> of lines 3a through 3e                                                                                                                                             |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>h</b> Applied to 2024 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>i</b> Carryover from 2019 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| <b>4</b> Distributions for 2024 from Section D, line 7: \$                                                                                                                               |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>b</b> Applied to 2024 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |                                        |                                           |
| <b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.                                                                                                             |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| <b>a</b> Excess from 2020 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>b</b> Excess from 2021 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>c</b> Excess from 2022 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>d</b> Excess from 2023 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>e</b> Excess from 2024 . . .                                                                                                                                                          |                             |                                        |                                           |

Schedule A (Form 990) 2024

## 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 B  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

**NORTHWEST HOSPITAL CENTER, INC.**

Employer identification number

**52-1372665**

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

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

|                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>NORTHWEST HOSPITAL CENTER, INC.</b> | Employer identification number<br><b>52-1372665</b> |
|----------------------------------------------------------------|-----------------------------------------------------|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
|------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>1</u>   | <b>THE KAHLERT FOUNDATION, INC.</b><br><b>P.O. BOX 1701</b><br><b>SYKESVILLE, MD 21784-1700</b>                                     | \$ <b>500,000</b>          | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | <b>RICHARD F. KEMPER</b><br><b>5 REGENCY COURT</b><br><b>BALTIMORE, MD 21208-1722</b>                                               | \$ <b>129,191</b>          | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | <b>SHIRLEY HORN</b><br><b>10100 WASHINGTONIAN BOULEVARD, APARTMENT 4003</b><br><b>GAITHERSBURG, MD 20878</b>                        | \$ <b>100,000</b>          | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | <b>BETTY J. LICHTMAN</b><br><b>16653 OLD FURNACE ROAD</b><br><b>GEORGETOWN, DE 19947-4849</b>                                       | \$ <b>50,000</b>           | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   | <b>THE HENRY &amp; RUTH BLAUSTEIN ROSENBERG FDN, INC.</b><br><b>ONE SOUTH STREET, SUITE 2900</b><br><b>BALTIMORE, MD 21202-3334</b> | \$ <b>50,000</b>           | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   | <b>DAVID J. SCHUSTER</b><br><b>P.O. BOX 122</b><br><b>NEW FREEDOM, PA 17349-0122</b>                                                | \$ <b>20,000</b>           | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>NORTHWEST HOSPITAL CENTER, INC.</b> | Employer identification number<br><b>52-1372665</b> |
|----------------------------------------------------------------|-----------------------------------------------------|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | MICHAEL L. SNYDER<br>5930 GLEN FALLS ROAD<br>REISTERSTOWN, MD 21136                                        | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | HAROLD I. HACKERMAN<br>3304 REDSPIRE LANE<br>PIKESVILLE, MD 21208-1961                                     | \$ 10,182                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | JUAN M. JUANTEGUY<br>3100 STONE CLIFF DRIVE, APARTMENT 304<br>BALTIMORE, MD 21209-3871                     | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | SAMUEL SMITH<br>12819 BIG BEAR BLF<br>BOYNTON BEACH, FL 33473                                              | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | JACK & PHYLLIS FINKELSTEIN FAMILY FOUNDATION<br>7 SLADE AVENUE, APARTMENT 610<br>PIKESVILLE, MD 21208-5293 | \$ 8,333                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | GOLDSEKER FOUNDATION<br>1040 PARK AVENUE, SUITE 310<br>BALTIMORE, MD 21201-5635                            | \$ 7,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>NORTHWEST HOSPITAL CENTER, INC.</b> | Employer identification number<br><b>52-1372665</b> |
|----------------------------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>13</b>  | <b>ALEX M. HENDLER</b><br><br><b>3416 BIRCH HOLLOW ROAD</b><br><br><b>PIKESVILLE, MD 21208-1841</b>                                       | \$ <b>5,000</b>            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <b>14</b>  | <b>MARY AND DANIEL LOUGHRAN FOUNDATION, INC.</b><br><br><b>10400 SHAKER DRIVE, P.O. BOX 310</b><br><br><b>SIMPSONVILLE, MD 21150-0310</b> | \$ <b>5,000</b>            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <b>15</b>  | <b>NORTHWEST HOSPITAL MEDICAL STAFF</b><br><br><b>5401 OLD COURT ROAD</b><br><br><b>RANDALLSTOWN, MD 21133-5185</b>                       | \$ <b>5,000</b>            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <b>16</b>  | <b>VENABLE FOUNDATION</b><br><br><b>600 MASSACHUSETTS AVENUE NW</b><br><br><b>WASHINGTON, DC 20001-5358</b>                               | \$ <b>5,000</b>            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <b>17</b>  | <b>CRAIG CARMICHAEL</b><br><br><b>12610 BELMONT RIDGE ROAD</b><br><br><b>REISTERTOWN, MD 21136</b>                                        | \$ <b>5,000</b>            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <b>18</b>  | <b>JANE C. HOGGE</b><br><br><b>1770 WYNDHAM DRIVE</b><br><br><b>YORK, PA 17403-5913</b>                                                   | \$ <b>5,000</b>            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of organization<br>NORTHWEST HOSPITAL CENTER, INC. | Employer identification number<br>52-1372665 |
|---------------------------------------------------------|----------------------------------------------|

Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

**NORTHWEST HOSPITAL CENTER, INC.**

Employer identification number

**52-1372665****Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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

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

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number (EIN)

52-1372665

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

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

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

- Enter the amount of any excise tax incurred by the organization under section 4955 \$
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- a 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).

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

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

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

Cat. No. 50084S

Schedule C (Form 990) 2024

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                             | (a) Filing<br>organization's totals                                    | (b) Affiliated<br>group totals          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .                                                                     |                                                                        |                                         |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .                                                                     |                                                                        |                                         |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total lobbying expenditures (add lines 1a and 1b) . . . . .                                                                                                 |                                                                        |                                         |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Other exempt purpose expenditures . . . . .                                                                                                                 |                                                                        |                                         |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .                                                                                           |                                                                        |                                         |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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: 40%;">IF the amount on line 1e, column (a) or (b) is:</th> <th>THEN 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:                        | THEN 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | THEN 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.                                                                                                                                                |                                                                        |                                         |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .                                                                                               |                                                                        |                                         |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .                                                                                         |                                                                        |                                         |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .                                                                                         |                                                                        |                                         |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                                         |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

**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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                         | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990) 2024

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

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

|                                                                                                                                                                                                                                         | (a) |    | (b)    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                         | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers?                                                                                                                                                                                                                    | ✓   |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                   | ✓   |    |        |
| <b>c</b> Media advertisements?                                                                                                                                                                                                          |     | ✓  |        |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                               |     | ✓  |        |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                            |     | ✓  |        |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                           |     | ✓  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                    | ✓   |    | 23,108 |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                      |     | ✓  |        |
| <b>i</b> Other activities?                                                                                                                                                                                                              | ✓   |    | 49,304 |
| <b>j</b> Total. Add lines 1c through 1i                                                                                                                                                                                                 |     |    | 72,412 |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?                                                                                                                                 |     | ✓  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                              |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                     |     |    |        |
| <b>d</b> 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 |
|------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                                        | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | <b>3</b> |    |

**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."

|                                                                                                                                                                                                                                                      |           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members                                                                                                                                                                                          | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                  |           |  |
| <b>a</b> Current year                                                                                                                                                                                                                                | <b>2a</b> |  |
| <b>b</b> Carryover from last year                                                                                                                                                                                                                    | <b>2b</b> |  |
| <b>c</b> Total                                                                                                                                                                                                                                       | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                             | <b>3</b>  |  |
| <b>4</b> 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 expenditures next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions                                                                                                                                                                     | <b>5</b>  |  |

**Part IV** Supplemental Information

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

SEE NEXT PAGE

## Part IV

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

| Return Reference - Identifier                                                          | Explanation                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE C, PART II-B,<br>LINE 1 - DETAILED<br>DESCRIPTION OF THE<br>LOBBYING ACTIVITY | LOBBYING INCLUDES A PORTION OF THE MARYLAND HOSPITAL ASSOCIATION DUES RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED JUNE 30, 2025 AND OTHER LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HOSPITAL REGARDING COMMUNITY STABILIZATION AND DEVELOPMENT, HEALTH CARE MALPRACTICE, AND PROGRAM FUNDING. |



SCHEDULE D  
(Form 990)

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

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).<br><input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> 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.                                                                                                                                                                                                                                                                                               |    |
| 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 on line 2a . . . . .                                                                                                                                                                                                                                                                                                                                                                  | 2c |
| d | Number of conservation easements included on line 2c acquired after July 25, 2006, 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                     |    |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .                                                                                                                                                                                                                                                                                                               |    |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . . \$                                                                                                                                                                                                                                                                                                                  |    |
| 8 | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                    |    |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.                                                                                                                                                       |    |

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.                                                                           |  |
| b  | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.<br>(i) Revenue included on Form 990, Part VIII, line 1 . . . . . \$<br>(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.<br>a Revenue included on Form 990, Part VIII, line 1 . . . . . \$<br>b Assets included in Form 990, Part X . . . . . \$                                                                                                          |  |

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

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

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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    |
|----------------------------------------|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |

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

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

**Part V Endowment Funds**

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

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

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

**a** Board designated or quasi-endowment \_\_\_\_\_%

**b** Permanent endowment \_\_\_\_\_%

**c** Term endowment \_\_\_\_\_%

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

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

**(i)** Unrelated organizations? ☐ **Yes** ☐ **No**

**(ii)** Related organizations? ☐ **Yes** ☐ **No**

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ **Yes** ☐ **No**

**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 |
|-------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                                                                                        |                                      | 8,529,726                       |                              | 8,529,726      |
| <b>b</b> Buildings                                                                                    |                                      | 184,915,061                     | 136,823,729                  | 48,091,332     |
| <b>c</b> Leasehold improvements                                                                       |                                      | 0                               | 0                            | 0              |
| <b>d</b> Equipment                                                                                    |                                      | 151,522,779                     | 125,996,447                  | 25,526,332     |
| <b>e</b> Other                                                                                        |                                      | 7,116,774                       | 0                            | 7,116,774      |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 89,264,164     |

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

**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:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                             |                |                                                              |
| (2)                                                                             |                |                                                              |
| (3)                                                                             |                |                                                              |
| (4)                                                                             |                |                                                              |
| (5)                                                                             |                |                                                              |
| (6)                                                                             |                |                                                              |
| (7)                                                                             |                |                                                              |
| (8)                                                                             |                |                                                              |
| (9)                                                                             |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . |                |                                                              |

**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) INTERCOMPANY RECEIVABLE                                                         | 25,687,092     |
| (2) OTHER ASSETS                                                                    | 8,156,248      |
| (3)                                                                                 |                |
| (4)                                                                                 |                |
| (5)                                                                                 |                |
| (6)                                                                                 |                |
| (7)                                                                                 |                |
| (8)                                                                                 |                |
| (9)                                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . . | 33,843,340     |

**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) DUE TO AFFILIATES BONDS                                                         | 83,296,854     |
| (3) LEASING LIABILITY                                                               | 8,355,290      |
| (4) ASSET RETIREMENT OBLIGATION                                                     | 610,000        |
| (5) CAPTIVE PROFESSIONAL LIABILITY                                                  | 590,781        |
| (6) WORKERS COMPENSATION                                                            | 397,101        |
| (7) DEFERRED COMPENSATION                                                           | 267,446        |
| (8)                                                                                 |                |
| (9)                                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . . | 93,517,472     |

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.

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

**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.

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

**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.

[SEE STATEMENT](#)

# Part XIII

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

| Return Reference - Identifier                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PART X,<br>LINE 2 - FIN 48 (ASC 740)<br>FOOTNOTE | <p>LIFEBRIDGE HEALTH, INC. ("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.</p> <p>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.</p> |

**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52

1372665

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

- 1a** Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?
- 2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year:
- ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.
- a** Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
- ☐ 100% ☐ 150% ☐ 200% ☒ Other 300 %
- b** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500 %
- 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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> | ✓   |    |
| <b>1b</b> | ✓   |    |
| <b>2</b>  |     |    |
| <b>3a</b> | ✓   |    |
| <b>3b</b> | ✓   |    |
| <b>4</b>  | ✓   |    |
| <b>5a</b> | ✓   |    |
| <b>5b</b> | ✓   |    |
| <b>5c</b> |     | ✓  |
| <b>6a</b> | ✓   |    |
| <b>6b</b> | ✓   |    |

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| <b>Financial Assistance and Means-Tested Government Programs</b>                                   | <b>(a) Number of activities or programs (optional)</b> | <b>(b) Persons served (optional)</b> | <b>(c) Total community benefit expense</b> | <b>(d) Direct offsetting revenue</b> | <b>(e) Net community benefit expense</b> | <b>(f) Percent of total expense</b> |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------|--------------------------------------------|--------------------------------------|------------------------------------------|-------------------------------------|
| <b>a</b> Financial assistance at cost (from Worksheet 1)                                           |                                                        |                                      | 2,768,487                                  |                                      | 2,768,487                                | 0.93                                |
| <b>b</b> Medicaid (from Worksheet 3, column a)                                                     |                                                        |                                      |                                            |                                      | 0                                        | 0.00                                |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |                                                        |                                      |                                            |                                      | 0                                        | 0.00                                |
| <b>d Total.</b> Financial assistance and means-tested government programs                          | 0                                                      | 0                                    | 2,768,487                                  | 0                                    | 2,768,487                                | 0.93                                |
| <b>Other Benefits</b>                                                                              |                                                        |                                      |                                            |                                      |                                          |                                     |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) |                                                        |                                      | 6,687,928                                  | 641,476                              | 6,046,452                                | 2.04                                |
| <b>f</b> Health professions education (from Worksheet 5)                                           |                                                        |                                      | 1,144,107                                  |                                      | 1,144,107                                | 0.39                                |
| <b>g</b> Subsidized health services (from Worksheet 6)                                             |                                                        |                                      | 7,142,069                                  | 7,142,069                            | 0                                        | 0.00                                |
| <b>h</b> Research (from Worksheet 7)                                                               |                                                        |                                      | 213,990                                    |                                      | 213,990                                  | 0.07                                |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |                                                        |                                      |                                            |                                      | 0                                        | 0.00                                |
| <b>j Total.</b> Other benefits                                                                     | 0                                                      | 0                                    | 15,188,094                                 | 7,783,545                            | 7,404,549                                | 2.49                                |
| <b>k Total.</b> Add lines 7d and 7j                                                                | 0                                                      | 0                                    | 17,956,581                                 | 7,783,545                            | 10,173,036                               | 3.43                                |

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

NORTHWEST HOSPITAL CENTER, INC.  
52-1372665

Cat. No. 50192T

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

|                                                             | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|-------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing                         |                                                 |                               |                                      |                               | 0                                  | 0.00                         |
| 2 Economic development                                      |                                                 |                               |                                      |                               | 0                                  | 0.00                         |
| 3 Community support                                         |                                                 |                               | 2,260,889                            | 1,096,287                     | 1,164,602                          | 0.39                         |
| 4 Environmental improvements                                |                                                 |                               |                                      |                               | 0                                  | 0.00                         |
| 5 Leadership development and training for community members |                                                 |                               |                                      |                               | 0                                  | 0.00                         |
| 6 Coalition building                                        |                                                 |                               |                                      |                               | 0                                  | 0.00                         |
| 7 Community health improvement advocacy                     |                                                 |                               |                                      |                               | 0                                  | 0.00                         |
| 8 Workforce development                                     |                                                 |                               |                                      |                               | 0                                  | 0.00                         |
| 9 Other                                                     |                                                 |                               |                                      |                               | 0                                  | 0.00                         |
| 10 <b>Total</b>                                             | 0                                               | 0                             | 2,260,889                            | 1,096,287                     | 1,164,602                          | 0.39                         |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes ☒ No ☒
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . . **2** 5,649,092
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . . **3** 3,361,849
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . . **5** 100,462,772
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6** 78,097,579
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . . **7** 22,365,193
- 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 ☒ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

- 9a Did the organization have a written debt collection policy during the tax year? . . . . . **9a** ☒
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** ☒

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

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





**Part V Facility Information** (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:** NORTHWEST HOSPITAL CENTER, 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>Community Health Needs Assessment (CHNA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |            |    |
| <b>1</b> 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? . . . . .                                                                                                                                                                                                                                                                       | <b>1</b>   | ✓  |
| <b>2</b> 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 . . . . .                                                                                                                                                                                                                                          | <b>2</b>   | ✓  |
| <b>3</b> During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12 . . . . .                                                                                                                                                                                                                                                                                                           | <b>3</b>   | ✓  |
| If "Yes," indicate what the CHNA report describes (check all that apply):                                                                                                                                                                                                                                                                                                                                                                                               |            |    |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                              |            |    |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                              |            |    |
| <b>c</b> <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                                                                                                                                                                                                                                                                                      |            |    |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                                      |            |    |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                              |            |    |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                                    |            |    |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                                        |            |    |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                             |            |    |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA                                                                                                                                                                                                                                                                                                   |            |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                         |            |    |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</u>                                                                                                                                                                                                                                                                                                                                                                                |            |    |
| <b>5</b> 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 . . . . . | <b>5</b>   | ✓  |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .                                                                                                                                                                                                                                                                                                    | <b>6a</b>  | ✓  |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                        | <b>6b</b>  | ✓  |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b>   | ✓  |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):                                                                                                                                                                                                                                                                                                                                                                                |            |    |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>                                                                                                                                                                                                                                                                                                                                                             |            |    |
| <b>b</b> <input type="checkbox"/> Other website (list url): _____                                                                                                                                                                                                                                                                                                                                                                                                       |            |    |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                                  |            |    |
| <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                              |            |    |
| <b>8</b> 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 . . . . .                                                                                                                                                                                                                                                              | <b>8</b>   | ✓  |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>24</u>                                                                                                                                                                                                                                                                                                                                                              |            |    |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .                                                                                                                                                                                                                                                                                                                                                       | <b>10</b>  | ✓  |
| <b>a</b> If "Yes," list url: <u>https://www.lifebridgehealth.org/community/community-health</u>                                                                                                                                                                                                                                                                                                                                                                         |            |    |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .                                                                                                                                                                                                                                                                                                                                           | <b>10b</b> |    |
| <b>11</b> 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.                                                                                                                                                                                                          |            |    |
| <b>12a</b> 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)? . . . . .                                                                                                                                                                                                                                                                                                | <b>12a</b> | ✓  |
| <b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .                                                                                                                                                                                                                                                                                                                                                     | <b>12b</b> |    |
| <b>c</b> 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: NORTHWEST HOSPITAL CENTER, INC.

|                                                                                                                                                                                                                                                                                                                                                              | Yes         | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| Did the hospital facility have in place during the tax year a written FAP that:                                                                                                                                                                                                                                                                              |             |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:                                                                                                                                                           | <b>13</b> ✓ |    |
| <b>a</b> <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>3</u> <u>0</u> <u>0</u> % for eligibility for discounted care of <u>5</u> <u>0</u> <u>0</u> %                                                                                                                 |             |    |
| <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                                                                                        |             |    |
| <b>c</b> <input checked="" type="checkbox"/> Asset level                                                                                                                                                                                                                                                                                                     |             |    |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                                                                               |             |    |
| <b>e</b> <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                                                                                |             |    |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance status                                                                                                                                                                                                                                                                                           |             |    |
| <b>g</b> <input type="checkbox"/> Residency                                                                                                                                                                                                                                                                                                                  |             |    |
| <b>h</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients?                                                                                                                                                                                                                                                                                   | <b>14</b> ✓ |    |
| <b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):                                                                                    | <b>15</b> ✓ |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application                                                                                                                                                                                               |             |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application                                                                                                                                                                                   |             |    |
| <b>c</b> <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                                                                                                                                                            |             |    |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                                                                                 |             |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):                                                                                                                                                                             | <b>16</b> ✓ |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>                                                                                                                                                                                                                                    |             |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>                                                                                                                                                                                                                   |             |    |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>                                                                                                                                                                                                        |             |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                                                |             |    |
| <b>e</b> <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)                                                                                                                                                                               |             |    |
| <b>f</b> <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)                                                                                                                                                                    |             |    |
| <b>g</b> <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 |             |    |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                                                                             |             |    |
| <b>i</b> <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                                                                                                                                       |             |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: NORTHWEST HOSPITAL CENTER, INC.

|                                                                                                                                                                                                                                                         | Yes         | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . . | <b>17</b> ✓ |    |
| <b>18</b> 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:  |             |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                       |             |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                         |             |    |
| <b>c</b> <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                                          |             |    |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                      |             |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                         |             |    |
| <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                                                                                                              |             |    |
| <b>19</b> 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? . . . . .                   | <b>19</b>   | ✓  |
| If "Yes," check all actions in which the hospital facility or a third party engaged:                                                                                                                                                                    |             |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                       |             |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                         |             |    |
| <b>c</b> <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                                          |             |    |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                      |             |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                         |             |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):                                                           |             |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)     |             |    |
| <b>b</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)                                                                            |             |    |
| <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)                                                                                                                         |             |    |
| <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)                                                                                                                                |             |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                         |             |    |
| <b>f</b> <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                       |             |    |

**Policy Relating to Emergency Medical Care**

|                                                                                                                                                                                                                                                                                                                                     |             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| <b>21</b> 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 FAP? . . . . . | <b>21</b> ✓ |  |
| If "No," indicate why:                                                                                                                                                                                                                                                                                                              |             |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions                                                                                                                                                                                                                   |             |  |
| <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing                                                                                                                                                                                                                                                 |             |  |
| <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)                                                                                                                                                                           |             |  |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                     |             |  |

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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:** NORTHWEST HOSPITAL CENTER, INC.

|                                                                                                                                                                                                                                                                                                      | Yes       | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>22</b> 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:                                                                                                   |           |    |
| <b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period                                                                                                                                   |           |    |
| <b>b</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                                                          |           |    |
| <b>c</b> <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 |           |    |
| <b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method                                                                                                                                                                                               |           |    |
| <b>23</b> 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? . . . . .             | <b>23</b> | ✓  |
| If "Yes," explain in Section C.                                                                                                                                                                                                                                                                      |           |    |
| <b>24</b> 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? . . . . .                                                                                                               | <b>24</b> | ✓  |
| If "Yes," explain in Section C.                                                                                                                                                                                                                                                                      |           |    |

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# Part V, Section C

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

| Return Reference - Identifier                                                                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED | <p>FACILITY NAME:<br/>NORTHWEST HOSPITAL</p> <p>DESCRIPTION:<br/>NORTHWEST HOSPITAL PURSUED SEVERAL AVENUES TO ENSURE THAT ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CAPTURED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. THE HOSPITAL PARTICIPATED IN A COLLABORATIVE PROCESS INCLUDING BALTIMORE COUNTY GOVERNMENT AND OTHER BALTIMORE COUNTY HOSPITALS. IN ADDITION TO THE HOSPITAL, PARTICIPANTS INCLUDED THE BALTIMORE COUNTY DEPARTMENT OF HEALTH, GREATER BALTIMORE MEDICAL CENTER, UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, AND MEDSTAR FRANKLIN SQUARE MEDICAL CENTER. THESE ORGANIZATIONS PROVIDED FOCUS GROUP AND SURVEY DATA. PRIMARY (NEW) DATA COLLECTED THROUGH THE CHNA PROCESS INCLUDED 115 KEY COMMUNITY HEALTH LEADER SURVEYS, 2,034 COMMUNITY MEMBER SURVEYS AND 13 FOCUS GROUPS FEATURING MORE THAN 90 COMMUNITY STAKEHOLDERS. SECONDARY (EXISTING) DATA IS AN IMPORTANT PIECE OF THE CHNA PROCESS. MORE THAN 100 DATA INDICATORS WERE CHOSEN FOR ANALYSIS FROM DATA SOURCES LIKE THE ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, THE UNIVERSITY OF NORTH CAROLINA HEALTH LITERACY DATA MAP, AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION.</p> |
| SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES           | <p>FACILITY NAME:<br/>NORTHWEST HOSPITAL</p> <p>DESCRIPTION:<br/>NORTHWEST HOSPITAL (NORTHWEST) PARTICIPATED IN A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR BALTIMORE COUNTY IN 2023-2024. REPRESENTATIVES FROM BALTIMORE COUNTY DEPARTMENT OF HEALTH, NORTHWEST HOSPITAL OF LIFE BRIDGE HEALTH, GREATER BALTIMORE MEDICAL CENTER, UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, AND MEDSTAR FRANKLIN SQUARE WORKED TOGETHER AS THE CHNA STEERING COMMITTEE TO GUIDE THE DEVELOPMENT OF THIS REPORT.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)                               | <a href="https://www.lifebridgehealth.org/community/community-health">HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/COMMUNITY/COMMUNITY-HEALTH</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE                     | <p>FACILITY NAME:<br/>NORTHWEST HOSPITAL</p> <p>DESCRIPTION:<br/><a href="https://www.lifebridgehealth.org/main/community-health">HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/MAIN/COMMUNITY-HEALTH</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Return Reference - Identifier                                                                                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p>SCHEDULE H, PART V,<br/>SECTION B, LINE 11 - HOW<br/>HOSPITAL FACILITY IS<br/>ADDRESSING NEEDS<br/>IDENTIFIED IN CHNA</p> | <p>FACILITY NAME:<br/>NORTHWEST HOSPITAL</p> <p>DESCRIPTION:<br/>THE NORTHWEST HOSPITAL PRESIDENT AND CHNA LEADERSHIP MET WITH MEMBERS OF THE HOSPITAL'S PERFORMANCE OVERSIGHT COMMITTEE TO REVIEW FINDINGS OF THE CHNA AND TO SEEK RECOMMENDATIONS TO PRIORITIZE THE IDENTIFIED NEEDS. FOLLOWING REVIEW OF SECONDARY AND PRIMARY (SURVEY AND FOCUS GROUP) DATA, THE PARTICIPANTS WERE ASKED TO IDENTIFY THE HIGHEST PRIORITY NEEDS BASED ON THE SIZE AND SCOPE, SEVERITY, THE ABILITY FOR THE HOSPITAL TO MAKE AN IMPACT, ASSOCIATED HEALTH DISPARITIES, AND IMPORTANCE TO THE COMMUNITY.<br/>THE FOLLOWING IDENTIFIED NEEDS WERE SELECTED AS PRIORITIES FOR NORTHWEST:<br/>1-PHYSICAL HEALTH<br/>2-MENTAL HEALTH, SUBSTANCE ABUSE DISORDERS<br/>3-ACCESS TO CARE<br/>4-QUALITY OF CARE<br/>5-FOOD SECURITY</p> <p>FOLLOWING IS A SUMMARY OF THE EFFORTS THAT THE HOSPITAL HAS UNDERTAKEN AND WILL BE UNDERTAKING TO ADDRESS THESE PRIORITY AREAS:<br/>PHYSICAL HEALTH</p> <p>PRIORITIZED NEED: IMPROVED ACCESS TO CLINICAL AND SOCIAL RESOURCES TO IMPROVE HEALTH AND WELL-BEING OF NORTHWEST HOSPITAL COMMUNITY MEMBERS.</p> <p>POPULATION DEFINITION: NORTHWEST HOSPITAL COMMUNITY MEMBERS WITH DIABETES, PREDIABETES, OBESITY, AND/OR HYPERTENSION.</p> <p>MENTAL HEALTH/SUBSTANCE USE DISORDER</p> <p>PRIORITIZED NEED: IMPROVED ACCESS TO CLINICAL AND SOCIAL RESOURCES TO TREAT BEHAVIORAL HEALTH (MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER) OF NORTHWEST HOSPITAL COMMUNITY MEMBERS.</p> <p>POPULATION DEFINITION: NORTHWEST HOSPITAL COMMUNITY MEMBERS WITH MENTAL HEALTH ISSUES AND/OR SUBSTANCE ABUSE DISORDERS.</p> <p>ACCESS TO CARE</p> <p>PRIORITIZED NEED: ACCESS TO CLINICAL CARE PROVIDERS, HEALTH SCREENING AND EDUCATION, AND HEALTH-SUPPORTING RESOURCES.</p> <p>POPULATION DEFINITION: UNDERSERVED COMMUNITIES IN NORTHWEST HOSPITAL SERVICE AREAS.</p> <p>QUALITY OF CARE</p> <p>PRIORITIZED NEED: IMPROVE PERCEPTION OF DISCRIMINATION/STIGMA BASED ON PATIENT'S RACE/ETHNICITY OR MEDICAL DIAGNOSIS AND/OR CONCERNS ABOUT LONG WAIT TIMES FOR APPOINTMENTS OR WAITING TO BE SEEN IN VARIOUS CARE SETTINGS LIKE THE ED OR THE WAITING ROOM AT A DOCTOR'S OFFICE.</p> <p>POPULATION DEFINITION: NORTHWEST HOSPITAL PATIENTS.</p> <p>FOOD SECURITY</p> <p>PRIORITIZED NEED: IMPROVED ACCESS TO HEALTHY FOOD FOR NORTHWEST HOSPITAL COMMUNITY MEMBERS WHO LACK IT.</p> <p>POPULATION DEFINITION MAY INCLUDE:<br/>-NORTHWEST HOSPITAL COMMUNITY MEMBERS WITH DIABETES AND/OR OBESITY LACKING ACCESS TO HEALTHY FOOD WHO ARE REFERRED TO LIFEBRIDGE'S HEALTHY FOOD ACCESS PROGRAM.<br/>-NORTHWEST HOSPITAL PATIENTS WHO SELECT LACK OF ACCESS TO HEALTHY FOOD AS A SOCIAL DETERMINANT OF HEALTH.</p> <p>SEVERAL NEEDS WERE IDENTIFIED AS PRIORITIES BY INDIVIDUALS WHO PARTICIPATED IN THE CHNA DEVELOPMENT PROCESS, BUT ULTIMATELY WERE NOT CHOSEN AS PRIORITIES FOR IMPLEMENTATION.</p> <p>SPECIFICALLY, SOME OF OUR FOCUS GROUP MEMBERS NOTED THE FOLLOWING CHALLENGES WITH LOCAL INFRASTRUCTURE:<br/>-TRANSPORTATION CHALLENGES IMPACT COMMUNITY MEMBERS' ABILITY TO FIND HIGH-PAYING JOBS.<br/>-MANY PARTICIPANTS EXPRESSED LITTLE FAITH IN THE ABILITY OF LOCAL POLICE TO ADDRESS SAFETY CONCERNS.<br/>-THE OVERALL HIGH COST OF HEALTHCARE, ESPECIALLY HEALTH INSURANCE AND PRESCRIPTIONS.<br/>-THE COST OF FOOD AS A CHALLENGE TO MAINTAINING A HEALTHY LIFESTYLE.<br/>-THE AFFORDABILITY OF HOUSING WAS A PRIMARY CONCERN THAT FORCES PEOPLE TO DE-PRIORITIZE THEIR HEALTH.</p> |
| <p>SCHEDULE H, PART V,<br/>SECTION B, LINE 16A -<br/>FAP AVAILABLE WEBSITE</p>                                               | <p><a href="https://www.lifebridgehealth.org/main/financial-assistance">HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/MAIN/FINANCIAL-ASSISTANCE</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p>SCHEDULE H, PART V,<br/>SECTION B, LINE 16B -<br/>FAP APPLICATION FORM<br/>WEBSITE</p>                                    | <p><a href="https://www.lifebridgehealth.org/main/financial-assistance">HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/MAIN/FINANCIAL-ASSISTANCE</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



| Return Reference - Identifier                                                         | Explanation                                                                                                                         |
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| SCHEDULE H, PART V,<br>SECTION B, LINE 16C -<br>PLAIN LANGUAGE FAP<br>SUMMARY WEBSITE | <a href="https://www.lifebridgehealth.org/main/financial-assistance">HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/MAIN/FINANCIAL-ASSISTANCE</a> |

Part V Facility Information (continued)

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

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

| Name and address | Type of facility (describe) |
|------------------|-----------------------------|
| 1                |                             |
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Provide the following information.

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

| Return Reference - Identifier                                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| SCHEDULE H, PART I, LINE 3C                                                                       | NORTHWEST HOSPITAL CENTER, INC. PROVIDES CARE 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 FOR CHARITY CARE CONSIDER GROSS INCOME AND FAMILY SIZE ACCORDING TO CURRENT FEDERAL POVERTY GUIDELINES. PATIENTS WITH AN ANNUAL INCOME UP TO 300% OF THE FEDERAL POVERTY LEVEL MAY HAVE 100% OF THEIR HOSPITAL BILLS COVERED BY FINANCIAL ASSISTANCE. TO QUALIFY, THE PATIENT MUST SHOW PROOF OF INCOME 300% OR LESS OF THE FEDERAL POVERTY GUIDELINES. PATIENTS SLIGHTLY ABOVE 300% ANNUAL INCOME MAY HAVE A PORTION OF THEIR MEDICAL BILLS COVERED BY FINANCIAL ASSISTANCE BASED ON A SLIDING SCALE. ELIGIBILITY IS CALCULATED BASED ON THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE | <p>MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK-OUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.</p> <p>SCHEDULE H, PART I, LINE 7A - I:<br/>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 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.</p> |
| SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT                              | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY              | <p>NORTHWEST HOSPITAL DETERMINES ELIGIBILITY FOR FINANCIAL ASSISTANCE THROUGH OTHER VARIOUS MEANS SUCH AS ELIGIBLE FOR 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 AND CHILDREN'S SERVICES PROGRAMS, OUT-OF-STATE MEDICAID PROGRAMS, MARYLAND MEDICAID ELIGIBLE.</p> <p>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 \$3,703,198 IN COST IS ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE.</p> <p>AS DESCRIBED ELSEWHERE, THE HOSPITAL ENGAGES IN MULTIPLE EFFORTS TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND CHARITY CARE. THE \$3,703,198 WAS BILLED TO PATIENTS ONLY BECAUSE THEY, DESPITE THE HOSPITAL'S EFFORTS, DID NOT REQUEST, OR DID NOT COOPERATE WITH THE HOSPITAL'S EFFORTS TO PROVIDE THEM WITH, THE AVAILABLE FINANCIAL ASSISTANCE.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Return Reference - Identifier                                                                                                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT                                                    | 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 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 AFTER ALL INTERNAL COLLECTION EFFORTS HAVE BEEN EXHAUSTED. IN SO DOING, THE COLLECTION AGENCIES MUST OPERATE CONSISTENTLY WITH NORTHWEST HOSPITAL CENTER'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. |
| SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED                         | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SCHEDULE H, PART V, SECTION B, LINE 22 - C                                                                                                            | CHARGES FOR ALL PATIENTS ARE STATE REGULATED. SERVICES ARE CHARGED TO ALL 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 NO MORE THAN 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Return Reference - Identifier                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| SCHEDULE H, PART VI,<br>LINE 2 - NEEDS<br>ASSESSMENT | <p>THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY: A) ANALYZING PRIMARY AND SECONDARY HEALTH DATA AT THE HOSPITAL AND COMMUNITY LEVEL AND B) INVOLVING PUBLIC HEALTH EXPERTS, COMMUNITY MEMBERS AND KEY COMMUNITY GROUPS IN FURTHER IDENTIFYING PRIORITY CONCERNS AND NEEDS.</p> <p>NORTHWEST HOSPITAL CENTER, 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. WE ALSO WORK REGULARLY WITH A GROUP OF BALTIMORE CITY HOSPITALS LOOKING CONTINUALLY AT NEEDS OF OUR SURROUNDING COMMUNITIES AND ADDRESSING THOSE NEEDS.</p> <p>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.</p> <p>THE FOLLOWING COMMUNITY-IDENTIFIED NEEDS WERE SELECTED AS PRIORITIES FOR IMPROVEMENT BY NORTHWEST HOSPITAL FOR THEIR 2024-2027 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION PLAN. EACH OF THESE PLANS ARE DESCRIBED IN THE FOLLOWING PAGES.</p> <p>1. PHYSICAL HEALTH<br/>POTENTIAL PROGRAMS AND TOOLS FOR IMPROVEMENT:<br/>-LIFEBRIDGE MOBILE CLINIC OUTREACH (ON-SITE HEALTH SCREENINGS, REFERRALS TO SOCIAL, CLINICAL RESOURCES)<br/>-DIGITAL CARE CENTER (VIRTUAL CLINICAL SUPPORT)<br/>-MEDICATION MANAGEMENT TEAM (VIRTUAL PHARMACIST SUPPORT)<br/>-HEALTHY FOOD PARTNERS (HOME DELIVERY, FOOD PANTRY ACCESS)<br/>-CHRONIC DISEASE EDUCATION AND MANAGEMENT SUPPORT, E.G.:<br/>-LIFEBRIDGE'S COMMUNITY HEALTH AND WELLNESS TEAM<br/>-GETWELL LOOP TOOL<br/>-HEALTH-SHARED.COM PLATFORM<br/>-IMPLEMENTATION AND USE OF "CLOSED LOOP" PLATFORM (E.G., FINDHELP) BY LIFEBRIDGE CARE TEAMS TO IDENTIFY AND TRACK COMPLETION OF REFERRALS TO SOCIAL RESOURCES<br/>-IMPLEMENT "STROKESMART" INITIATIVE TO MORE QUICKLY ACT ON SIGNS THAT SOMEONE MAY BE HAVING A STROKE.<br/>-ADDRESS INTERPERSONAL VIOLENCE WITH EVIDENCE-BASED INTERVENTIONS.</p> <p>2. MENTAL HEALTH, SUBSTANCE USE DISORDERS<br/>POTENTIAL PROGRAMS AND TOOLS FOR IMPROVEMENT:<br/>-ACTIVE INVOLVEMENT IN THE CENTRAL MARYLAND REGIONAL CRISIS SYSTEM (FORMERLY THE GBRICS PARTNERSHIP).<br/>-TRAIN TECHNICIANS, FRONT DESK, REGISTRARS, AND/OR OTHER SUPPORT STAFF IN THE EMERGENCY DEPARTMENT, AND PRIMARY CARE PRACTICES, AS WELL AS COMMUNITY HEALTH EDUCATORS IN EVIDENCE-BASED EMERGENCY RESPONSE TECHNIQUES FOR PEOPLE WHO APPEAR TO BE IN MENTAL HEALTH OR SUBSTANCE ABUSE CRISIS.<br/>-EXPLORE CROSS-TRAINING EMERGENCY DEPARTMENT PEERS AS COMMUNITY HEALTH WORKERS, TO INCLUDE MENTAL HEALTH TRAINING.<br/>-EXPLORE MAKING TRAINING AVAILABLE FOR FRONTLINE STAFF ON TRAUMA-INFORMED CARE.<br/>-EXPLORE FUNDING AND A TREATMENT PLAN FOR PATIENTS WITH ALCOHOL USE DISORDER.<br/>-EXPLORE DEVELOPMENT OF AN IN-HOUSE CONSULT PHYSICIAN FOR PSYCHIATRIC AND SUBSTANCE ABUSE ISSUES.</p> <p>3. ACCESS TO CARE<br/>POTENTIAL PROGRAMS AND TOOLS FOR IMPROVEMENT:<br/>-PROVISION OF TRANSPORTATION VOUCHERS (E.G., UBER, LYFT) TO HELP INDIVIDUALS ACCESS MEDICAL APPOINTMENTS AND HEALTH-SUPPORTING SOCIAL SERVICES.<br/>-LIFEBRIDGE MOBILE CLINIC OUTREACH THAT BRINGS TO WHERE PEOPLE LIVE HEALTH SCREENINGS AND CLINICAL CARE, HEALTH EDUCATION, AND ACCESS TO HEALTH INSURANCE SIGN-UP AND SOCIAL RESOURCES.<br/>-WIDER ACCESS TO INTERPRETATION AND TRANSLATION SERVICES FOR COMMUNITY MEMBERS FOR WHOM ENGLISH IS NOT THEIR FIRST LANGUAGE.<br/>-FORM AND MAINTAIN PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS WHO HAVE REGULAR CONTACT WITH UNDERSERVED COMMUNITY MEMBERS.<br/>-INCREASE VIRTUAL APPOINTMENTS AND DIGITAL MEDICINE ACCESS FOR NORTHWEST COMMUNITY MEMBERS.<br/>-EXPLORE PRIMARY CARE ACCESS EXPANSION IN THE NORTHWEST AREA (INCLUDING DEVELOPING, STRENGTHENING RELATIONSHIPS WITH AREA FQHCs IF NECESSARY).<br/>RESEARCH AND SEGMENT HEALTH CARE ACCESS DATA, INCLUDING BY DEMOGRAPHICS<br/>.AND NEIGHBORHOOD, IN THE NORTHWEST HOSPITAL SERVICE AREA.</p> <p>4. QUALITY OF CARE<br/>POTENTIAL PROGRAMS AND TOOLS FOR IMPROVEMENT:<br/>-SENSITIVITY, DIVERSITY, AND/OR CULTURAL COMPETENCY TRAINING FOR PROVIDERS/STAFF.<br/>-EFFORTS TO IMPROVE LONG WAIT TIMES AND/OR PERCEPTION OF LONG WAIT TIMES IN THE NORTHWEST ED AND DOCTORS' OFFICES.<br/>-EFFORTS TO IMPROVE LONG WAIT TIMES FOR APPOINTMENTS WITH PROVIDERS AT NORTHWEST HOSPITAL.</p> <p>5. FOOD SECURITY<br/>POTENTIAL PROGRAMS AND TOOLS FOR IMPROVEMENT:<br/>-MARYLAND-FUNDED (HSCRC) DIABETES REGIONAL PARTNERSHIP (THROUGH DECEMBER 2024).<br/>-LIFEBRIDGE PARTNERSHIPS WITH COMMUNITY-BASED FOOD PARTNERS TO IMPROVE ACCESS TO HEALTHY FOOD.<br/>-EMPLOYMENT OF A HEALTHY FOOD ACCESS PROGRAM COORDINATOR TO MANAGE REFERRALS OF ELIGIBLE RESIDENTS TO FOOD PARTNERS.<br/>-EDUCATE NORTHWEST HOSPITAL PROVIDERS ABOUT ELIGIBILITY CRITERIA FOR, AND AVAILABILITY OF, HEALTHY FOOD ACCESS SERVICES.<br/>-REFERRALS TO HEALTHY FOOD ACCESS SERVICES BY NORTHWEST HOSPITAL PROVIDERS, DIABETES EDUCATION AND NUTRITION SPECIALISTS, AND/OR COMMUNITY HEALTH AND WELLNESS TEAMS.<br/>-EXPLORE CREATION AND MANAGEMENT OF A NORTHWEST HOSPITAL FOOD PANTRY.</p> |

| Return Reference - Identifier                                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE H, PART VI,<br>LINE 3 - PATIENT<br>EDUCATION                           | <p>THE FOLLOWING DESCRIBES MEANS USED AT NORTHWEST 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. NORTHWEST 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 GIVEN TO ALL INPATIENTS PRIOR TO DISCHARGE AND MAILED TO ALL INPATIENTS WITH THE MARYLAND SUMMARY SHEET. NORTHWEST 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. ALL HOSPITAL STATEMENTS AND ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS INCLUDE A MESSAGE REFERENCING THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT INFORMATION TO DISCUSS NORTHWEST HOSPITAL'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 NORTHWEST HOSPITAL'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 ARE AVAILABLE IN RUSSIAN AND SPANISH. NORTHWEST HOSPITAL HOSTS AND PARTICIPATES IN VARIOUS DEPARTMENT OF HEALTH AND MARYLAND HOSPITAL ASSOCIATION SPONSORED CAMPAIGNS LIKE 'COVER THE UNINSURED WEEK'.</p> |
| SCHEDULE H, PART VI,<br>LINE 4 - COMMUNITY<br>INFORMATION                       | <p>NORTHWEST HOSPITAL IS LOCATED IN THE RANDALLSTOWN 21133 COMMUNITY OF BALTIMORE COUNTY, SERVING BOTH ITS IMMEDIATE NEIGHBORS AND OTHERS FROM THROUGHOUT THE BALTIMORE REGION. THE COMMUNITY SERVED BY NORTHWEST HOSPITAL CAN BE DEFINED AS FOLLOWS:</p> <p>(A) THE PRIMARY SERVICE AREA (PSA) IS COMPRISED OF ZIP CODES FROM WHICH THE TOP 60% OF PATIENT DISCHARGES ORIGINATE.</p> <p>(B) THE COMMUNITY BENEFIT SERVICE AREA (CBSA) IS COMPRISED OF ZIP CODES OR GEOGRAPHIC AREAS TARGETED FOR COMMUNITY BENEFIT PROGRAMMING DUE TO THE AREA'S DEMONSTRATION OF NEED. ZIP CODES 21133, 21244 AND THE COUNTY PORTION OF 21207 MAKE UP THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA. AS A WHOLE, THE POPULATION OF THE NORTHWEST HOSPITAL SERVICE AREA HAS GROWN BY 9.2% SINCE 2010, WHILE THE POPULATION OF BALTIMORE COUNTY AS A WHOLE HAS GROWN BY ONLY 4.9% WITH AN AVERAGE HOUSEHOLD INCOME OF \$67,000 COMPARED TO THE MARYLAND STATE AVERAGE OF \$93,000.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SCHEDULE H, PART VI,<br>LINE 5 - PROMOTION OF<br>COMMUNITY HEALTH               | <p>THE MEMBERS OF THE SENIOR ADMINISTRATIVE AND CLINICAL TEAMS PROVIDE OVERSIGHT AND DIRECTION TO THE POPULATION HEALTH DEPARTMENT IN IDENTIFYING THE INTERVENTIONS THAT ARE SPECIFICALLY HELPFUL FOR THE NORTHWEST CBSA, INCLUDING COMMUNITY BENEFIT OUTPUT AND OTHER POPULATION HEALTH-RELATED INITIATIVES.</p> <p>DIRECT SERVICE STAFF: IN THE DEPARTMENT OF POPULATION HEALTH, THE LIFEBRIDGE M. PETER MOSER COMMUNITY INITIATIVES DEPARTMENT EMPLOYS A STAFF OF 36 FULL TIME EQUIVALENT COMMUNITY HEALTH WORKERS, SOCIAL WORKERS, AND COUNSELORS TO IMPLEMENT AND DELIVER COMMUNITY BENEFIT PROGRAMMING. THE CORE FUNCTION OF COMMUNITY INITIATIVES IS TO PROVIDE SERVICES TO BENEFIT THE COMMUNITY AT NO CHARGE.</p> <p>COMMUNITY HEALTH IMPROVEMENT: LIFEBRIDGE HEALTH INC. CREATED THE OFFICE OF COMMUNITY HEALTH IMPROVEMENT TO IMPLEMENT COMMUNITY HEALTH IMPROVEMENT PROJECTS, AS WELL AS PROVIDE COMMUNITY HEALTH EDUCATION. ALTHOUGH THE DEPARTMENT PROVIDES SERVICES TO INDIVIDUALS LIVING IN OR AROUND NORTHWEST, SINAI AND LEVINDALE HOSPITALS' SURROUNDING COMMUNITIES, THE DEPARTMENT IS PHYSICALLY LOCATED AT NORTHWEST HOSPITAL.</p> <p>OTHER CLINICAL DEPARTMENTS ALSO PROVIDE COMMUNITY BENEFIT PROGRAMMING IN ADDITION TO REGULAR CLINICAL FUNCTIONING.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SCHEDULE H, PART VI,<br>LINE 6 - DESCRIPTION OF<br>AFFILIATED GROUP             | <p>NORTHWEST HOSPITAL IS A COMMUNITY HOSPITAL WITH AN ATTENDING STAFF OF APPROXIMATELY 700 EMPLOYED (FACULTY) AND VOLUNTARY PHYSICIANS, REPRESENTING NUMEROUS SPECIALTIES. THOSE SPECIALTIES INCLUDE BUT ARE NOT LIMITED TO CARDIOLOGY, PULMONARY, GENERAL SURGERY, ORTHOPEDICS, VASCULAR AND INFECTIOUS DISEASE. THEY ARE NOT SCREENED ON THE 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 AND OTOLARYNGOLOGY, 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. NORTHWEST HOSPITAL IS A COMPONENT OF LIFEBRIDGE 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 LIFEBRIDGE SYSTEM WORK TOGETHER CLOSELY TO ENSURE THAT AS MANY AS POSSIBLE OF THE COMMUNITY'S NEEDS ARE MET IN AN INTEGRATED, NONDUPLICATIVE MANNER.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SCHEDULE H, PART VI,<br>LINE 7 - STATE FILING OF<br>COMMUNITY BENEFIT<br>REPORT | MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

**Part I Questions Regarding Compensation**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes                                                                        | No                                                                       |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------|--|--|
| <b>1a</b> 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.<br><table><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></table> | <input type="checkbox"/> First-class or charter travel                     | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Housing allowance or residence for personal use   |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <input type="checkbox"/> Travel for companions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Payments for business use of personal residence   |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Health or social club dues or initiation fees     |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <input type="checkbox"/> Discretionary spending account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <b>2</b> 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? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <b>3</b> 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.<br><table><tr><td><input type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input type="checkbox"/> Approval by the board or compensation committee</td></tr></table>                                                                                                                   | <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 |                                                         |                                                                            |  |  |
| <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   |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <b>4</b> 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:<br><b>a</b> Receive a severance payment or change-of-control payment? . . . . .<br><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .<br><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .<br>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <b>5</b> 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:<br><b>a</b> The organization? . . . . .<br><b>b</b> Any related organization? . . . . .<br>If "Yes" on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <b>6</b> 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:<br><b>a</b> The organization? . . . . .<br><b>b</b> Any related organization? . . . . .<br>If "Yes" on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <b>7</b> 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 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <b>8</b> 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 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                          |                                                              |                                                                          |                                                                    |                                                                          |                                                         |                                                                            |  |  |



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

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

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

| (A) Name and Title                                                        |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                                           |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| <b>1</b> LESLIE R. SIMMONS<br>LBH COO                                     | (i)  | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                           | (ii) | 792,427                                                            | 616,503                             | 544,982                             | 113,580                                        | 11,496                  | 2,078,988                       | 286,794                                                               |
| <b>2</b> DAVID H. KRAJEWSKI<br>ASSISTANT TREASURER, NW/ EVP/CFO, LBH      | (i)  | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                           | (ii) | 879,781                                                            | 680,890                             | 378,393                             | 38,834                                         | 8,782                   | 1,986,680                       | 324,014                                                               |
| <b>3</b> JASON H. WEINER<br>ASSISTANT SECRETARY, NW/SVP/GEN. COUNSEL, LBH | (i)  | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                           | (ii) | 536,994                                                            | 423,128                             | 184,422                             | 207,070                                        | 10,362                  | 1,361,976                       | 144,066                                                               |
| <b>4</b> ROBERT SALTZMAN, M.D.<br>PHYSICIAN                               | (i)  | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                           | (ii) | 768,904                                                            | 295,950                             | 20,478                              | 22,542                                         | 13,638                  | 1,121,512                       | 0                                                                     |
| <b>5</b> CRAIG CARMICHAEL<br>PRESIDENT & COO, NORTHWEST                   | (i)  | 460,723                                                            | 310,620                             | 133,909                             | 68,811                                         | 7,645                   | 981,708                         | 0                                                                     |
|                                                                           | (ii) | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| <b>6</b> JAMES ROBERGE<br>VP CAPITAL IMPROVEMENTS & SUPPORT SERVICES      | (i)  | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                           | (ii) | 387,766                                                            | 135,375                             | 82,192                              | 71,314                                         | 8,788                   | 685,435                         | 49,242                                                                |
| <b>7</b> NEERAJ VERMA, M.D.<br>PRESIDENT, MED STAFF, NW, MEC CHAIR        | (i)  | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                           | (ii) | 510,250                                                            | 94,380                              | 414                                 | 0                                              | 25,052                  | 630,096                         | 0                                                                     |
| <b>8</b> CHAITANYA RAVI<br>PHYSICIAN                                      | (i)  | 229,345                                                            | 126,010                             | 110,703                             | 79,707                                         | 7,868                   | 553,633                         | 0                                                                     |
|                                                                           | (ii) | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| <b>9</b> NANCY KANE<br>VP FINANCIAL REPORTING                             | (i)  | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                           | (ii) | 290,498                                                            | 80,804                              | 53,549                              | 75,486                                         | 14,900                  | 515,237                         | 42,066                                                                |
| <b>10</b> SAMUEL SMITH<br>VP CHIEF MEDICAL OFFICER                        | (i)  | 348,385                                                            | 101,565                             | 27,986                              | 4,262                                          | 11,690                  | 493,888                         | 0                                                                     |
|                                                                           | (ii) | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| <b>11</b> ADAM BECKER<br>PHYSICIAN ANESTHESIA                             | (i)  | 457,154                                                            | 25,000                              | 162                                 | 5,175                                          | 2,844                   | 490,335                         | 0                                                                     |
|                                                                           | (ii) | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| <b>12</b> EDGAR CASNER<br>VP SUPPLY CHAIN                                 | (i)  | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                           | (ii) | 312,385                                                            | 87,214                              | 4,263                               | 40,191                                         | 9,795                   | 453,848                         | 0                                                                     |
| <b>13</b> ANN MARIE MADDEN<br>CHIEF NURSING OFFICER                       | (i)  | 288,385                                                            | 76,080                              | 63,849                              | 5,166                                          | 11,311                  | 444,791                         | 0                                                                     |
|                                                                           | (ii) | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| <b>14</b> CAMILLE N. UPCHURCH, M.D.<br>PHYSICIAN                          | (i)  | 357,418                                                            | 24,289                              | 414                                 | 3,040                                          | 13,778                  | 398,939                         | 0                                                                     |
|                                                                           | (ii) | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| <b>15</b> DAVID MCCORMICK<br>CFO, NW/VP, LBH                              | (i)  | 0                                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                           | (ii) | 239,208                                                            | 66,186                              | 2,148                               | 34,274                                         | 11,542                  | 353,358                         | 0                                                                     |
| <b>16</b>                                                                 | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                                           | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |

Schedule J (Form 990) (Rev. 1-2025)

# Part III

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

| Return Reference - Identifier                                                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION | THE INDIVIDUAL WHO SERVES AS NORTHWEST HOSPITAL CENTER'S PRESIDENT ALSO SERVES AS SENIOR VICE PRESIDENT OF NORTHWEST'S PARENT ORGANIZATION, LIFEBRIDGE HEALTH, INC., AND HAS RESPONSIBILITIES THAT EXTEND ACROSS THE LIFEBRIDGE HEALTH SYSTEM. HIS COMPENSATION IS DETERMINED AT THE PARENT LEVEL BY LIFEBRIDGE HEALTH, INC. THE METHODS USED AT LIFEBRIDGE HEALTH, INC. INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN                               | <p>THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATED IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR. THE AMOUNTS REPORTED BELOW REPRESENT EMPLOYER CONTRIBUTIONS TO THE SECTION 457(F) PLAN MADE DURING THE YEAR:</p> <p>JASON H. WEINER \$176,284<br/> CRAIG CARMICHAEL \$63,057<br/> JAMES ROBERGE \$55,800<br/> NANCY KANE \$38,152</p> <p>DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS RECEIVED PAYMENTS AS PART OF THEIR PARTICIPATION IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:</p> <p>NEIL MELTZER \$882,930<br/> DAVID H. KRAJEWSKI \$330,949<br/> JASON H. WEINER \$147,040<br/> SAMUEL SMITH \$27,722<br/> JAMES ROBERGE \$49,130<br/> NANCY KANE \$41,945<br/> CRAIG CARMICHAEL \$86,465<br/> ANN MARIE MADDEN \$33,870</p> <p>MR. CARMICHAEL RECEIVED COMPENSATION AS PRESIDENT &amp; COO OF NORTHWEST HOSPITAL, INC. AND A SENIOR VICE PRESIDENT OF LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR OF NORTHWEST HOSPITAL.</p> <p>MR. KRAJEWSKI RECEIVED COMPENSATION AS EXECUTIVE VICE PRESIDENT AND CFO OF LIFEBRIDGE HEALTH, INC. AND PRESIDENT OF LIFEBRIDGE HEALTH PARTNERS NOT AS AN OFFICER OF NORTHWEST HOSPITAL.</p> <p>MR. WEINER RECEIVED COMPENSATION AS SENIOR VP AND GENERAL COUNSEL OF LIFEBRIDGE HEALTH, INC., NOT AS AN OFFICER OF NORTHWEST HOSPITAL.</p> <p>DR. VERMA RECEIVED COMPENSATION AS PHYSICIAN, NOT AS DIRECTOR OF NORTHWEST HOSPITAL.</p> |

SCHEDULE L  
(Form 990)

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (1)                           |                                                                 |                          |                        |                           |
| (2)                           |                                                                 |                          |                        |                           |
| (3)                           |                                                                 |                          |                        |                           |
| (4)                           |                                                                 |                          |                        |                           |
| (5)                           |                                                                 |                          |                        |                           |
| (6)                           |                                                                 |                          |                        |                           |
| (7)                           |                                                                 |                          |                        |                           |
| (8)                           |                                                                 |                          |                        |                           |
| (9)                           |                                                                 |                          |                        |                           |
| (10)                          |                                                                 |                          |                        |                           |

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

Cat. No. 50056A

Schedule L (Form 990) (Rev.1-2025)

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) (SEE STATEMENT)           |                                                                 |                           |                                |                                         |    |
| (2)                           |                                                                 |                           |                                |                                         |    |
| (3)                           |                                                                 |                           |                                |                                         |    |
| (4)                           |                                                                 |                           |                                |                                         |    |
| (5)                           |                                                                 |                           |                                |                                         |    |
| (6)                           |                                                                 |                           |                                |                                         |    |
| (7)                           |                                                                 |                           |                                |                                         |    |
| (8)                           |                                                                 |                           |                                |                                         |    |
| (9)                           |                                                                 |                           |                                |                                         |    |
| (10)                          |                                                                 |                           |                                |                                         |    |

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

[illegible]

**Part IV****Business Transactions Involving Interested Persons** (continued)

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction                                                                                                                                                                                                                                                                                                                        | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                       | Yes                                     | No |
| (1) ACME PAPER & SUPPLY CO.   | INDIRECT BUSINESS                                               | \$302,309                 | NORTHWEST HOSPITAL CENTER, INC. AND OTHER LIFEBRIDGE SUBSIDIARIES PURCHASED APPROXIMATELY \$1,997,811 IN PAPER PRODUCTS AND JANITORIAL SUPPLIES FROM ACME PAPER AND SUPPLY, CO. ONE OF THE DIRECTORS OF NORTHWEST HOSPITAL, MR. RONALD ATTMAN, IS AN OWNER OF THE COMPANY. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH. |                                         | ✓  |

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

| Return Reference - Identifier                                                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART III, LINE 1 -                                                                     | <p>NORTHWEST HOSPITAL EXISTS TO IMPROVE THE WELL-BEING OF THE COMMUNITY BY NURTURING RELATIONSHIPS BETWEEN THE HOSPITAL, MEDICAL STAFF AND OUR PATIENTS.</p> <p>NORTHWEST HOSPITAL CENTER HAS ALWAYS HAD A VISION OF BEING A RECOGNIZED LEADER IN CLINICAL QUALITY AND CUSTOMER CARE - A VISION THAT HAS NOT LOST FOCUS IN THE MORE THAN SIXTY YEARS SINCE THIS RANDALLSTOWN, MARYLAND HOSPITAL OPENED ITS DOORS. NORTHWEST HOSPITAL HAS KEPT PACE WITH THE GROWTH OF THE COMMUNITY AND TODAY SERVES MORE THAN 250,000 HOUSEHOLDS IN NORTHWEST BALTIMORE CITY AND PORTIONS OF BALTIMORE, CARROLL AND HOWARD COUNTIES. IN 2025, THE HOSPITAL ADMITTED 8,094 PATIENTS, MOST OF WHOM ACCESSED HOSPITAL SERVICES THROUGH THE EMERGENCY DEPARTMENT. IN KEEPING WITH THE HOSPITAL'S MISSION TO IMPROVE THE WELLBEING OF THE COMMUNITY, NORTHWEST HOSPITAL ADHERES TO ITS LONGSTANDING POLICY OF PROVIDING CARE FOR ANY AND ALL WHO SEEK MEDICAL TREATMENT REGARDLESS OF RACE, RELIGION OR ABILITY TO PAY. THE HOSPITAL'S CHARITY CARE POLICY IS WELL POSTED AND OFFERS A REASONABLE AMOUNT OF CARE AT NO CHARGE OR AT REDUCED RATES TO ELIGIBLE PERSONS WHO DO NOT HAVE INSURANCE, MEDICARE OR MEDICAL ASSISTANCE. ELIGIBILITY FOR FREE CARE, REDUCED RATES AND EXTENDED PAYMENT PLANS IS DETERMINED ON A CASE BY CASE BASIS. A HALLMARK OF NORTHWEST HOSPITAL'S COMMITMENT TO THE COMMUNITY IS ITS ONGOING EFFORTS TO PROVIDE FREE HEALTH SCREENINGS AND USEFUL HEALTH EDUCATION THROUGH ITS COMMUNITY HEALTH EDUCATION PROGRAMS. COUNTLESS HEALTH FAIRS, BLOOD PRESSURE SCREENINGS, HEART HEALTH RISK ASSESSMENTS, DIABETES SUPPORT GROUP MEETINGS, FOOD AND NUTRITION COUNSELING AND SMOKING CESSATION CLASSES ARE OFFERED IN SENIOR CENTERS, CHURCH BASEMENTS, COMMUNITY CENTERS AND AREA SCHOOLS THROUGHOUT THE YEAR. NORTHWEST HOSPITAL HAS DEDICATED FULL-TIME STAFF, INCLUDING NURSE EDUCATORS, WHO DEVELOP PROGRAMS TO SHARE VALUABLE HEALTH-RELATED INFORMATION WITH MEMBERS OF THE COMMUNITY.</p> |
| FORM 990, PART VI, LINE 6 -<br>CLASSES OF MEMBERS OR<br>STOCKHOLDERS                             | THE CORPORATION SHALL HAVE ONE MEMBER, LIFEBRIDGE HEALTH, INC. (THE "MEMBER"), A MARYLAND NON-STOCK CORPORATION. MEMBERSHIP IN THE CORPORATION SHALL NOT BE TRANSFERABLE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FORM 990, PART VI, LINE 7A -<br>MEMBERS OR STOCKHOLDERS<br>ELECTING MEMBERS OF<br>GOVERNING BODY | 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; (3) TO NOMINATE AND ELECT THE CORPORATION'S CHAIR, VICE CHAIR, SECRETARY, AND TREASURER; AND (4) 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, LINE 7B -<br>DECISIONS REQUIRING<br>APPROVAL BY MEMBERS OR<br>STOCKHOLDERS    | THE MEMBER HAS POWER TO APPOINT AND/OR REMOVE MEMBERS OF THE GOVERNING BODY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FORM 990, PART VI, LINE 11B -<br>REVIEW OF FORM 990 BY<br>GOVERNING BODY                         | 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 OF 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 OF THE LIFEBRIDGE EXEMPT ENTITIES 990'S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

| Return Reference - Identifier                                                                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, LINE 12C -<br>CONFLICT OF INTEREST<br>POLICY                                     | <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER DISSEMINATION IS NECESSARY.</p> <p>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.</p> <p>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 OR CONFIDENTIAL COMPLIANCE HOTLINE. NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.</p> |
| FORM 990, PART VI, LINE 15A -<br>PROCESS TO ESTABLISH<br>COMPENSATION OF TOP<br>MANAGEMENT OFFICIAL | THE COMPENSATION OF NORTHWEST HOSPITAL, INC.'S PRESIDENT/COO IS DETERMINED AT THE PARENT LEVEL BY LIFEBRIDGE HEALTH, INC. THE METHODS USED AT LIFEBRIDGE HEALTH, INC. INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FORM 990, PART VI, LINE 19 -<br>REQUIRED DOCUMENTS<br>AVAILABLE TO THE PUBLIC                       | IT IS THE POLICY OF LIFEBRIDGE HEALTH, INC. AND ITS SUBSIDIARIES TO MAKE AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS TO THE GENERAL PUBLIC. THE LIFEBRIDGE HEALTH, INC. AND SUBSIDIARY GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST OR VIA A WEBSITE. THE CONFLICT OF INTEREST POLICY IS INCLUDED ON SCHEDULE O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |



**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

| Return Reference - Identifier                                                  | Explanation                                                                                                                                                                                                                                                                                                                |                       |                                    |                                           |                             |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|-----------------------------|
| FORM 990, PART IX, LINE 11G -<br>OTHER FEES FOR SERVICES                       | (a) Description                                                                                                                                                                                                                                                                                                            | (b) Total<br>Expenses | (c) Program<br>Service<br>Expenses | (d) Management<br>and<br>General Expenses | (e) Fundraising<br>Expenses |
|                                                                                | OTHER PURCHASED<br>SERVICES                                                                                                                                                                                                                                                                                                | 41,848,076            | 19,456,795                         | 22,391,281                                | 0                           |
|                                                                                | AGENCY NURSING                                                                                                                                                                                                                                                                                                             | 7,333,525             | 7,177,138                          | 156,387                                   |                             |
|                                                                                | PROFESSIONAL &<br>TECHNICAL                                                                                                                                                                                                                                                                                                | 7,817,897             | 4,151,537                          | 3,666,360                                 |                             |
|                                                                                | <b>Total</b>                                                                                                                                                                                                                                                                                                               | <b>56,999,498</b>     | <b>30,785,470</b>                  | <b>26,214,028</b>                         | <b>0</b>                    |
| FORM 990, PART XI, LINE 9 -<br>OTHER CHANGES IN NET<br>ASSETS OR FUND BALANCES | (a) Description                                                                                                                                                                                                                                                                                                            |                       |                                    |                                           | (b) Amount                  |
|                                                                                | CHANGES IN FUND BALANCE                                                                                                                                                                                                                                                                                                    |                       |                                    |                                           | 4,069,999                   |
|                                                                                | RELEASED FROM RESTRICTION                                                                                                                                                                                                                                                                                                  |                       |                                    |                                           | - 1,814,924                 |
|                                                                                | TRANSFER FROM AFFILIATES                                                                                                                                                                                                                                                                                                   |                       |                                    |                                           | - 6,407,674                 |
|                                                                                | <b>TOTAL</b>                                                                                                                                                                                                                                                                                                               |                       |                                    |                                           | <b>- 4,152,599</b>          |
| FORM 990, PART XII, LINE 2C -                                                  | THE ORGANIZATION DOES NOT HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION RELIES ON THE OVERSIGHT OF THE AUDIT COMMITTEE HELD AT THE RELATED ORGANIZATION, LIFEBRIDGE HEALTH, INC. |                       |                                    |                                           |                             |

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) .....                                                           |                         |                                                  |                     |                           |                                  |
| (2) .....                                                           |                         |                                                  |                     |                           |                                  |
| (3) .....                                                           |                         |                                                  |                     |                           |                                  |
| (4) .....                                                           |                         |                                                  |                     |                           |                                  |
| (5) .....                                                           |                         |                                                  |                     |                           |                                  |
| (6) .....                                                           |                         |                                                  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization                                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                            |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) CARROLL HOSPITAL CENTER, INC. (52-1452024)<br>200 MEMORIAL AVENUE, WESTMINSTER, MD 21157               | HOSPITAL                | MD                                               | 501(C)(3)                  | 3                                                   | CCHS                             |                                              | ✓  |
| (2) BRIDGINGLIFE, INC. (52-1565870)<br>292 STONER AVENUE, WESTMINSTER, MD 21157                            | HOSPICE                 | MD                                               | 501(C)(3)                  | 7                                                   | CHC                              |                                              | ✓  |
| (3) CARROLL HOSPITAL CENTER FOUNDATION, INC. (52-1115038)<br>200 MEMORIAL AVENUE, WESTMINSTER, MD 21157    | HOSPITAL SUPPORT        | MD                                               | 501(C)(3)                  | 12 TYPE I                                           | CHC                              |                                              | ✓  |
| (4) PARTNERSHIP FOR A HEALTHIER CARROLL CTY (52-2156892)<br>295 STONER AVENUE #306, WESTMINSTER, MD 21157  | HEALTH SERVICES         | MD                                               | 501(C)(3)                  | 7                                                   | CHC                              |                                              | ✓  |
| (5) LEVINDALE HEBREW GERIATRIC CENTER HOSP (52-0607913)<br>2434 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215 | HOSPITAL                | MD                                               | 501(C)(3)                  | 3                                                   | LBH                              |                                              | ✓  |
| (6) SINAI HOSPITAL OF BALTIMORE, INC. (52-0486540)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215      | HOSPITAL                | MD                                               | 501(C)(3)                  | 3                                                   | LBH                              |                                              | ✓  |
| (7) (SEE STATEMENT)                                                                                        |                         |                                                  |                            |                                                     |                                  |                                              |    |

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|                                                                                                                                                              | Yes                                 | No                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> 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? |                                     |                                     |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                                                           |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                                                                         |                                     | <input checked="" type="checkbox"/> |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                                                                | <input checked="" type="checkbox"/> |                                     |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .                                                                                       | <input checked="" type="checkbox"/> |                                     |
| <b>f</b> Dividends from related organization(s) . . . . .                                                                                                    |                                     | <input checked="" type="checkbox"/> |
| <b>g</b> Sale of assets to related organization(s) . . . . .                                                                                                 |                                     | <input checked="" type="checkbox"/> |
| <b>h</b> Purchase of assets from related organization(s) . . . . .                                                                                           |                                     | <input checked="" type="checkbox"/> |
| <b>i</b> Exchange of assets with related organization(s) . . . . .                                                                                           |                                     | <input checked="" type="checkbox"/> |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                                                                |                                     | <input checked="" type="checkbox"/> |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                                                              |                                     | <input checked="" type="checkbox"/> |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                                            |                                     | <input checked="" type="checkbox"/> |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                                             |                                     | <input checked="" type="checkbox"/> |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                                             |                                     | <input checked="" type="checkbox"/> |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .                                                                                    |                                     | <input checked="" type="checkbox"/> |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .                                                                                | <input checked="" type="checkbox"/> |                                     |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .                                                                                | <input checked="" type="checkbox"/> |                                     |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .                                                                             | <input checked="" type="checkbox"/> |                                     |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .                                                                           |                                     | <input checked="" type="checkbox"/> |

**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)<br>Name of related organization | (b)<br>Transaction<br>type (a–s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1)                                 |                                  |                        |                                              |
| (2)                                 |                                  |                        |                                              |
| (3)                                 |                                  |                        |                                              |
| (4)                                 |                                  |                        |                                              |
| (5)                                 |                                  |                        |                                              |
| (6)                                 |                                  |                        |                                              |

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

**Part II**
**Identification of Related Tax-Exempt Organizations** (continued)

| (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 |
| (7) COURTLAND GARDENS NURSING AND REHAB CTR (52-0607907)<br>2434 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215    | NURSING HOME         | MD                                            | 501(C)(3)               | 10                                               | LBH                           |                                           | ✓  |
| (8) CHILDRENS HOSPITAL OF BALTIMORE CITY, INC. (52-0591592)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215 | HOSPITAL SUPPORT     | MD                                            | 501(C)(3)               | 12 TYPE II                                       | LBH                           |                                           | ✓  |
| (9) THE BALTIMORE JEWISH HEALTH FDN, INC. (52-2111541)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215      | HOSPITAL SUPPORT     | MD                                            | 501(C)(3)               | 12 TYPE II                                       | LBH                           |                                           | ✓  |
| (10) CHILDRENS HOSPITAL AT SINAI FOUNDATION (52-2167587)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215    | HOSPITAL SUPPORT     | MD                                            | 501(C)(3)               | 12 TYPE II                                       | LBH                           |                                           | ✓  |
| (11) THE BALTIMORE JEWISH ELDERCARE FDN (52-2337669)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215        | HOSPITAL SUPPORT     | MD                                            | 501(C)(3)               | 12 TYPE II                                       | LBH                           |                                           | ✓  |
| (12) CENTER FOR HOPE, INC. (52-1681279)<br>2300 NORTH CHARLES STREET, BALTIMORE, MD 21218                      | CHILD SERVICES       | MD                                            | 501(C)(3)               | 7                                                | LBH                           |                                           | ✓  |
| (13) GRACE MEDICAL CENTER, INC. (52-0591555)<br>2000 WEST BALTIMORE STREET, BALTIMORE, MD 21223                | HOSPITAL             | MD                                            | 501(C)(3)               | 3                                                | LBH                           |                                           | ✓  |
| (14) WEST BALTIMORE RENAISSANCE FDN, INC. (84-3355332)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215      | COMMUNITY CENTER     | MD                                            | 501(C)(3)               | 7                                                | LBH                           |                                           | ✓  |
| (15) CARROLL COUNTY HEALTH SERVICES CORP (52-0691413)<br>200 MEMORIAL AVENUE, WESTMINSTER, MD 21157            | HOSPITAL SUPPORT     | MD                                            | 501(C)(3)               | 12 TYPE II                                       | LBH                           |                                           | ✓  |
| (16) LIFEBRIDGE CENTER FOR HOPE, INC. (85-3920012)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215          | REAL ESTATE          | MD                                            | 501(C)(3)               | 12 TYPE I                                        | SHB                           |                                           | ✓  |
| (17) LIFEBRIDGE HEALTH, INC. (52-1402373)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215                   | SUPPORT              | MD                                            | 501(C)(3)               | 12 TYPE III-FI                                   | N/A                           |                                           | ✓  |
| (18) THE FAMILY TREE, INC. (52-1110645)<br>2108 NORTH CHARLES STREET, BALTIMORE, MD 21218                      | CHILD SERVICES       | MD                                            | 501(C)(3)               | 7                                                | LBH                           |                                           | ✓  |

**Part III**
**Identification of Related Organizations Taxable as a Partnership** (continued)

| (a) Name, address and EIN of related organization                                                             | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income related, unrelated, excluded from tax under sections 512-514 | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? |    | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? |    | (k) Percentage ownership |
|---------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|---------------------------|---------------------------------|-----------------------------------|----|---------------------------------------------------------------|----------------------------------|----|--------------------------|
|                                                                                                               |                      |                                               |                               |                                                                                     |                           |                                 | Yes                               | No |                                                               | Yes                              | No |                          |
| (1) CARROLL COUNTY RADIOLOGY, LLC (52-2190849)<br>7523 AMBASSADOR ROAD, BALTIMORE, MD 21244                   | RADIOLOGY            | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (2) CARROLL OCCUPATIONAL HEALTH, LLC (20-2769332)<br>7001 CORPORATE CENTER COURT, WESTMINSTER, MD 21157       | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (3) CARDIOVASCULAR ASSOCIATES OF MARYLAND (46-2935110)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215     | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (4) LIFEBRIDGE CARDIOLOGY OF PARKVILLE, LLC (46-3742313)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215   | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (5) LIFEBRIDGE COMMUNITY GASTROENTEROLOGY (46-2863298)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215     | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (6) LIFEBRIDGE COMMUNITY PEDIATRICS, LLC (46-2842468)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215      | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (7) LIFEBRIDGE COMMUNITY PULMONOLOGY, LLC (46-1401312)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215     | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (8) LIFEBRIDGE GYNECOLOGY OF PIKESVILLE, LLC (46-2949092)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215  | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (9) LIFEBRIDGE MEDICAL ASSOCIATES, LLC (46-2941505)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215        | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (10) LIFEBRIDGE NEUROSCIENCES, LLC (45-0719598)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215            | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (11) LIFEBRIDGE PRIMARY CARE OF ELDERSBURG (38-3897702)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215    | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (12) LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL (80-0883321)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215 | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (13) HOMECARE MARYLAND, LLC (26-1378175)<br>8028 RITCHIE HIGHWAY, PASADENA, MD 21122                          | HOME HEALTH SERVICES | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |



| (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 |                          |
| (14) LIFEBRIDGE REHABILITATION SERVICES, LLC (81-1504380)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215  | REHAB SERVICES       | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (15) ELLICOTT CITY ASC MANAGEMENT, LLC (52-2331663)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215        | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (16) SURGICENTER OF BALTIMORE, LLC (52-1658841)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215            | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (17) SPRINGWELL PARTNERS, LLC (27-1971171)<br>2200 PINE HILL FARMS LANE, HUNT VALLEY, MD 21030                | ASSISTED LIVING      | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (18) LIFEBRIDGE SUBURBAN PHYSICIAN GROUP II, (81-4209029)<br>5401 OLD COURT ROAD, RANDALLSTOWN, MD 21133      | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (19) LIFEBRIDGE LAB MANAGEMENT, LLC (82-1113874)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215           | LAB SERVICES         | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (20) LIFEBRIDGE METROPOLITAN PHYSICIAN GRP.II (81-4223537)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215 | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (21) LIFEBRIDGE MULTI-SPECIALTY, LLC (46-3753120)<br>41 MAGNA WAY, SUITE 100, WESTMINSTER, MD 21157           | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (22) ELLICOTT CITY AMBULATORY SURGERY CENTER (52-2331663)<br>2850 N RIDGE ROAD, ELLICOTT CITY, MD 21043       | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (23) OAK FARM SOLUTIONS, LLC (47-4944865)<br>1122 KENILWORTH DRIVE, TOWSON, MD 21204                          | HOME HEALTH SERVICES | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (24) MNR INDUSTRIES, LLC (33-1095434)<br>5 BEL AIR SOUTH PARKWAY, BEL AIR, MD 21015                           | URGENT CARE SERVICES | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (25) MNR OF FREDERICK COUNTY, LLC (81-3781457)<br>5 BEL AIR SOUTH PARKWAY, BEL AIR, MD 21015                  | URGENT CARE SERVICES | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (26) BAKER REHAB GROUP, LLC (88-0864449)<br>197 THOMAS JOHNSON DRIVE, FREDERICK, MD 21702                     | REHAB SERVICES       | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |
| (27) ADVANCED ENDO CTR OF HOWARD CTY, LLC (52-2210078)<br>8875 CENTRE PARK DRIVE, COLUMBIA, MD 21045          | MEDICAL SERVICES     | MD                                            | N/A                           | N/A                                                                                 |                           |                                 |                                   | ✓  |                                                               |                                  | ✓  | 0.00                     |

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

| (a) Name, address and EIN of related organization                                                            | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C-corp, S-corp or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? |    |
|--------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------|-------------------------------|----------------------------------------------|---------------------------|---------------------------------|--------------------------|-------------------------------------------|----|
|                                                                                                              |                      |                                               |                               |                                              |                           |                                 |                          | Yes                                       | No |
| (1) HEALTHSTAR MEDICAL SERVICES, INC (52-1829098)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215         | HEALTHCARE           | MD                                            | LB INVT, LLC                  | C CORPORATION                                |                           |                                 | 0.00                     |                                           | ✓  |
| (2) LIFEBRIDGE INSURANCE COMPANY, LTD (98-0415396)<br>P.O. BOX 1109 GRAND CAYMAN, GRAND CAYMAN, KY1-1102, CJ | INSURANCE            | CAYMAN ISLANDS                                | LBH, INC.                     | C CORPORATION                                |                           |                                 | 0.00                     |                                           | ✓  |
| (3) CARROLL BILLING SERVICES, INC (30-0026598)<br>200 MEMORIAL AVENUE, WESTMINSTER, MD 21157                 | BILLING SERVICES     | MD                                            | CHC, INC.                     | C CORPORATION                                |                           |                                 | 0.00                     |                                           | ✓  |
| (4) CARROLL COUNTY GEN. HOSP. SOUTH CARROLL<br>200 MEMORIAL AVENUE, WESTMINSTER, MD 21157                    | REAL ESTATE          | MD                                            | N/A                           | C CORPORATION                                |                           |                                 | 0.00                     |                                           | ✓  |
| (5) MED-SERVICES HOLDINGS, INC<br>200 MEMORIAL AVENUE, WESTMINSTER, MD 21157                                 | MEDICAL SERVICES     | MD                                            | CCMS, LLC                     | C CORPORATION                                |                           |                                 | 0.00                     |                                           | ✓  |
| (6) LIFEBRIDGE HEALTH ISRAEL, LTD (51-5804516)<br>16 ABBA HILLEL ROAD, RAHMAT GAN, 5250608, IS               | HEALTHCARE           | ISRAEL                                        | LB INVT, LLC                  | C CORPORATION                                |                           |                                 | 0.00                     |                                           | ✓  |
| (7) LIFEBRIDGE INVESTMENTS HOLDINGS I, INC (99-3806250)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215   | HOLDING COMPANY      | MD                                            | LBH, INC.                     | C CORPORATION                                |                           |                                 | 0.00                     |                                           | ✓  |
| (8) LIFEBRIDGE INVESTMENTS HOLDINGS II, INC (99-3813568)<br>2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215  | HOLDING COMPANY      | MD                                            | LBH, INC.                     | C CORPORATION                                |                           |                                 | 0.00                     |                                           | ✓  |



## **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

Consolidated Financial Statements and  
Supplementary Financial Information

June 30, 2025 and 2024

(With Independent Auditors' Report Thereon)

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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KPMG LLP  
750 East Pratt Street, 18th Floor  
Baltimore, MD 21202

## Independent Auditors' Report

The Board of Directors  
LifeBridge Health, Inc.:

### *Opinion*

We have audited the consolidated financial statements of LifeBridge Health, Inc. and its subsidiaries (the Company), which comprise the consolidated balance sheets as of June 30, 2025 and 2024, 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.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Company as of June 30, 2025 and 2024, and the results of its operations and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

### *Basis for Opinion*

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

### *Responsibilities of Management for the Consolidated Financial Statements*

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles, and for 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.

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

### *Auditors' Responsibilities for the Audit of the Consolidated Financial Statements*

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



In performing an audit in accordance with GAAS, we:

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

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

#### *Supplementary Information*

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information 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 GAAS. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*KPMG LLP*

Baltimore, Maryland  
October 21, 2025

# LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

## Consolidated Balance Sheets

June 30, 2025 and 2024

(Dollars in thousands)

| <b>Assets</b>                                    | <b>2025</b>  | <b>2024</b> |
|--------------------------------------------------|--------------|-------------|
| Current assets:                                  |              |             |
| Cash and cash equivalents                        | \$ 249,917   | 283,279     |
| Investments                                      | 455,542      | 346,336     |
| Assets limited as to use, current portion        | 65,073       | 36,019      |
| Patient service receivables                      | 269,557      | 282,283     |
| Other receivables                                | 32,642       | 31,235      |
| Inventory                                        | 35,797       | 37,928      |
| Prepaid expenses                                 | 28,539       | 28,706      |
| Pledges receivable, current portion              | 5,230        | 3,343       |
| Total current assets                             | 1,142,297    | 1,049,129   |
| Board-designated investments                     | 143,677      | 143,677     |
| Long-term investments                            | 532,051      | 537,491     |
| Donor-restricted investments                     | 83,693       | 80,932      |
| Reinsurance recovery receivable                  | 7,243        | 12,249      |
| Assets limited as to use, net of current portion | 64,060       | 111,594     |
| Pledges receivable, net of current portion       | 17,091       | 6,998       |
| Property and equipment, net                      | 937,497      | 876,048     |
| Prepaid pension asset                            | 34,068       | 29,854      |
| Beneficial interest in split-interest agreement  | —            | 4,681       |
| Investment in unconsolidated affiliates          | 25,141       | 24,803      |
| Operating lease right-of-use assets, net         | 25,851       | 35,180      |
| Other assets, net                                | 285,605      | 298,934     |
| Total assets                                     | \$ 3,298,274 | 3,211,570   |

# LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

## Consolidated Balance Sheets

June 30, 2025 and 2024

(Dollars in thousands)

| <b>Liabilities and Net Assets</b>                                    | <b>2025</b>  | <b>2024</b> |
|----------------------------------------------------------------------|--------------|-------------|
| Current liabilities:                                                 |              |             |
| Accounts payable and accrued liabilities                             | \$ 207,193   | 196,002     |
| Accrued salaries, wages and benefits                                 | 108,811      | 102,274     |
| Advances from third-party payors                                     | 64,385       | 155,815     |
| Current portion of long-term debt and finance lease obligations, net | 33,111       | 35,447      |
| Current portion of operating lease liabilities                       | 8,666        | 9,814       |
| Other current liabilities                                            | 50,438       | 47,787      |
| Total current liabilities                                            | 472,604      | 547,139     |
| Other long-term liabilities                                          | 150,603      | 145,523     |
| Operating lease liabilities                                          | 17,479       | 25,734      |
| Long-term debt and finance lease obligations, net                    | 702,251      | 623,062     |
| Total liabilities                                                    | 1,342,937    | 1,341,458   |
| Net assets:                                                          |              |             |
| Net assets without donor restrictions                                | 1,768,934    | 1,696,047   |
| Noncontrolling interest in consolidated subsidiaries                 | 80,389       | 78,111      |
| Total net assets without donor restrictions                          | 1,849,323    | 1,774,158   |
| Net assets with donor restrictions                                   | 106,014      | 95,954      |
| Total net assets                                                     | 1,955,337    | 1,870,112   |
| Total liabilities and net assets                                     | \$ 3,298,274 | 3,211,570   |

See accompanying notes to consolidated financial statements.



# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Consolidated Statements of Operations

Years ended June 30, 2025 and 2024

(Dollars in thousands)

|                                                                                        | <u>2025</u>      | <u>2024</u>      |
|----------------------------------------------------------------------------------------|------------------|------------------|
| Unrestricted revenues, gains and other support:                                        |                  |                  |
| Patient service revenue                                                                | \$ 1,951,048     | 1,914,991        |
| Premium revenue                                                                        | 166,030          | 46,844           |
| Net assets released from restrictions used for operations                              | 10,480           | 5,097            |
| Other operating revenue                                                                | <u>93,211</u>    | <u>99,926</u>    |
| Total operating revenues                                                               | <u>2,220,769</u> | <u>2,066,858</u> |
| Expenses:                                                                              |                  |                  |
| Salaries and employee benefits                                                         | 1,183,967        | 1,113,271        |
| Supplies                                                                               | 330,316          | 330,555          |
| Purchased services                                                                     | 391,498          | 407,161          |
| Claim expenses                                                                         | 173,961          | 41,942           |
| Depreciation and amortization                                                          | 99,445           | 108,305          |
| Repairs and maintenance                                                                | 38,486           | 38,332           |
| Interest                                                                               | <u>26,445</u>    | <u>23,100</u>    |
| Total expenses                                                                         | <u>2,244,118</u> | <u>2,062,666</u> |
| Operating income (loss)                                                                | <u>(23,349)</u>  | <u>4,192</u>     |
| Other income, net:                                                                     |                  |                  |
| Investment income                                                                      | 90,927           | 79,637           |
| Other                                                                                  | <u>4,824</u>     | <u>4,469</u>     |
| Total other income, net                                                                | <u>95,751</u>    | <u>84,106</u>    |
| Excess of revenues over expenses                                                       | 72,402           | 88,298           |
| Net assets released from restrictions used for the purchases of property and equipment | 8,293            | 7,510            |
| Net change in value of beneficial interest in split-interest agreement                 | 140              | 240              |
| Proceeds from sale of equity subsidiary                                                | —                | 48,000           |
| Noncontrolling interest related to acquisition                                         | —                | 17,640           |
| Payment to noncontrolling interest holder for additional interests                     | —                | (4,576)          |
| Distributions to noncontrolling interest holders                                       | (6,243)          | (5,130)          |
| Adjustment to pension liability                                                        | (1,440)          | 10,278           |
| Other                                                                                  | <u>2,013</u>     | <u>(932)</u>     |
| Increase in unrestricted net assets                                                    | <u>\$ 75,165</u> | <u>161,328</u>   |

See accompanying notes to consolidated financial statements.

**LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2025 and 2024

(Dollars in thousands)

|                                                                                          | <b>Without donor<br/>restrictions</b> | <b>With donor<br/>restrictions</b> | <b>Total<br/>net assets</b> |
|------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------|-----------------------------|
| Net assets at June 30, 2023                                                              | \$ 1,612,830                          | 87,814                             | 1,700,644                   |
| Excess of revenues over expenses                                                         | 88,298                                | —                                  | 88,298                      |
| Unrealized gains on investments                                                          | —                                     | 2,970                              | 2,970                       |
| Net assets released from restrictions used for<br>the purchase of property and equipment | 7,510                                 | (7,510)                            | —                           |
| Restricted gifts and bequests                                                            | —                                     | 11,330                             | 11,330                      |
| Net assets released from restrictions used for<br>operations                             | —                                     | (5,097)                            | (5,097)                     |
| Net change in value of beneficial interest in<br>split-interest agreement                | 240                                   | 198                                | 438                         |
| Proceeds from sale of equity of subsidiary                                               | 48,000                                | —                                  | 48,000                      |
| Noncontrolling interest related to acquisition                                           | 17,640                                | —                                  | 17,640                      |
| Payments to noncontrolling interest holders for<br>additional interests                  | (4,576)                               | —                                  | (4,576)                     |
| Distributions to noncontrolling interest holders                                         | (5,130)                               | —                                  | (5,130)                     |
| Adjustment to pension liability                                                          | 10,278                                | —                                  | 10,278                      |
| Other                                                                                    | (932)                                 | 6,249                              | 5,317                       |
| Change in net assets                                                                     | 161,328                               | 8,140                              | 169,468                     |
| Net assets at June 30, 2024                                                              | 1,774,158                             | 95,954                             | 1,870,112                   |
| Excess of revenues over expenses                                                         | 72,402                                | —                                  | 72,402                      |
| Unrealized gains on investments                                                          | —                                     | 3,139                              | 3,139                       |
| Net assets released from restrictions used for<br>the purchase of property and equipment | 8,293                                 | (8,293)                            | —                           |
| Restricted gifts and bequests                                                            | —                                     | 19,015                             | 19,015                      |
| Net assets released from restrictions used for<br>operations                             | —                                     | (10,480)                           | (10,480)                    |
| Net change in value of beneficial interest in<br>split-interest agreement                | 140                                   | (140)                              | —                           |
| Proceeds from sale of equity of subsidiary                                               | —                                     | —                                  | —                           |
| Noncontrolling interest related to acquisition                                           | —                                     | —                                  | —                           |
| Payments to noncontrolling interest holders for<br>additional interests                  | —                                     | —                                  | —                           |
| Distributions to noncontrolling interest holders                                         | (6,243)                               | —                                  | (6,243)                     |
| Adjustment to pension liability                                                          | (1,440)                               | —                                  | (1,440)                     |
| Other                                                                                    | 2,013                                 | 6,819                              | 8,832                       |
| Change in net assets                                                                     | 75,165                                | 10,060                             | 85,225                      |
| Net assets at June 30, 2025                                                              | \$ 1,849,323                          | 106,014                            | 1,955,337                   |

See accompanying notes to consolidated financial statements.

**LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

Consolidated Statements of Cash Flows

Years ended June 30, 2025 and 2024  
(Dollars in thousands)

|                                                                                                 | <b>2025</b>       | <b>2024</b>      |
|-------------------------------------------------------------------------------------------------|-------------------|------------------|
| Cash flows from operating activities:                                                           |                   |                  |
| Change in net assets                                                                            | \$ 85,225         | 169,468          |
| Adjustments to reconcile change in net assets to net cash provided by operating activities:     |                   |                  |
| Depreciation and amortization                                                                   | 99,445            | 108,305          |
| Adjustment to pension liability                                                                 | 1,440             | (10,278)         |
| Realized and unrealized gains on investments, net                                               | (59,286)          | (51,908)         |
| Restricted gifts and bequests                                                                   | (19,015)          | (11,330)         |
| Change in beneficial interest of split-interest agreement                                       | 4,681             | (199)            |
| Proceeds from sale of equity of subsidiary                                                      | —                 | (48,000)         |
| Noncontrolling interest related to the acquisition                                              | —                 | (17,640)         |
| Earnings on investments in unconsolidated affiliates                                            | (5,052)           | (3,990)          |
| Distributions from unconsolidated affiliates                                                    | 5,420             | 4,227            |
| Distributions to noncontrolling interest owners                                                 | 6,243             | 5,130            |
| Payments to noncontrolling interest owners for additional equity interest                       | —                 | 4,576            |
| Amortization of deferred financing costs and discounts                                          | 1,121             | 1,170            |
| Change in operating assets and liabilities:                                                     |                   |                  |
| Decrease (increase) in patient service receivables, net                                         | 12,726            | (65,971)         |
| Increase in other receivables                                                                   | (1,407)           | (6,311)          |
| Decrease inventory                                                                              | 2,131             | 3,502            |
| Decrease (increase) in prepaid expenses                                                         | 167               | (6,283)          |
| Decrease (increase) in reinsurance recovery receivable                                          | 5,006             | (1,450)          |
| Decrease in other assets                                                                        | 22,658            | 8,549            |
| Increase in accounts payable and accrued liabilities, and accrued salaries, wages, and benefits | 26,968            | 8,330            |
| Increase in advances from third-party payors                                                    | 14,896            | 4,890            |
| (Decrease) increase in other current and long-term liabilities                                  | (7,326)           | 8,295            |
| Net cash provided by operating activities                                                       | <u>196,041</u>    | <u>103,082</u>   |
| Cash flows from investing activities:                                                           |                   |                  |
| Proceeds from (purchases of) investments and assets limited as to use, net                      | (42,061)          | (2,840)          |
| Investment in unconsolidated affiliates                                                         | (706)             | (2,030)          |
| Purchases of property and equipment                                                             | (170,134)         | (113,525)        |
| Purchases of alternative investments                                                            | (22,960)          | (7,389)          |
| Proceeds from sales of alternative investments                                                  | 33,896            | 12,016           |
| Cash paid for acquisition, net of cash acquired                                                 | —                 | 3,641            |
| Net cash used in investing activities                                                           | <u>(201,965)</u>  | <u>(110,127)</u> |
| Cash flows from financing activities:                                                           |                   |                  |
| Payment on debt and finance lease obligations                                                   | (39,031)          | (34,231)         |
| Payment related to contingent consideration                                                     | —                 | (16,000)         |
| Proceeds from issuance of debt                                                                  | 116,100           | 5,395            |
| Payment of deferred financing fees                                                              | (1,337)           | —                |
| Proceeds from advances                                                                          | (106,326)         | 106,326          |
| Proceeds from sale of equity of subsidiary                                                      | —                 | 48,000           |
| Distributions to noncontrolling interest owners                                                 | (6,243)           | (5,130)          |
| Payments to noncontrolling interest owners for additional equity interests                      | —                 | (4,576)          |
| Restricted gifts and bequests                                                                   | 7,035             | 11,330           |
| Net cash (used in) provided by financing activities                                             | <u>(29,802)</u>   | <u>111,114</u>   |
| Net (decrease) increase in cash and cash equivalents and restricted cash                        | (35,726)          | 104,069          |
| Cash and cash equivalents and restricted cash:                                                  |                   |                  |
| Beginning of year                                                                               | 315,765           | 211,696          |
| End of year                                                                                     | \$ <u>280,039</u> | <u>315,765</u>   |

**LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Consolidated Statements of Cash Flows

Years ended June 30, 2025 and 2024  
(Dollars in thousands)

|                                                                                                        | <u>2025</u>       | <u>2024</u>    |
|--------------------------------------------------------------------------------------------------------|-------------------|----------------|
| Supplemental cash flow disclosures:                                                                    |                   |                |
| Cash paid during the year for interest                                                                 | \$ 25,051         | 23,691         |
| Cash paid during the year for income taxes                                                             | 1,312             | 6,833          |
| Accounts payable related to purchase of property and equipment                                         | 13,231            | 3,975          |
| ROU assets obtained in exchange for lease obligations:                                                 |                   |                |
| Operating leases                                                                                       | \$ —              | 4,268          |
| Reconciliation of ending cash and cash equivalents and restricted cash to consolidated balance sheets: |                   |                |
| Cash and cash equivalents                                                                              | \$ 249,917        | 283,279        |
| Investments                                                                                            | 17,702            | 18,976         |
| Long-term investments                                                                                  | <u>12,420</u>     | <u>13,510</u>  |
| Cash and cash equivalents and restricted cash                                                          | <u>\$ 280,039</u> | <u>315,765</u> |

See accompanying notes to consolidated financial statements.

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(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 direct and indirect wholly owned subsidiaries include, but are not limited to, Sinai Hospital of Baltimore, Inc. (Sinai); Northwest Hospital Center, Inc. (Northwest); Carroll Hospital Center, Inc. (Carroll); Levindale Hebrew Geriatric Center and Hospital, Inc. (Levindale); Grace Medical Center, Inc. (Grace); Center for Hope, Inc., formerly known as Baltimore Child Abuse Center, Inc. (CFH); The Family Tree, Inc. (TFT); 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 Holdings I, Inc. (Investments); LifeBridge Health ACO, LLC (LB ACO); LifeBridge Clinically Integrated Network, LLC (LBCIN); 8600 Liberty Road, LLC (8600 Liberty); and LifeBridge 23 Crossroads Drive Medical Office Building, LLC (23 Crossroads). Except for LifeBridge Insurance and Investments, all of the entities named above are not-for-profit and nonstock. Sinai and Levindale are also constituent agencies of THE ASSOCIATED: Jewish Community Federation of Baltimore, Inc. (AJCF), a not-for-profit, nonstock Maryland corporation.

Effective December 31, 2021, MNR Industries, LLC (MNR) became a wholly owned subsidiary of Investments. On November 1, 2023, Investments sold 40% of their ownership interest in MNR, but continues to control and consolidate MNR. The proceeds from the sale of \$48,000 are included in non-controlling interests as of June 30, 2024. Investments will receive additional proceeds without losing any other equity interests in MNR if certain operating metrics are met in the future.

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

- *Carroll County Med-Services, LLC*
- *Carroll Health Group, LLC*
- *Practice Dynamics, Inc.*
- *LifeBridge Health and Fitness, LLC*
- *MNR Industries, LLC*
- *Nation's Home Medical Equipment, LLC*
- *Nation's Infusion at Home, LLC*
- *General Surgery Specialists, LLC*
- *LifeBridge Community Physicians, LLC (Community Physicians)*
- *LifeBridge Investments Properties, LLC*
- *Alterwood Holdings, LLC*

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

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

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

During fiscal year 2025, LifeBridge completed a tax-free restructuring of its for-profit subsidiaries. During that restructuring, Carroll County Med-Services, LLC and Carroll Health Group, LLC, formerly wholly owned subsidiaries of Carroll County Health Services, Inc, became wholly owned subsidiaries of Investments.

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); BridgingLife, Inc, formerly known as Carroll Hospice, Inc. (CH); Carroll Regional Cancer Center Physicians, LLC (CRCCP); and Carroll Hospital Center MOB Investment, LLC. Carroll also holds interests in other 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

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

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.

The Corporation has investments in alternative investments, primarily funds of hedge funds, totaling \$242,188 and \$241,550 at June 30, 2025 and 2024, 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 equity method of accounting as appropriate and are included in other assets or investment in unconsolidated affiliates, respectively, in the consolidated balance sheets. Also, certain equity investments that do not have a readily determinable fair value are accounted for using the cost of such investments less any impairment changes. 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 revenues 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

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

- 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.

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, 2025 or 2024.



## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

#### **(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.

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, 2025 and 2024, 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, 2025 and 2024 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 August 2024, when the trust will terminate. In January 2025, 25% of the principal was distributed to CHSF for approximately \$4,667. 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. In February 2024, one of our vendors, Change Healthcare, was the victim of a cybersecurity event. Change Healthcare is a vendor that the Corporation uses to assist with its billing processes. Upon learning of the cybersecurity event with Change Healthcare, the Corporation discontinued its digital communications and connections with Change Healthcare, which resulted in a decline in the Corporation's ability to send the billing information to the Corporation's patients and related third-party payors. As a result, the Corporation experienced an increase in accounts receivables and a decline in cash flows. The Corporation worked with its third-party payors and was able to receive approximately \$106 million of advances from such entities that provided additional cash flows for the Corporation during 2024. In April 2024, Change Healthcare was able to restore its systems and the Corporation was able to increase its ability to send the billing information to its patients and related third-party payors, which has resulted in an increase in the Corporation's cash flows and has reduced the accounts receivable balances from the peak balances in March 2024. As of June 30, 2025, the Corporation has repaid \$106 million of the advances received in the spring of 2024. The Corporation believes that adequate provision has been made in the consolidated financial statements for the matters discussed above, and that the ultimate resolution will not have a material effect on the consolidated financial statements.

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

#### **(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. See note 17.

#### **(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 revenues.

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

#### **(o) Net Patient Service Revenues**

Net patient service revenue for acute care facility-based services, as defined by Maryland's system of rate regulation, at 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 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.

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 revenues. 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 revenues and outpatient revenues. 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, updated annually, was in place during the years ended June 30, 2025 and 2024 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 its patients and the communities served.

The GBR agreement establishes a prospective, fixed revenue base (the GBR cap) for each fiscal year. This agreement includes both inpatient and outpatient regulated services. Under GBR, the Corporation's revenues for all HSCRC-regulated services is predetermined for the upcoming year,

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

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.

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 revenues in the period of the change. Adjustments arising from a change in the transaction price were not significant in 2025 or 2024.

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. The Northwest skilled nursing facility was closed in 2023.

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.

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

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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(Dollars in thousands)

#### **(p) Other Operating Revenues**

Other operating revenues 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.

#### **(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.

#### **(r) Charity Care and Uncollectible Accounts**

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, 2025 and 2024, based on patient charges forgone, was \$39,857 and \$27,900, respectively. The total direct and indirect costs to provide the care amounted to approximately \$31,703 and \$23,000 for the years ended June 30, 2025 and 2024, respectively.

All patient accounts are handled consistently and appropriately to maximize cash flow and to identify uncollectible accounts timely. Active accounts are considered uncollectible 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 collection agencies. Contractual arrangements with third-party collection agencies were used to assist in the recovery of uncollectible accounts after all internal collection efforts have been exhausted. In so doing, the collection agencies must operate consistently with the goal of maximum 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

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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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.

#### **(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 (Deficit) of Revenues over Expenses**

The accompanying consolidated statements of operations include a performance indicator, excess (deficit) of revenue over expenses. Changes in unrestricted net assets that are excluded from excess (deficit) 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, capital contributions and distributions with non-controlling interest holders 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

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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ability to continue as a going concern, and the Corporation will continue to meet its obligations through October 22, 2026.

#### (x) **New Accounting Pronouncements**

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**

Investments became the majority member of Alterwood Holdings, LLC (Alterwood) on February 29, 2024. Beginning on that date, the financial position, and results of operations of Alterwood were consolidated into the Corporation. As part of the transaction, Investments invested \$14,400 for the additional interest in Alterwood, which was retained by Alterwood, to increase its capital surplus as required by the State of Maryland. The acquisition was accounted for under the guidance of ASC Topic 805, *Business Combinations*. The Corporation held equity interests in Alterwood that were previously accounted for under the equity method of accounting. As a result of the acquisition, the Corporation recorded an adjustment of the previously held investment that resulted in a gain of \$2,360, which is included within operating income during the year ended June 30, 2024 in the accompanying consolidated statement of operations. The impact of this acquisition is reflected in the tables below.

The following table summarizes the estimated fair value of assets acquired and liabilities during fiscal year 2024:

|                                             |           |
|---------------------------------------------|-----------|
| Assets:                                     |           |
| Current assets                              | \$ 24,037 |
| Property and equipment                      | 1,084     |
| Other long-term assets (primarily goodwill) | 34,711    |
| Total assets                                | 59,832    |
| Liabilities:                                |           |
| Current liabilities                         | 23,832    |
| Long-term liabilities                       | —         |
| Total liabilities                           | 23,832    |
| Total net assets                            | \$ 36,000 |
| Non-controlling interests                   | \$ 17,640 |
| Consideration                               | 18,360    |
| Total                                       | \$ 36,000 |

**LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

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## Total consideration:

|                                                 |    |                      |
|-------------------------------------------------|----|----------------------|
| Fair value of equity method investments removed | \$ | 3,960                |
| Cash paid                                       |    | <u>14,400</u>        |
| Total consideration                             | \$ | <u><u>18,360</u></u> |

The following table summarizes the Corporation's pro forma consolidated operating results as if the acquisition date occurred on July 1, 2023:

|                                       |    | <u><b>2024</b></u>    |
|---------------------------------------|----|-----------------------|
| Operating revenues                    | \$ | 2,138,913             |
| Operating expenses                    |    | <u>2,147,072</u>      |
| Net operating loss                    |    | (8,159)               |
| Nonoperating income                   |    | <u>84,084</u>         |
| Excess of revenues over expenses      | \$ | <u><u>75,925</u></u>  |
|                                       |    | <u><b>2024</b></u>    |
| Changes in net assets:                |    |                       |
| Net assets without donor restrictions | \$ | 148,955               |
| Net assets with donor restrictions    |    | <u>8,140</u>          |
| Total changes in net assets           | \$ | <u><u>157,095</u></u> |



**LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

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**(4) 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, 2025 and 2024 and consist of the following:

|                                                  | <u>2025</u>      | <u>2024</u>       |
|--------------------------------------------------|------------------|-------------------|
| Assets limited as to use:                        |                  |                   |
| Self-insurance fund:                             |                  |                   |
| Cash and cash equivalents                        | \$ —             | 6,945             |
| Mutual funds                                     | 46,177           | 80,807            |
| Equity securities                                | 8,800            | 30,787            |
|                                                  | <u>54,977</u>    | <u>118,539</u>    |
| Self-insurance fund                              |                  |                   |
| Debt service fund:                               |                  |                   |
| Cash and cash equivalents                        | 17,028           | 13,886            |
|                                                  | <u>17,028</u>    | <u>13,886</u>     |
| Construction funds:                              |                  |                   |
| Cash and cash equivalents                        | 18,718           | 15,188            |
| Government securities                            | 38,410           | —                 |
|                                                  | <u>57,128</u>    | <u>15,188</u>     |
| Total assets limited as to use                   | 129,133          | 147,613           |
| Less current portion                             | <u>(65,073)</u>  | <u>(36,019)</u>   |
| Assets limited as to use, net of current portion | \$ <u>64,060</u> | \$ <u>111,594</u> |
| Beneficial interest in split-interest agreement  | \$ —             | 4,681             |

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

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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, 2025 and 2024. As of June 30, 2025 and 2024 current, long-term, donor-restricted, and board-designated investments are as follows:

|                                                                         | <b>2025</b>       | <b>2024</b>      |
|-------------------------------------------------------------------------|-------------------|------------------|
| Current, long-term, donor-restricted, and board-designated investments: |                   |                  |
| Cash and cash equivalents                                               | \$ 47,624         | 34,344           |
| Mutual funds                                                            | 255,456           | 281,000          |
| Equity securities                                                       | 186,948           | 182,800          |
| Government securities                                                   | 198,126           | 110,625          |
| Fixed-income securities                                                 | 284,621           | 258,117          |
| Alternative investments                                                 | <u>242,188</u>    | <u>241,550</u>   |
| Current, long-term, donor-restricted, and board-designated investments  | 1,214,963         | 1,108,436        |
| Less current portion                                                    | <u>(455,542)</u>  | <u>(346,336)</u> |
| Long-term, donor-restricted, and board-designated investments           | <u>\$ 759,421</u> | <u>762,100</u>   |

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, 2025 and 2024:

|                                                                   | <b>2025</b>      | <b>2024</b>   |
|-------------------------------------------------------------------|------------------|---------------|
| Investment income:                                                |                  |               |
| Interest income and dividends                                     | \$ 34,780        | 30,699        |
| Unrealized gains on trading securities                            | 30,836           | 29,944        |
| Realized gains on sale of securities                              | <u>25,311</u>    | <u>18,994</u> |
| Investment income                                                 | 90,927           | 79,637        |
| Other changes in net assets:                                      |                  |               |
| Changes in unrealized gains on net assets with donor restrictions | <u>3,139</u>     | <u>2,970</u>  |
| Total investment return                                           | <u>\$ 94,066</u> | <u>82,607</u> |

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### (5) Liquidity and Availability

Financial assets available for general expenditure within one year of June 30, 2025 and 2024 include the following (in thousands):

|                                                            | 2025                | 2024             |
|------------------------------------------------------------|---------------------|------------------|
| Cash and cash equivalents                                  | \$ 249,917          | 283,279          |
| Short-term investments                                     | 455,542             | 346,336          |
| Patient receivables                                        | 269,557             | 282,283          |
| Other receivables                                          | 32,642              | 31,235           |
| Pledges receivables, current                               | 5,230               | 3,343            |
| Long-term investments (excluding alternatives investments) | 289,863             | 295,941          |
|                                                            | <u>\$ 1,302,751</u> | <u>1,242,417</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 \$143,677 as of June 30, 2025 and 2024, 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.

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 \$5,000 revolving credit facility as discussed in note 11. As of June 30, 2025 and 2024, \$5,000 was available under the credit facility.

#### (6) 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

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Notes to Consolidated Financial Statements

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rate to reflect the time value of money, and an allowance for potentially uncollectible pledges has been established.

Sinai, Northwest, and Carroll have recorded total pledges as of June 30, 2025 and 2024 as follows:

|                                      | <b>2025</b>      | <b>2024</b>   |
|--------------------------------------|------------------|---------------|
| Gross pledges receivable             | \$ 30,409        | 13,930        |
| Less:                                |                  |               |
| Discount for time value of money     | (4,240)          | (1,536)       |
| Allowance for uncollectible accounts | (3,848)          | (2,053)       |
|                                      | <u>\$ 22,321</u> | <u>10,341</u> |

The pledges are due as follows:

|                           |                  |
|---------------------------|------------------|
| Less than one year        | \$ 5,230         |
| One to five years         | 23,364           |
| Five years and thereafter | <u>1,815</u>     |
|                           | <u>\$ 30,409</u> |

## **(7) Property and Equipment**

As described in note 15, 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:

|                               | <b>Estimated<br/>useful life</b> | <b>2025</b>           | <b>2024</b>        |
|-------------------------------|----------------------------------|-----------------------|--------------------|
| Land                          |                                  | \$ 34,429             | 34,135             |
| Land improvements             | 8–20 years                       | 43,779                | 43,938             |
| Building and improvements     | 10–40 years                      | 1,389,683             | 1,336,719          |
| Fixed equipment               | 8–20 years                       | 147,262               | 138,220            |
| Movable equipment             | 3–15 years                       | <u>824,503</u>        | <u>778,473</u>     |
|                               |                                  | 2,439,656             | 2,331,485          |
| Less accumulated depreciation |                                  | <u>\$ (1,615,928)</u> | <u>(1,525,849)</u> |
|                               |                                  | 823,728               | 805,636            |
| Construction in progress      |                                  | <u>113,769</u>        | <u>70,412</u>      |
| Property and equipment, net   |                                  | <u>\$ 937,497</u>     | <u>876,048</u>     |

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

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Depreciation and amortization expense were \$99,445 and \$108,305 for the years ended June 30, 2025 and 2024, respectively. Of these amounts, depreciation expense was \$99,025 and \$103,017 for the years ended June 30, 2025 and 2024, respectively.

### **(8) Investments in Joint Ventures**

The Corporation has equity investments that are accounted for under either the equity or cost less impairments if the entity does not have a readily determinable fair value as appropriate, consisted of the following at June 30, 2025 and 2024:

| Joint venture                                    | Business purpose     | 2025                 |           | 2024                 |           |
|--------------------------------------------------|----------------------|----------------------|-----------|----------------------|-----------|
|                                                  |                      | Percentage ownership | Balance   | Percentage ownership | Balance   |
| Baltimore County Radiology, LLC                  | Outpatient Radiology | 25 %                 | \$ 7,354  | 25 %                 | \$ 7,374  |
| Mt. Airy Med-Services, LLC                       | Real Estate          | 50                   | 2,227     | 50                   | 2,570     |
| Future Care Old Court, LLC                       | Nursing Home         | 40                   | 3,046     | 40                   | 3,040     |
| Locheam Nursing Home, LLC                        | Nursing Home         | 10                   | 2,000     | 10                   | 2,000     |
| Mt. Airy Plaza, LLC                              | Real Estate          | 50                   | —         | 50                   | 2         |
| LifeBridge Sports Medicine & Rehabilitation, LLC | Physical Therapy     | 50                   | 2,084     | 50                   | 1,791     |
| Other Joint Ventures                             | Miscellaneous        | 5-50                 | 8,430     | 5-50                 | 8,026     |
| Total                                            |                      |                      | \$ 25,141 |                      | \$ 24,803 |

For these investments, 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 and was approximately \$5,100 and \$4,000 during the years ended June 30, 2025 and 2024, respectively. In fiscal year 2024, the Corporation acquired an additional 40% interest in Alterwood. Accordingly, the Corporation consolidated the operations of Alterwood since the acquisition date. See note 3 for further details.

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Notes to Consolidated Financial Statements

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### **(9) Other Assets**

As of June 30, other assets comprise the following balances:

|                              | <u>2025</u>       | <u>2024</u>    |
|------------------------------|-------------------|----------------|
| Goodwill                     | \$ 243,987        | 243,987        |
| Investment in Premier        | 14,042            | 23,082         |
| Notes receivable             | 7,962             | 12,738         |
| Other intangible assets      | 6,147             | 6,817          |
| Deferred compensation assets | 8,121             | 8,909          |
| Other                        | <u>5,346</u>      | <u>3,401</u>   |
| Other assets                 | <u>\$ 285,605</u> | <u>298,934</u> |

### **(10) Long-Term Debt and Capital Lease Obligations**

As of June 30, long-term debt and capital lease obligations consist of the following:

|                                                                       | <u>2025</u>       | <u>2024</u>    |
|-----------------------------------------------------------------------|-------------------|----------------|
| Maryland Health and Higher Educational Facilities Authority (MHHEFA): |                   |                |
| Revenue Bonds Series 2015                                             | \$ 89,110         | 92,014         |
| Revenue Bonds Series 2016                                             | 114,520           | 116,060        |
| Revenue Bonds Series 2017                                             | 98,290            | 100,675        |
| Revenue Bonds Series 2021A                                            | 41,260            | 41,816         |
| Revenue Bonds Series 2021B                                            | 22,964            | 23,273         |
| Revenue Bonds Series 2024                                             | 116,100           | —              |
| LifeBridge Investments Issue Series 2022                              | 75,000            | 75,000         |
| Other debt:                                                           |                   |                |
| M&T Bank taxable loan                                                 | 464               | 6,139          |
| Bank of America note payable                                          | 14,285            | 21,428         |
| BB&T promissory note                                                  | 41,582            | 44,318         |
| TD Bank loan                                                          | 33,222            | 33,828         |
| Truist term loan                                                      | 17,538            | 18,625         |
| Finance leases                                                        | 36,742            | 42,077         |
| Other                                                                 | <u>14,453</u>     | <u>27,585</u>  |
|                                                                       | 715,530           | 642,838        |
| Less current portion                                                  | (33,111)          | (35,447)       |
| Plus unamortized premium                                              | 23,545            | 18,290         |
| Less deferred financing costs                                         | <u>(3,713)</u>    | <u>(2,619)</u> |
|                                                                       | <u>\$ 702,251</u> | <u>623,062</u> |

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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A single obligated group (the Obligated Group), consisting of LifeBridge, Sinai, Northwest, Grace, Levindale, BJHF, CHSF, CCHS, Carroll, CCMS and CH, 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.

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 2.72% for the initial term rate period ending June 30, 2024.

On June 20, 2024, the Springwell Senior Living Issue Series 2019 was refinanced with a \$33,400 term note with TD Bank. All obligations related to the note are guaranteed by LifeBridge Health, Inc. Principal is due monthly beginning July 1, 2026 with a final maturity of June 1, 2034. The note bears interest at a fixed rate of 4.98%, however this is subject to change based on the S&P and Moody's ratings of the Obligated Group.

On July 25, 2021, the Corporation issued a \$43,352 (series 2021A Bonds) and \$24,128 (series 2021B Bonds) taxable fixed rate notes and were purchased by TD Bank. The proceeds of the Series 2021A and Series 2021B Bonds have been used to refund a portion of the 2015 bonds. \$43,352 of the bonds have a maturity date of 2040 and an interest rate of 1.75%. \$24,128 of the bonds have a maturity date of 2040 and an interest rate of 1.75%. Both Series 2021 Bonds are expected to be refunded by tax-exempt MHHEFA Revenue Bonds in a cashless exchange on or before July 1, 2025.

## **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

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**(Dollars in thousands)**

On March 1, 2022, MHHEFA issued \$75,000 in bonds on behalf of Investments (Series 2022 Bonds). The proceeds of the Series 2022 Bonds have been used to finance the acquisition of sixty percent of MNR Industries, LLC and refinance certain other outstanding indebtedness. Portions are payable on July 1 and January 1 of each year starting 2027 through 2032. The bonds bear interest at a fixed interest rate of 3.34%.

On November 7, 2024, MHHEFA issued \$116,100 in bonds on behalf of LifeBridge Health (Series 2024 Bonds). The proceeds of the Series 2024 Bonds will be used to finance and refinance the construction of an outpatient cancer center on the Sinai campus; renovation and expansion of the Sinai, Northwest and Carroll emergency departments and other capital expenditures or other real personal property at Sinai, Northwest and Carroll campuses. \$26,710 of the bonds are term bonds that are due in 2049 with an interest rate of 5%. \$44,110 of the bonds are term bonds that are due in 2054 with an interest rate of 5%. \$45,280 of the bonds are term bonds that are due in 2054 with an interest rate of 5.25%.

The Series 2012A, 2015, 2016, 2017, 2021A, 2021B, 2022 and 2024 Bonds are governed by a Master Loan Agreement. Under the Master Loan Agreement, MHHEFA maintains a security interest in the revenues 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 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 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%. On July 1, 2021, the note payable was converted to a tax-exempt bond with MHHEFA.

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 December 2025.



## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

In December 2020, the Corporation entered into an agreement with Harbor Community Fund XXIII, LLC to borrow two loans for \$7,236 and \$2,564 for a total of \$9,800. The loans will have an interest rate of 1.62% and a maturity date of December 2054 and was used for the construction of the new Center For Hope building. The loan is secured by priority interest in the disbursement account and the property.

On January 1, 2022, in conjunction with the purchase of MNR Industries, LLC (MNR), Investments entered into a \$27,590 subordinated seller adjusted note. Principal payments may be adjusted based on the financial performance of MNR. The note bears interest at 0.44% and is guaranteed by LifeBridge. The final principal payment was made in February of 2024.

On August 3, 2022, Truist Bank issued a \$20,500 term note on behalf of LifeBridge Investments Properties, LLC. The proceeds of the term note have been used to finance the purchase of real estate, the majority of which is leased to MNR. The term note bears interest at 4.08% and has a maturity date of August 3, 2037. The term note is guaranteed by a security in the revenues of the Obligated Group.

The total future principal payments on long-term debt payments are as follows:

| Years ending June 30: |    |                |
|-----------------------|----|----------------|
| 2026                  | \$ | 33,111         |
| 2027                  |    | 27,459         |
| 2028                  |    | 22,948         |
| 2029                  |    | 22,694         |
| 2030                  |    | 24,344         |
| Thereafter            |    | 584,974        |
|                       | \$ | <u>715,530</u> |

#### (11) Lines of Credit

Sinai maintains a \$5,000 line of credit with M&T Bank. As of June 30, 2025, and 2024, there were no balances outstanding on this line of credit. On April 17, 2024, LifeBridge opened a \$50,000 line of credit with Truist Bank. As of June 30, 2024, there were no balances outstanding on this line of credit. In May 2025, this line of credit was closed.

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

#### (12) Net Assets

Net assets without and with donor restrictions are available for the following purposes at June 30:

|                                 | <u>2025</u>         | <u>2024</u>      |
|---------------------------------|---------------------|------------------|
| Without donor restrictions:     |                     |                  |
| Designated by the board         | \$ 143,677          | 143,677          |
| Undesignated                    | 1,705,646           | 1,630,481        |
| With donor restrictions:        |                     |                  |
| Perpetual in nature             | 29,038              | 26,978           |
| Purpose restricted – capital    | 38,495              | 36,402           |
| Purpose restricted – operations | 19,914              | 13,292           |
| Time restricted                 | <u>18,567</u>       | <u>19,282</u>    |
| Net assets                      | <u>\$ 1,955,337</u> | <u>1,870,112</u> |

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.

#### (13) 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.

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following table sets forth the Sinai/Levindale Plans' funded status and amounts recognized in the accompanying consolidated financial statements as of June 30, 2025 and 2024:

|                                                | <b>2025</b>   | <b>2024</b>   |
|------------------------------------------------|---------------|---------------|
| Measurement date                               | June 30, 2025 | June 30, 2024 |
| Change in projected benefit obligation:        |               |               |
| Benefit obligation at beginning of year        | \$ 256,713    | 247,618       |
| Service cost                                   | 7,569         | 7,399         |
| Interest cost                                  | 13,497        | 12,337        |
| Actuarial gain (loss)                          | 5,938         | 38            |
| Benefits paid                                  | (14,163)      | (9,826)       |
| Expenses paid from assets                      | (826)         | (853)         |
| Benefit obligation at end of year              | 268,728       | 256,713       |
| Change in plan assets:                         |               |               |
| Fair value of plan assets at beginning of year | 251,334       | 243,640       |
| Actual return on plan assets                   | 17,926        | 18,373        |
| Benefits paid                                  | (14,163)      | (9,826)       |
| Expenses paid from assets                      | (826)         | (853)         |
| Fair value of plan assets at end of year       | 254,271       | 251,334       |
| Funded status                                  | \$ (14,457)   | (5,379)       |

Amounts recognized in the consolidated financial statements consist of the following at June 30:

|                                                              | <b>2025</b> | <b>2024</b> |
|--------------------------------------------------------------|-------------|-------------|
| Amounts recognized in the consolidated balance sheets:       |             |             |
| Other long-term liabilities                                  | \$ 14,457   | 5,379       |
| Amounts recognized in net assets without donor restrictions: |             |             |
| Net actuarial loss                                           | \$ 22,131   | 18,358      |

The Corporation has estimated \$0 for its defined-benefit contributions to the Sinai/Levindale Plans for the fiscal year ended June 30, 2025. The accumulated benefit obligation for the Sinai/Levindale Plans is \$250,776 and \$237,918 at June 30, 2025 and 2024, respectively.

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

Net periodic pension expense for the years ended June 30, 2025 and 2024 was as follows:

|                                |    |              |              |
|--------------------------------|----|--------------|--------------|
| Service cost                   | \$ | 7,569        | 7,399        |
| Interest cost                  |    | 13,497       | 12,337       |
| Expected return on plan assets |    | (15,762)     | (15,385)     |
| Amortization of net loss       |    | —            | 314          |
| Net periodic pension expense   | \$ | <u>5,304</u> | <u>4,665</u> |

The Corporation recorded \$7,569 and \$7,399 of the net periodic benefit cost in salary and employee benefit expense during the years ended June 30, 2025 and 2024, respectively, and recorded (\$2,265) and (\$2,734) in other income, net during the years ended June 30, 2025 and 2024, respectively.

Actuarial assumptions were as follows:

|                                                        | <u>2025</u>     | <u>2024</u>     |
|--------------------------------------------------------|-----------------|-----------------|
| Assumptions used to determine annual pension expense:  |                 |                 |
| Discount rate                                          | 5.65 %          | 5.32 %          |
| Expected return on plan assets                         | 6.75            | 6.75            |
| Rate of compensation increase                          | 2.50            | 2.50            |
| Assumptions used to determine end-of-year liabilities: |                 |                 |
| Discount rate                                          | 5.75 %          | 5.65 %          |
| Expected return on plan assets                         | 6.75            | 6.75            |
| Rate of compensation increase                          | 2.50            | 2.50            |
| Plan asset allocation:                                 |                 |                 |
| Asset category:                                        |                 |                 |
| Fixed-income/debt securities                           | 49.12 %         | 29.66 %         |
| Equity securities/mutual funds                         | 25.20           | 42.64           |
| Alternative investments                                | <u>25.68</u>    | <u>27.70</u>    |
| Total                                                  | <u>100.00 %</u> | <u>100.00 %</u> |

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

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/mutual funds | 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: |         |
| 2026                  | 40,913  |
| 2027                  | 23,954  |
| 2028                  | 23,553  |
| 2029                  | 22,462  |
| 2030                  | 21,861  |
| 2031–2035             | 102,478 |

The fair values of assets of the Sinai/Levindale Plans held by PNC Institutional Investments by level at June 30, 2025 were as follows:

|                                    |    | <b>Pension benefits – Plan assets</b> |                |               |                |
|------------------------------------|----|---------------------------------------|----------------|---------------|----------------|
|                                    |    | <b>Level 1</b>                        | <b>Level 2</b> | <b>NAV</b>    | <b>Total</b>   |
| Assets:                            |    |                                       |                |               |                |
| Cash and cash equivalents          | \$ | 128,998                               | —              | —             | 128,998        |
| Mutual funds and equity securities |    | 70,015                                | —              | —             | 70,015         |
| Fixed-income mutual funds          |    | —                                     | —              | —             | —              |
| Fixed-income securities            |    | —                                     | —              | —             | —              |
| Government securities              |    | —                                     | —              | —             | —              |
| Alternative investments            |    | —                                     | —              | 55,258        | 55,258         |
| Total assets                       | \$ | <u>199,013</u>                        | <u>—</u>       | <u>55,258</u> | <u>254,271</u> |

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The fair values of assets of the Sinai/Levindale Plans held by PNC Institutional Investments by level at June 30, 2024 were as follows:

|                                    |    | <b>Pension benefits – Plan assets</b> |                |               |                |
|------------------------------------|----|---------------------------------------|----------------|---------------|----------------|
|                                    |    | <b>Level 1</b>                        | <b>Level 2</b> | <b>NAV</b>    | <b>Total</b>   |
| Assets:                            |    |                                       |                |               |                |
| Cash and cash equivalents          | \$ | 6,862                                 | —              | —             | 6,862          |
| Mutual funds and equity securities |    | 110,851                               | —              | —             | 110,851        |
| Fixed-income mutual funds          |    | 57,652                                | —              | —             | 57,652         |
| Fixed-income securities            |    | —                                     | 6,864          | —             | 6,864          |
| Government securities              |    | —                                     | 9,154          | —             | 9,154          |
| Alternative investments            |    | —                                     | —              | 59,951        | 59,951         |
| Total assets                       | \$ | <u>175,365</u>                        | <u>16,018</u>  | <u>59,951</u> | <u>251,334</u> |

For the year ended June 30, 2025 or 2024, 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:

|                             | <b>Total</b>     |
|-----------------------------|------------------|
| Balance as of June 30, 2024 | \$ 59,951        |
| Additions:                  |                  |
| Contributions/purchases     | 1,322            |
| Disbursements:              |                  |
| Withdrawals/sales           | (7,187)          |
| Net change in value         | <u>1,172</u>     |
| Balance as of June 30, 2025 | \$ <u>55,258</u> |

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following table summarizes redemption terms for the hedge fund-of-funds vehicles held as of June 30, 2025:

|                                        | <u>Fund 1</u> | <u>Fund 2</u> | <u>Fund 3</u> | <u>Fund 4</u> | <u>Fund 5</u> |
|----------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Redemption timing:                     |               |               |               |               |               |
| Redemption frequency                   | Quarterly     | *             | **            | Quarterly     | Quarterly     |
| Required notice                        | 48 Days       |               |               | 60 Days       | 65 Days       |
| Audit reserve:                         |               |               |               |               |               |
| Percentage held back for audit reserve | — %           | — %           | — %           | 5 %           | 10 %          |

\* Paloma Int'l was redeemed on 12/31/2024, distributions will be paid as funds become available to wind-down the fund.

\*\* York European Opportunities began liquidating on 12/31/2020, as of March 31, 2024 approximately 94.8% has been liquidated and distributed.

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, 2025 and 2024, management believes that all investments were being managed in a manner consistent with the IPS.

Sinai and Levindale expect to contribute \$976 to the Sinai/Levindale Plan during the year ending June 30, 2026.

#### **(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, 2025 and 2024.

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

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, 2025 and 2024:

|                                                   | <b>2025</b>      | <b>2024</b>   |
|---------------------------------------------------|------------------|---------------|
| Measurement date                                  | June 30, 2025    | June 30, 2024 |
| Change in projected benefit obligation:           |                  |               |
| Projected benefit obligation at beginning of year | \$ 58,724        | 62,869        |
| Interest cost                                     | 3,691            | 3,443         |
| Actuarial loss/(gain)                             | (482)            | (1,482)       |
| Expenses paid                                     | (696)            | (596)         |
| Benefits paid                                     | (5,675)          | (4,672)       |
| Plan amendments                                   | —                | (838)         |
| Benefit obligation at end of year                 | <u>\$ 55,562</u> | <u>58,724</u> |
|                                                   |                  |               |
|                                                   | <b>2025</b>      | <b>2024</b>   |
| Measurement date                                  | June 30, 2025    | June 30, 2024 |
| Change in plan assets:                            |                  |               |
| Fair value of plan assets at beginning of year    | \$ 88,578        | 83,962        |
| Actual return on plan assets                      | 7,423            | 9,884         |
| Employer contribution                             | —                | —             |
| Expenses paid                                     | (696)            | (596)         |
| Benefits paid                                     | (5,675)          | (4,672)       |
| Fair value of plan assets at end of year          | <u>89,630</u>    | <u>88,578</u> |
| Funded status                                     | <u>\$ 34,068</u> | <u>29,854</u> |

The accumulated benefit obligation for the Carroll Plan was \$55,562 and \$58,724 at June 30, 2025 and 2024, respectively. The pension asset of \$34,068 and \$29,854 as of June 30, 2025 and 2024, respectively, are included in the prepaid pension asset in the consolidated balance sheets.



**LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

Net periodic pension expense for the years ended June 30, 2025 and 2024 was as follows:

|                                             | <u>2025</u>       | <u>2024</u>    |
|---------------------------------------------|-------------------|----------------|
| Pension expense:                            |                   |                |
| Components of net periodic pension expense: |                   |                |
| Interest cost                               | \$ 3,691          | 3,443          |
| Expected return on plan assets              | (5,708)           | (5,538)        |
| Amortization of actuarial costs             | (141)             | 352            |
| Net periodic pension expense                | <u>\$ (2,158)</u> | <u>(1,743)</u> |

The Corporation recorded \$(2,158) and \$(1,743) of the net periodic pension expense in other income, net during the years ended June 30, 2025 and 2024, respectively.

Assumptions to determine the benefit obligation as of June 30, 2025 and 2024 were as follows:

|               | <u>2025</u> | <u>2024</u> |
|---------------|-------------|-------------|
| Discount rate | 5.75 %      | 5.65 %      |

Assumptions used in the determination of net periodic pension expense for the years ended June 30, 2025 and 2024 were as follows:

|                                                  | <u>2025</u> | <u>2024</u> |
|--------------------------------------------------|-------------|-------------|
| Discount rate                                    | 5.65 %      | 5.32 %      |
| Expected long-term rate of return on plan assets | 6.75        | 6.75        |

Deferred pension costs, which have not yet been recognized in periodic pension expense but are accrued in net assets without donor restrictions, are \$1,473 and \$3,529 at June 30, 2025 and 2024, 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.

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

In selecting the expected long-term rate of return on plan assets, CCHS 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 CCHS 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/mutual funds | 28 %          |
| Alternative investments        | 23            |
| Fixed-income/debt securities   | 49            |

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.

The following table presents the Carroll Plan's assets measured at fair value at June 30, 2025:

| <b>Pension benefits – Plan assets</b> |                  |                |               |               |
|---------------------------------------|------------------|----------------|---------------|---------------|
|                                       | <u>Level 1</u>   | <u>Level 2</u> | <u>NAV</u>    | <u>Total</u>  |
| Assets:                               |                  |                |               |               |
| Cash and cash equivalents             | \$ 44,957        | —              | —             | 44,957        |
| Mutual funds/equities                 | 25,561           | —              | —             | 25,561        |
| Fixed-income mutual funds             | —                | —              | —             | —             |
| Fixed-income securities               | —                | —              | —             | —             |
| Government securities                 | —                | 266            | —             | 266           |
| Alternative investments               | —                | —              | 18,846        | 18,846        |
| Total assets                          | \$ <u>70,518</u> | <u>266</u>     | <u>18,846</u> | <u>89,630</u> |

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

## Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following table presents the Carroll Plan's assets measured at fair value at June 30, 2024:

|                           |    | <b>Pension benefits – Plan assets</b> |                |               |               |
|---------------------------|----|---------------------------------------|----------------|---------------|---------------|
|                           |    | <b>Level 1</b>                        | <b>Level 2</b> | <b>NAV</b>    | <b>Total</b>  |
| Assets:                   |    |                                       |                |               |               |
| Cash and cash equivalents | \$ | 1,656                                 | —              | —             | 1,656         |
| Mutual funds/equities     |    | 39,337                                | —              | —             | 39,337        |
| Fixed-income mutual funds |    | 21,021                                | —              | —             | 21,021        |
| Fixed-income securities   |    | —                                     | 2,564          | —             | 2,564         |
| Government securities     |    | —                                     | 3,430          | —             | 3,430         |
| Alternative investments   |    | —                                     | —              | 20,570        | 20,570        |
| Total assets              | \$ | <u>62,014</u>                         | <u>5,994</u>   | <u>20,570</u> | <u>88,578</u> |

For the year ended June 30, 2025 or 2024, 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:

|                             | <b>Total</b>     |
|-----------------------------|------------------|
| Balance as of June 30, 2024 | \$ 20,570        |
| Additions:                  |                  |
| Contributions/purchases     | 879              |
| Disbursements:              |                  |
| Withdrawals/sales           | (3,814)          |
| Net change in value         | <u>1,211</u>     |
| Balance as of June 30, 2025 | <u>\$ 18,846</u> |

The Carroll Plan invests in alternative investments that are primarily hedge fund of funds.

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2025 and 2024

(Dollars in thousands)

The following table summarizes redemption terms for the hedge fund-of-funds vehicles held as of June 30, 2025:

|                                        | <u>Fund 1</u> | <u>Fund 2</u> | <u>Fund 3</u> | <u>Fund 4</u> | <u>Fund 5</u> |
|----------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Redemption timing:                     |               |               |               |               |               |
| Redemption frequency                   | Quarterly     | *             | **            | Quarterly     | Quarterly     |
| Required notice                        | 48 Days       |               |               | 60 Days       | 65 Days       |
| Audit reserve:                         |               |               |               |               |               |
| Percentage held back for audit reserve | — %           | — %           | — %           | 5 %           | 10 %          |

\* Paloma Int'l was redeemed on 12/31/2024, distributions will be paid as funds become available to wind-down the fund.

\*\* York European Opportunities began liquidating on 12/31/2020, as of March 31, 2024 approximately 94.8% has been liquidated and distributed.

CCHS expects to contribute \$0 to the Carroll Plan during the year ending June 30, 2026.

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:

|                       |        |
|-----------------------|--------|
| Years ending June 30: |        |
| 2026                  | 7,975  |
| 2027                  | 6,750  |
| 2028                  | 6,091  |
| 2029                  | 5,422  |
| 2030                  | 4,998  |
| 2031–2035             | 20,886 |

### (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 \$2,270 and \$2,480 for the years ended June 30, 2025 and 2024, 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 \$8,200 and

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\$7,800 for the years ended June 30, 2025 and 2024, respectively, and is included in salaries and employee benefits in the accompanying consolidated statements of operations.

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 \$3,100 and \$2,700 for the years ended June 30, 2025 and 2024, 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 \$6,300 for the years ended June 30, 2025 and 2024, 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. This plan has been closed but not frozen since January 1, 2007. 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, 2025 and 2024, Carroll has accrued a liability of \$813 and \$847 related to this plan, respectively.

#### **(14) Regulation, Risks, and Uncertainty**

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;
- Lawsuits alleging malpractice and related claims; and
- Cybersecurity risks.

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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.

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. The State of Maryland and CMS are in current negotiations regarding the next phase of the waiver that could start as early as calendar year 2026.

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 ended 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. Maryland's Waiver demonstration has since been extended through the end-of-2026, requiring Maryland hospitals to generate total cost-of-care savings of \$408,000 per year by the end of the agreement. 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.

The state of Maryland signed into the AHEAD Model on November 1, 2024, becoming the first state to join the program designed by the Centers for Medicare and Medicaid Services (CMS). This voluntary model, which builds on the GBR model, aims to lower healthcare costs, improve population health outcomes, and promote health equity by holding states accountable for controlling healthcare expenditure growth. While the AHEAD Model is not yet finalized or enacted, the transition from Maryland's Total Cost of Care model to the federal AHEAD model introduces further complexity in the regulatory environment. This shift may affect reimbursement mechanisms and financial planning.

The Corporation will continue to monitor these developments closely and adjust operational and financial strategies as necessary to maintain fiscal sustainability and ensure uninterrupted delivery of high-quality care.

Recent changes in U.S. federal trade policy have introduced new tariffs on a wide range of imported medical supplies, pharmaceuticals, and equipment. These tariffs have not had a material impact on the Corporation's financial results or operations as of and for the year ended June 30, 2025. Continued escalation or expansion of tariff measures may adversely affect our future financial results.

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The One, Big, Beautiful Bill Act (OBBA) was signed into law by President Trump on July 4, 2025. This comprehensive tax reform legislation, introduced as H.R. 1, was enacted to permanently extend many tax cuts from the 2017 Tax Cuts and Jobs Act and introduce new tax provisions. The OBBA contains various cuts or sequestration to Medicare and Medicaid payors and the related funding. The Corporation does not currently anticipate that these changes will have a material impact on its consolidated financial position, results of operations, or cash flows.

The Corporation recognizes the increasing importance of cybersecurity in today's digital landscape. As a result, the Corporation has implemented various measures to mitigate the risk of cyber threats and protect our systems and data as well as monitor the risks that our vendors have. However, we understand that no system is completely immune to cyberattacks, and there is a possibility that an unauthorized access, data breach, or other cybersecurity incident may occur at either one of our systems or at one of vendors' systems. In the event of a significant cyber incident, there could be a significant impact to the Corporation's future operating results, financial condition, or liquidity. However, to mitigate the potential impact to the Corporation if such an event were to occur, the Corporation maintains cyber insurance coverage. While we believe our cybersecurity measures and our vendors' measures are robust, there can be no assurance that they will prevent all cyber threats or that there will not be a cyber incident in the future that may have a significant adverse effect on our financial condition, liquidity, or results of operations.

#### (15) 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.

#### (16) Income Taxes

On July 1, 2024, a series of acquisition and mergers were completed resulting in Carroll and Investments becoming part of LifeBridge Investments Holdings. Beginning in the current year and future periods, net operating loss attributes will succeed into the LifeBridge Investment Holdings group.

At June 30, 2025, Investment Holdings has approximately \$204,843 and 240,442 in federal and state net operating loss carryforwards respectively. The net operating loss carryforwards for tax purposes are available to reduce future taxable income and expire in varying periods beginning in 2025 through 2040.

The net operating loss carryforwards created as of June 30, 2025 and 2024 for a federal net deferred tax asset of approximately \$43,017 and \$41,090 as of June 30, 2025 and 2024, respectively, and a state

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deferred tax asset of approximately \$16,625 and \$16,180 as of June 30, 2025 and 2024, 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, 2025 and 2024.

The extent to which these net operating loss carryforwards can be used to offset taxable income may be limited, depending on the extent of ownership changes as defined by Section 382 and the separate-return-limitation-year (SRLY) of the Internal Revenue Code.

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 non-deductible expenses and changes in valuation allowance.

#### (17) Other Long-Term Liabilities

Other long-term liabilities at June 30, 2025 and 2024 are as follows:

|                                             | 2025              | 2024           |
|---------------------------------------------|-------------------|----------------|
| Professional/general liability (note 18(a)) | \$ 122,209        | 123,496        |
| Pension liability                           | 15,270            | 6,226          |
| Asset retirement obligation                 | 3,260             | 3,260          |
| Deferred compensation                       | 7,862             | 10,539         |
| Other                                       | 2,002             | 2,002          |
|                                             | <u>\$ 150,603</u> | <u>145,523</u> |

At June 30, 2025 and 2024, there was \$26,154 and \$33,603 included in other current liabilities related to professional liability claims, respectively.

#### (18) Self-Insurance Programs

##### (a) Professional/General Liability

The Corporation is insured, through the LifeBridge Health Self-Insurance program, 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 17.

LifeBridge Health Self-Insurance purchases excess 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 Health Self-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.



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Amounts in excess of the self-insured limits are insured by highly rated commercial insurance companies.

#### **(b) Workers' Compensation**

Sinai, Northwest, Carroll Levindale, Grace Medical Center, LAA, LifeBridge Health and Fitness, LLC, Practice Dynamics, Inc., CFH, Atlee Hill 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 \$7,550 and \$7,828 at June 30, 2025 and 2024, 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, 2025.

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, 2025 or 2024.

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 \$4,092 and \$4,664 at June 30, 2025 and 2024, 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.

#### **(19) 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, 2025 and 2024 is as follows:

|                      | <b>2025</b>  | <b>2024</b>  |
|----------------------|--------------|--------------|
| Medicare             | 26 %         | 32 %         |
| Medicaid             | 12           | 12           |
| BlueCross            | 8            | 9            |
| Commercial and other | 45           | 39           |
| Self-pay             | 9            | 8            |
|                      | <u>100 %</u> | <u>100 %</u> |

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The mix of net patient service revenue for the Corporation for the years ended June 30, 2025 and 2024 is as follows:

|                      | 2025  | 2024  |
|----------------------|-------|-------|
| Medicare             | 42 %  | 42 %  |
| Medicaid             | 6     | 6     |
| BlueCross            | 11    | 12    |
| Commercial and other | 38    | 38    |
| Self-pay             | 3     | 2     |
|                      | 100 % | 100 % |

## (20) 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.

### (b) *Letters of Credit*

M&T Bank has established a standby letter of credit of \$2,787 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 \$341 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 has established standby letters of credit of \$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 \$260 for LifeBridge Health as required by the Centers for Medicare and Medicaid Services (CMS).

### (c) *Lease Commitments*

The Corporation has operating and financing leases for real estate, personal property and equipment. The Corporation determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded on the consolidated balance sheets.

The Corporation has lease agreements which require payments for lease and non-lease components and has elected to account for these as a single lease component. For leases that commenced before the effective date of ASU 2016-02, the Corporation elected the permitted practical expedients to not

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

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reassess the following: (i) whether any expired or existing contracts contain leases; (ii) the lease classification for any expired or existing leases; and (iii) initial direct costs for any existing leases.

Right-of-use assets represent the Corporation's right to use an underlying asset during the lease term, and lease liabilities represent the Corporation's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. The Corporation's lease term includes options to extend or terminate the lease when it is reasonably certain that the options will be exercised. As most of the Corporation's operating leases do not provide an implicit rate, the Corporation uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The Corporation considers recent debt issuances, as well as publicly available data for instruments with similar characteristics when calculating its incremental borrowing rates. Variable lease costs consist primarily of common area maintenance and are not significant to total lease expense.

Operating and finance right-of-use assets and liabilities were as follows:

|                    | <b>Balance sheet classification</b>                                 | <b>2025</b>      | <b>2024</b>   |
|--------------------|---------------------------------------------------------------------|------------------|---------------|
| Assets:            |                                                                     |                  |               |
| Operating leases   | Operating lease right-of-use assets, net                            | \$ 25,851        | 35,180        |
| Finance leases     | Property and equipment, net                                         | 32,354           | 37,985        |
| Total lease assets |                                                                     | <u>\$ 58,205</u> | <u>73,165</u> |
| Liabilities:       |                                                                     |                  |               |
| Current:           |                                                                     |                  |               |
| Operating leases   | Current portion of operating lease liabilities                      | \$ 8,666         | 9,814         |
| Finance leases     | Current portion of long-term debt and finance lease obligations     | 4,923            | 4,638         |
| Noncurrent:        |                                                                     |                  |               |
| Operating leases   | Operating lease liabilities                                         | 17,479           | 25,734        |
| Finance leases     | Long-term debt and finance lease obligations net of current portion | 31,819           | 37,439        |
|                    |                                                                     | <u>\$ 62,887</u> | <u>77,625</u> |

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|                                                    | Balance sheet classification | 2025    | 2024    |
|----------------------------------------------------|------------------------------|---------|---------|
| Weighted average remaining term – operating leases |                              | 3 years | 4 years |
| Remaining term – finance lease                     |                              | 7 years | 8 years |
| Weighted average discount rate – operating leases  |                              | 4.27 %  | 4.32 %  |
| Weighted average discount rate – finance leases    |                              | 3.59    | 3.60    |

The following table presents certain information related to lease expenses for finance and operating leases. All expenses related to operating leases and short term and variable lease expense are included in other operating expenses:

|                                        | 2025      | 2024   |
|----------------------------------------|-----------|--------|
| Finance lease expense:                 |           |        |
| Amortization of lease assets           | \$ 4,966  | 5,126  |
| Interest on lease liability            | 1,343     | 1,557  |
| Operating leases                       | 10,220    | 12,307 |
| Short term and variable lease expenses | 24,313    | 21,470 |
| Total expenses                         | \$ 40,842 | 40,460 |

Rent expense for operating and short term leases for the years ended June 30, 2025 and 2024 were \$34,533 and \$33,777, respectively, of which \$24,313 and \$21,470 were related to short term leases.

The following table presents supplemental cash flow information for the years ending June 30, 2025 and 2024:

|                                                                     | 2025      | 2024   |
|---------------------------------------------------------------------|-----------|--------|
| Cash paid for amounts included in measurement of lease liabilities: |           |        |
| Operating cash flows for operating leases                           | \$ 10,327 | 12,346 |
| Operating cash flows for finance lease                              | 1,343     | 1,557  |
| Financing cash flows for finance lease                              | 4,672     | 5,978  |

The following table reconciles the undiscounted cash flows to the finance lease liabilities and operating lease liabilities recorded on the balance sheet at June 30, 2025:

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|                                                     | <b>Operating<br/>leases</b> | <b>Finance<br/>lease</b> |
|-----------------------------------------------------|-----------------------------|--------------------------|
| 2026                                                | 9,095                       | 6,139                    |
| 2027                                                | 7,617                       | 6,249                    |
| 2028                                                | 4,355                       | 6,373                    |
| 2029                                                | 3,116                       | 6,510                    |
| 2030                                                | 1,679                       | 6,182                    |
| Thereafter                                          | 2,864                       | 10,323                   |
| Total minimum lease payments                        | 28,726                      | 41,776                   |
| Less amount of lease payments representing interest | (2,581)                     | (5,034)                  |
| Present value of future minimum lease payments      | 26,145                      | 36,742                   |
| Less current obligations under leases               | (8,666)                     | (4,923)                  |
| Long-term lease obligations                         | \$ 17,479                   | 31,819                   |

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

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### **(21) Noncontrolling Interest**

The reconciliation of a noncontrolling interest reported in unrestricted net assets is as follows:

|                                                                         | <b>LifeBridge<br/>Health, Inc.</b> | <b>Noncontrolling<br/>interest</b> | <b>Unrestricted<br/>net assets</b> |
|-------------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Balance at June 30, 2023                                                | \$ 1,593,281                       | 19,549                             | 1,612,830                          |
| Operating income (loss)                                                 | 4,192                              | —                                  | 4,192                              |
| Nonoperating income                                                     | 80,581                             | 3,525                              | 84,106                             |
| Excess of revenues over expenses                                        | 84,773                             | 3,525                              | 88,298                             |
| Change in funded status of pension plan                                 | 10,278                             | —                                  | 10,278                             |
| Net assets released for purchase of property<br>and equipment           | 7,510                              | —                                  | 7,510                              |
| Proceeds from sale of equity of subsidiary                              | —                                  | 48,000                             | 48,000                             |
| Noncontrolling interest related to acquisition                          | —                                  | 17,640                             | 17,640                             |
| Payments to noncontrolling interest holders for<br>additional interests | —                                  | (4,576)                            | (4,576)                            |
| Distributions to noncontrolling interest holders                        | —                                  | (5,130)                            | (5,130)                            |
| Other                                                                   | 205                                | (897)                              | (692)                              |
| Change in net assets                                                    | 102,766                            | 58,562                             | 161,328                            |
| Balance at June 30, 2024                                                | 1,696,047                          | 78,111                             | 1,774,158                          |
| Operating loss                                                          | \$ (23,349)                        | —                                  | (23,349)                           |
| Nonoperating income                                                     | 97,352                             | (1,601)                            | 95,751                             |
| Excess of revenues over expenses                                        | 74,003                             | (1,601)                            | 72,402                             |
| Change in funded status of pension plan                                 | (1,440)                            | —                                  | (1,440)                            |
| Net assets released for purchase of property<br>and equipment           | 8,293                              | —                                  | 8,293                              |
| Proceeds from sale of equity of subsidiary                              | —                                  | —                                  | —                                  |
| Change in noncontrolling interest                                       | (9,301)                            | 9,301                              | —                                  |
| Payments to noncontrolling interest holders for<br>additional interests | —                                  | —                                  | —                                  |
| Distributions to noncontrolling interest holders                        | —                                  | (6,243)                            | (6,243)                            |
| Other                                                                   | 1,332                              | 821                                | 2,153                              |
| Change in net assets                                                    | 72,887                             | 2,278                              | 75,165                             |
| Balance at June 30, 2025                                                | \$ 1,768,934                       | 80,389                             | 1,849,323                          |

# **LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES**

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### **(22) Functional Expenses**

The Corporation provides general healthcare services to patients. Expenses for the years ended June 30, 2025 and 2024 related to providing these services are as follows:

| <b>2025</b>                                                       |                                |                           |                                       |                  |
|-------------------------------------------------------------------|--------------------------------|---------------------------|---------------------------------------|------------------|
|                                                                   | <b>Healthcare<br/>services</b> | <b>Other<br/>services</b> | <b>General and<br/>administrative</b> | <b>Total</b>     |
| Salaries and benefits                                             | \$ 827,376                     | 1,347                     | 355,244                               | 1,183,967        |
| Supplies                                                          | 231,028                        | 178                       | 99,110                                | 330,316          |
| Purchased services                                                | 272,741                        | 1,290                     | 117,467                               | 391,498          |
| Claim expenses                                                    | 173,961                        | —                         | —                                     | 173,961          |
| Depreciation, amortization,<br>and gain/loss on sale of<br>assets | 67,031                         | 2,576                     | 29,838                                | 99,445           |
| Repairs and maintenance                                           | 26,614                         | 325                       | 11,547                                | 38,486           |
| Interest                                                          | 17,987                         | 523                       | 7,935                                 | 26,445           |
|                                                                   | <u>\$ 1,616,738</u>            | <u>6,239</u>              | <u>621,141</u>                        | <u>2,244,118</u> |
| <b>2024</b>                                                       |                                |                           |                                       |                  |
|                                                                   | <b>Healthcare<br/>services</b> | <b>Other<br/>services</b> | <b>General and<br/>administrative</b> | <b>Total</b>     |
| Salaries and benefits                                             | \$ 783,031                     | 1,302                     | 328,938                               | 1,113,271        |
| Supplies                                                          | 232,727                        | 159                       | 97,669                                | 330,555          |
| Purchased services                                                | 285,408                        | 1,449                     | 120,304                               | 407,161          |
| Claim expenses                                                    | 41,942                         | —                         | —                                     | 41,942           |
| Depreciation, amortization,<br>and gain/loss on sale of<br>assets | 73,849                         | 2,455                     | 32,001                                | 108,305          |
| Repairs and maintenance                                           | 26,712                         | 294                       | 11,326                                | 38,332           |
| Interest                                                          | 15,715                         | 560                       | 6,825                                 | 23,100           |
|                                                                   | <u>\$ 1,459,384</u>            | <u>6,219</u>              | <u>597,063</u>                        | <u>2,062,666</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

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#### (23) 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, 2025:

|                                                 |    | Level 1        | Level 2        | Level 3  | Total            |
|-------------------------------------------------|----|----------------|----------------|----------|------------------|
| Assets:                                         |    |                |                |          |                  |
| Cash and cash equivalents                       | \$ | 83,370         | —              | —        | 83,370           |
| Equity securities and mutual funds              |    | 497,381        | —              | —        | 497,381          |
| Government securities                           |    | —              | 236,536        | —        | 236,536          |
| Fixed-income securities                         |    | —              | 284,621        | —        | 284,621          |
| Beneficial interest in split-interest agreement |    | —              | —              | —        | —                |
| Total assets                                    | \$ | <u>580,751</u> | <u>521,157</u> | <u>—</u> | <u>1,101,908</u> |



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The following table presents assets that are measured at fair value on a recurring basis as of June 30, 2024:

|                                                 | <u>Level 1</u>    | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>     |
|-------------------------------------------------|-------------------|----------------|----------------|------------------|
| Assets:                                         |                   |                |                |                  |
| Cash and cash equivalents                       | \$ 70,363         | —              | —              | 70,363           |
| Equity securities and mutual funds              | 575,394           | —              | —              | 575,394          |
| Government securities                           | —                 | 110,625        | —              | 110,625          |
| Fixed-income securities                         | —                 | 258,117        | —              | 258,117          |
| Beneficial interest in split-interest agreement | —                 | 4,681          | —              | 4,681            |
| Total assets                                    | \$ <u>645,757</u> | <u>373,423</u> | <u>—</u>       | <u>1,019,180</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, 2025 or 2024, there were no significant transfers into or out of Levels 1, 2, or 3.

**(24) Subsequent Events**

Management evaluated all events and transactions that occurred after June 30, 2025 and through October 21, 2025, the date the consolidated financial statements were issued. The Corporation did not have any material recognizable subsequent events during this period.

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

## Consolidating Balance Sheet Information

June 30, 2025  
(Dollars in thousands)

| Assets                                           | Sinai<br>Hospital<br>Consolidated | Northwest<br>Hospital | Carroll<br>Hospital | Levindale<br>Hebrew<br>Geriatric Ctr<br>& Hospital | Grace<br>Medical<br>Center | West<br>Baltimore<br>Renaissance<br>Foundation | LB<br>Center<br>For Hope | Other<br>LifeBridge<br>Entities | Eliminations | LifeBridge<br>Health<br>Consolidated |
|--------------------------------------------------|-----------------------------------|-----------------------|---------------------|----------------------------------------------------|----------------------------|------------------------------------------------|--------------------------|---------------------------------|--------------|--------------------------------------|
| Current assets:                                  |                                   |                       |                     |                                                    |                            |                                                |                          |                                 |              |                                      |
| Cash and cash equivalents                        | \$ 38,523                         | 31,297                | 60,578              | 14,437                                             | 6,102                      | 241                                            | 10,956                   | 87,783                          | —            | 249,917                              |
| Investments                                      | 25,589                            | 2,273                 | —                   | 275                                                | —                          | —                                              | —                        | 427,405                         | —            | 455,542                              |
| Assets limited as to use, current portion        | 42,770                            | 7,280                 | 1,454               | 130                                                | 3,677                      | —                                              | —                        | 9,762                           | —            | 65,073                               |
| Patient service receivables                      | 141,204                           | 41,275                | 33,884              | 17,951                                             | 3,552                      | —                                              | —                        | 31,691                          | —            | 269,557                              |
| Other receivables                                | 185,586                           | 27,041                | 42,140              | 1,049                                              | (47)                       | 41,213                                         | 1,129                    | 162,254                         | (427,723)    | 32,642                               |
| Inventory                                        | 24,527                            | 4,135                 | 4,836               | 311                                                | 290                        | —                                              | —                        | 1,698                           | —            | 35,797                               |
| Prepaid expenses                                 | 7,870                             | 1,899                 | 1,632               | 163                                                | 122                        | —                                              | —                        | 16,853                          | —            | 28,539                               |
| Pledges receivable, current portion              | 3,203                             | 30                    | 1,997               | —                                                  | —                          | —                                              | —                        | —                               | —            | 5,230                                |
| Total current assets                             | 469,272                           | 115,230               | 146,521             | 34,316                                             | 13,696                     | 41,454                                         | 12,085                   | 737,446                         | (427,723)    | 1,142,297                            |
| Board-designated investments                     | —                                 | —                     | —                   | —                                                  | —                          | —                                              | —                        | 143,677                         | —            | 143,677                              |
| Long-term investments                            | 66,896                            | 555                   | 108,210             | 587                                                | —                          | —                                              | —                        | 355,803                         | —            | 532,051                              |
| Donor-restricted investments                     | 25,589                            | —                     | 8,125               | —                                                  | 458                        | —                                              | —                        | 49,521                          | —            | 83,693                               |
| Reinsurance recovery receivable                  | —                                 | —                     | —                   | —                                                  | —                          | —                                              | —                        | 7,243                           | —            | 7,243                                |
| Assets limited as to use, net of current portion | 9,083                             | —                     | —                   | —                                                  | —                          | —                                              | —                        | 54,977                          | —            | 64,060                               |
| Pledges receivable, net of current portion       | 9,842                             | 1,525                 | 5,682               | —                                                  | —                          | —                                              | —                        | 42                              | —            | 17,091                               |
| Property and equipment, net                      | 342,284                           | 96,459                | 142,024             | 34,543                                             | 61,861                     | 12,150                                         | 9,350                    | 238,826                         | —            | 937,497                              |
| Prepaid pension asset                            | —                                 | —                     | 34,068              | —                                                  | —                          | —                                              | —                        | —                               | —            | 34,068                               |
| Investment in unconsolidated affiliates          | —                                 | —                     | 1,654               | —                                                  | —                          | —                                              | —                        | 178,919                         | (155,432)    | 25,141                               |
| Operating lease right-of-use assets              | 1,579                             | 209                   | 3,137               | —                                                  | 73                         | —                                              | —                        | 20,853                          | —            | 25,851                               |
| Other assets, net of accumulated amortization    | 23,132                            | 2,513                 | 11,230              | 14                                                 | —                          | —                                              | —                        | 248,716                         | —            | 285,605                              |
| Total assets                                     | \$ 947,677                        | 216,491               | 460,651             | 69,460                                             | 76,088                     | 53,604                                         | 21,435                   | 2,036,023                       | (583,155)    | 3,298,274                            |

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

## Consolidating Balance Sheet Information

June 30, 2025  
(Dollars in thousands)

|                                                                      | Sinai<br>Hospital<br>Consolidated | Northwest<br>Hospital | Carroll<br>Hospital | Levindale<br>Hebrew<br>Geriatric Ctr<br>& Hospital | Grace<br>Medical<br>Center | West<br>Baltimore<br>Renaissance<br>Foundation | LB<br>Center<br>For Hope | Other<br>LifeBridge<br>Entities | Eliminations | LifeBridge<br>Health<br>Consolidated |
|----------------------------------------------------------------------|-----------------------------------|-----------------------|---------------------|----------------------------------------------------|----------------------------|------------------------------------------------|--------------------------|---------------------------------|--------------|--------------------------------------|
| <b>Liabilities and Net Assets</b>                                    |                                   |                       |                     |                                                    |                            |                                                |                          |                                 |              |                                      |
| Current liabilities:                                                 |                                   |                       |                     |                                                    |                            |                                                |                          |                                 |              |                                      |
| Accounts payable and accrued liabilities                             | \$ 71,975                         | 24,892                | 21,015              | 6,822                                              | 29,148                     | 36,239                                         | 10,398                   | 434,363                         | (427,659)    | 207,193                              |
| Accrued salaries, wages, and benefits                                | 24,780                            | 11,474                | 8,788               | 1,709                                              | 1,023                      | —                                              | —                        | 61,037                          | —            | 108,811                              |
| Advances from third-party payors                                     | 46,987                            | 9,130                 | 7,290               | 759                                                | 70                         | —                                              | —                        | 149                             | —            | 64,385                               |
| Current portion of long-term debt and finance lease obligations, net | 7,207                             | 3,301                 | 6,692               | 136                                                | 11,643                     | —                                              | —                        | 4,132                           | —            | 33,111                               |
| Current portion of operating lease liabilities                       | 1,219                             | 39                    | 418                 | —                                                  | 74                         | —                                              | —                        | 6,916                           | —            | 8,666                                |
| Other current liabilities                                            | 20,152                            | 329                   | 4                   | 43                                                 | 96                         | 158                                            | 1,457                    | 28,199                          | —            | 50,438                               |
| Total current liabilities                                            | 172,320                           | 49,165                | 44,207              | 9,469                                              | 42,054                     | 36,397                                         | 11,855                   | 534,796                         | (427,659)    | 472,604                              |
| Other long-term liabilities                                          | 19,734                            | 1,468                 | 3,025               | 3,241                                              | —                          | —                                              | —                        | 123,135                         | —            | 150,603                              |
| Operating lease liabilities                                          | 365                               | 170                   | 3,014               | —                                                  | —                          | —                                              | —                        | 13,930                          | —            | 17,479                               |
| Long-term debt and finance lease obligations, net                    | 343,349                           | 87,647                | 109,282             | 8,595                                              | 7,114                      | —                                              | 9,800                    | 136,464                         | —            | 702,251                              |
| Total liabilities                                                    | 535,768                           | 138,450               | 159,528             | 21,305                                             | 49,168                     | 36,397                                         | 21,655                   | 808,325                         | (427,659)    | 1,342,937                            |
| Net assets:                                                          |                                   |                       |                     |                                                    |                            |                                                |                          |                                 |              |                                      |
| Net assets without donor restrictions                                | 347,974                           | 65,986                | 227,642             | 47,714                                             | 26,467                     | 16,885                                         | (220)                    | 1,138,789                       | (102,303)    | 1,768,934                            |
| Noncontrolling interest in consolidated subsidiaries                 | —                                 | —                     | 6,683               | —                                                  | —                          | —                                              | —                        | 76,899                          | (3,193)      | 80,389                               |
| Total net assets without donor restrictions                          | 347,974                           | 65,986                | 234,325             | 47,714                                             | 26,467                     | 16,885                                         | (220)                    | 1,215,688                       | (105,496)    | 1,849,323                            |
| Net assets with donor restrictions                                   | 63,935                            | 12,055                | 66,798              | 441                                                | 453                        | 322                                            | —                        | 12,010                          | (50,000)     | 106,014                              |
| Total net assets                                                     | 411,909                           | 78,041                | 301,123             | 48,155                                             | 26,920                     | 17,207                                         | (220)                    | 1,227,698                       | (155,496)    | 1,955,337                            |
| Total liabilities and net assets                                     | \$ 947,677                        | 216,491               | 460,651             | 69,460                                             | 76,088                     | 53,604                                         | 21,435                   | 2,036,023                       | (583,155)    | 3,298,274                            |

See accompanying independent auditors' report.

## LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

## Consolidating Statement of Operations Information

Year ended June 30, 2025  
(Dollars in thousands)

|                                                           | Sinai<br>Hospital<br>Consolidated | Northwest<br>Hospital | Carroll<br>Hospital | Levindale<br>Hebrew<br>Geriatric Ctr<br>& Hospital | Grace<br>Medical<br>Center | West<br>Baltimore<br>Renaissance<br>Foundation | LB<br>Center<br>For Hope | Other<br>LifeBridge<br>Entities | Eliminations | LifeBridge<br>Health<br>Consolidated |
|-----------------------------------------------------------|-----------------------------------|-----------------------|---------------------|----------------------------------------------------|----------------------------|------------------------------------------------|--------------------------|---------------------------------|--------------|--------------------------------------|
| Unrestricted revenues, gains, and other support:          |                                   |                       |                     |                                                    |                            |                                                |                          |                                 |              |                                      |
| Patient service revenue                                   | \$ 967,694                        | 286,003               | 297,632             | 85,217                                             | 9,131                      | —                                              | —                        | 313,471                         | (8,100)      | 1,951,048                            |
| Premium revenue                                           | —                                 | —                     | —                   | —                                                  | —                          | —                                              | —                        | 166,030                         | —            | 166,030                              |
| Net assets released from restrictions used for operations | 9,337                             | 92                    | 140                 | 25                                                 | 3                          | —                                              | —                        | 883                             | —            | 10,480                               |
| Other operating revenue                                   | 45,420                            | 3,086                 | 10,965              | 1,867                                              | 1,146                      | 7,329                                          | 41                       | 49,200                          | (25,843)     | 93,211                               |
| Total operating revenues                                  | 1,022,451                         | 289,181               | 308,737             | 87,109                                             | 10,280                     | 7,329                                          | 41                       | 529,584                         | (33,943)     | 2,220,769                            |
| Expenses:                                                 |                                   |                       |                     |                                                    |                            |                                                |                          |                                 |              |                                      |
| Salaries and employee benefits                            | 518,440                           | 160,837               | 167,321             | 47,702                                             | 13,037                     | —                                              | —                        | 276,641                         | (11)         | 1,183,967                            |
| Supplies                                                  | 196,790                           | 46,073                | 28,404              | 5,734                                              | 2,459                      | 17                                             | —                        | 51,266                          | (427)        | 330,316                              |
| Purchased services                                        | 210,427                           | 67,934                | 81,531              | 24,593                                             | 7,063                      | 6,397                                          | (192)                    | 27,250                          | (33,505)     | 391,498                              |
| Claim expense                                             | —                                 | —                     | —                   | —                                                  | —                          | —                                              | —                        | 173,961                         | —            | 173,961                              |
| Depreciation and amortization                             | 31,018                            | 13,736                | 14,872              | 3,264                                              | 1,018                      | 206                                            | 372                      | 34,959                          | —            | 99,445                               |
| Repairs and maintenance                                   | 20,976                            | 6,364                 | 5,103               | 1,649                                              | 1,244                      | 17                                             | 3                        | 3,130                           | —            | 38,486                               |
| Interest                                                  | 342                               | 219                   | 3,115               | —                                                  | 301                        | —                                              | 156                      | 22,312                          | —            | 26,445                               |
| Total expenses                                            | 977,993                           | 295,163               | 300,346             | 82,942                                             | 25,122                     | 6,637                                          | 339                      | 589,519                         | (33,943)     | 2,244,118                            |
| Operating income (loss)                                   | 44,458                            | (5,982)               | 8,391               | 4,167                                              | (14,842)                   | 692                                            | (298)                    | (59,935)                        | —            | (23,349)                             |
| Other income (loss), net:                                 |                                   |                       |                     |                                                    |                            |                                                |                          |                                 |              |                                      |
| Investment income (loss)                                  | 40,057                            | 10,281                | 25,015              | 3,137                                              | (2)                        | —                                              | 451                      | 11,988                          | —            | 90,927                               |
| Other                                                     | 2,519                             | (73)                  | 3,109               | (535)                                              | —                          | —                                              | —                        | (196)                           | —            | 4,824                                |
| Total other income (loss), net                            | 42,576                            | 10,208                | 28,124              | 2,602                                              | (2)                        | —                                              | 451                      | 11,792                          | —            | 95,751                               |
| Excess (deficit) of revenues over expenses                | \$ 87,034                         | 4,226                 | 36,515              | 6,769                                              | (14,844)                   | 692                                            | 153                      | (48,143)                        | —            | 72,402                               |

See accompanying independent auditors' report.