

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHWEST HOSPITAL CENTER, INC.		D Employer identification number 52-1372665
	Doing business as		E Telephone number 410-601-5653
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 291,912,646.
	5401 OLD COURT ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
City or town, state or province, country, and ZIP or foreign postal code RANDALLSTOWN, MD 21133		F Name and address of principal officer: CRAIG CARMICHAEL SAME AS C ABOVE	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.LIFEBRIDGEHEALTH.ORG/NORTHWEST			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1984	M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NORTHWEST HOSPITAL EXISTS TO IMPROVE THE WELL-BEING OF THE COMMUNITY BY NURTURING RELATIONSHIPS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2147
	6 Total number of volunteers (estimate if necessary)	6	118
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,369.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,375,064.	8,711,975.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	244,324,851.	231,723,651.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,684,262.	5,741,403.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,557,233.	20,514,021.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	271,941,410.	266,691,050.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	134,750,854.	135,661,160.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,916.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	112,898,251.	115,037,145.
19 Revenue less expenses. Subtract line 18 from line 12	247,649,105.	250,698,305.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	24,292,305.	15,992,745.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	193,169,161.	279,053,757.
		118,042,794.	174,817,752.
		75,126,367.	104,236,005.

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	5/17/2021
	Type or print name and title	

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 164,827,033. including grants of \$) (Revenue \$ 231,723,651.) NORTHWEST HOSPITAL CENTER, INC. IS RESPONSIBLE FOR THE MANAGEMENT AND DAY-TO-DAY OPERATIONS OF THE 236 BED ACUTE-CARE AND 17 BED SUB ACUTE-CARE UNIT. 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.

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 164,827,033.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 2147		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included on line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL L SAVAL CHAIR	1.00 0.00	X		X				0.	0.	0.
(2) RICHARD KEMPER VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) HAROLD HACKERMAN TREASURER	1.00 0.00	X		X				0.	0.	0.
(4) JOSEPH MIGLIARA SECRETARY	1.00 0.00	X		X				0.	240.	0.
(5) RONALD ATTMAN DIRECTOR	1.00 0.00	X						0.	240.	0.
(6) JAIME BARNES D.O. DIRECTOR/CHIEF OF MEDICINE	40.00 0.00	X					544,588.	0.	27,307.	0.
(7) JASON BLAVATT DIRECTOR	1.00 0.00	X					0.	0.	0.	0.
(8) CRAIG CARMICHAEL PRESIDENT NORTHWEST HOSPITAL	40.00 0.00	X		X			0.	0.	0.	0.
(9) CHARLES FISHER JR, ESQ DIRECTOR	1.00 0.00	X					0.	0.	0.	0.
(10) REUVEN GOODMAN DIRECTOR	1.00 0.00	X					0.	0.	0.	0.
(11) IRA HIMMEL DIRECTOR	1.00 0.00	X					0.	0.	0.	0.
(12) PAT ISAAC DIRECTOR	1.00 0.00	X					0.	0.	0.	0.
(13) DONALD KIRSON DIRECTOR	1.00 0.00	X					0.	240.	0.	0.
(14) BARRY LEVIN, ESQ. DIRECTOR	1.00 0.00	X					0.	0.	0.	0.
(15) AUDREY LIFCOVICH DIRECTOR	1.00 0.00	X					0.	240.	0.	0.
(16) WILLIAM MILLER DIRECTOR	1.00 0.00	X					0.	240.	0.	0.
(17) BRAD MENDELSON DIRECTOR	1.00 0.00	X					0.	240.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HAYDEN MOORE DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) THOMAS F OBRECHT DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) MARK SIMANOWITH DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) LESLIE SIMMONS EXEC VP, LBH/PT YR INT NWH PRES	1.00 40.00	X		X				0.	1,179,170.	285,431.
(22) BARRY S WALTERS M.D. DIRECTOR	1.00 0.00	X						0.	240.	0.
(23) HOWARD WEISS DIRECTOR	1.00 0.00	X						0.	240.	0.
(24) JOEL R WOHL DIRECTOR	1.00 0.00	X						0.	240.	0.
(25) NEIL MELTZER PRES & CEO, LIFEBRIDGE HEALTH	1.00 40.00			X				0.	2,328,138.	409,143.
(26) DAVID KRAJEWSKI EXEC VP/CFO	1.00 40.00			X				0.	1,261,959.	390,457.
1b Subtotal								544,588.	4,771,187.	1112338.
c Total from continuation sheets to Part VII, Section A								3,829,542.	3,337,129.	599,478.
d Total (add lines 1b and 1c)								4,374,130.	8,108,316.	1711816.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **169**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CROTHALL HEALTHCARE, 13028 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	CONTRACT CLEANING	3,965,010.
METZ CULINARY MANAGEMENT 2 WOODLAND DRIVE, DALLAS, PA 18612	FOOD SERVICES	2,671,636.
NORTH AMERICAN PARTNERS P.O. BOX 267, GLEN HEAD, NY 11545	ANESTHESIA SERVICES	1,264,200.
DAVITA OWINGS MILLS P.O. BOX 403008, ATLANTA, GA 30384	RENAL DIALYSIS	694,894.
CROTHALL LAUNDRY SERVICES, 13028 COLLECTIONS CENTER DRIVE, CHICAGO, IL	LAUNDRY SERVICES	436,310.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **32**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JASON WEINER SVP AND GENERAL COUNSEL	1.00 40.00			X				0.	591,819.	107,297.
(28) TERENCE CARNEY VP SUPPLY CHAIN	1.00 40.00				X			0.	490,953.	21,068.
(29) JAMES ROBERGE VP CAPITAL IMPROVEMENTS & SUPPORT	1.00 40.00				X			0.	451,914.	80,062.
(30) NANCY KANE VP FINANCIAL REPORTING	1.00 40.00				X			0.	369,837.	83,548.
(31) TRACIE ODEN VP HR NORTHWEST HOSPITAL	1.00 40.00				X			0.	348,767.	43,937.
(32) SAMUEL SMITH, M.D. CHIEF QUALITY OFFICER	40.00 0.00				X			332,278.	0.	24,988.
(33) LOU DUNAWAY VP BUDGET & CAPITAL PLANNING/CFO LEV	1.00 40.00				X			0.	300,156.	71,827.
(34) ROBERT SALTZMAN, M.D. PHYSICIAN	40.00 0.00					X		1,046,982.	0.	32,972.
(35) BRIAN JANTZ, M.D. PHYSICIAN	40.00 0.00					X		595,814.	0.	24,587.
(36) CHAITANYA RAVI, M.D. HOSPITALIST	40.00 0.00					X		459,163.	0.	20,796.
(37) MAYER GORBATY, M.D. PHYSICIAN-IN-CHIEF	40.00 0.00					X		398,702.	0.	35,699.
(38) ALAN DAVIS PHYSICIAN	40.00 0.00					X		354,254.	0.	23,153.
(39) FARAAZ YOUSUF FORMER PRESIDENT/COO/DIRECTOR	0.00 0.00						X	325,466.	0.	14,086.
(40) JOEL SULDAN FORMER EXEC VP & GENERAL COUNSEL	0.00 0.00						X	0.	405,446.	229.
(41) BRIAN WHITE FORMER EXECUTIVE VP, LBH	0.00 0.00						X	0.	378,237.	11,522.
(42) KELLY CORBI FORMER SVP, CHIEF INTEGRATION OFFICE	0.00 0.00						X	104,016.	0.	3,112.
(43) RONALD GINSBERG FORMER VP MEDICAL AFFAIRS/CMO	0.00 0.00						X	212,867.	0.	595.
Total to Part VII, Section A, line 1c								3,829,542.	3,337,129.	599,478.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	7,253,131.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,458,844.				
	g	Noncash contributions included in lines 1a-1f	1g \$					
	h	Total. Add lines 1a-1f		8,711,975.				
	Program Service Revenue	2 a	PATIENT REVENUE	Business Code	621400	231,723,651.	231,723,651.	
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			231,723,651.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,782,307.		2,768,611.	
	4	Income from investment of tax-exempt bond proceeds				13,696.		
	5	Royalties						
	6 a	Gross rents	(i) Real	367,413.				
			(ii) Personal					
			6a					
	b	Less: rental expenses	6b	134,398.				
	c	Rental income or (loss)	6c	233,015.				
	d	Net rental income or (loss)			233,015.		-12,327.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	28,011,017.				
			(ii) Other	9,400.				
			7a					
	b	Less: cost or other basis and sales expenses	7b	25,061,321.	0.			
	c	Gain or (loss)	7c	2,949,696.	9,400.			
	d	Net gain or (loss)			2,959,096.		2,959,096.	
8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a	64,445.					
		b	Less: cost of goods sold	10b	25,877.			
		c	Net income or (loss) from sales of inventory			38,568.		38,568.
Miscellaneous Revenue	11 a	PHARMACY SALES	Business Code	621990	17,688,549.		17,688,549.	
	b	OTHER OPERATING REVENUE		900099	1,407,594.		1,407,594.	
	c	CAFETERIA SALES		722210	1,146,295.		1,146,295.	
	d	All other revenue						
	e	Total. Add lines 11a-11d			20,242,438.			
12	Total revenue. See instructions			266,691,050.	231,723,651.	1,369.	26,254,055.	

Part IX Statement of Functional Expenses

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

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

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,196,651.	752,544.	414,191.	29,916.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	109,002,746.	81,851,900.	27,150,846.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,752,137.	3,175,847.	576,290.	
9 Other employee benefits	15,055,783.	10,502,642.	4,553,141.	
10 Payroll taxes	6,653,843.	5,631,881.	1,021,962.	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,286.		1,286.	
c Accounting				
d Lobbying	14,839.		14,839.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	225,435.		225,435.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	35,602,605.	17,646,288.	17,956,317.	
12 Advertising and promotion	316,011.	56,803.	259,208.	
13 Office expenses	3,722,206.	520,986.	3,201,220.	
14 Information technology				
15 Royalties				
16 Occupancy	6,069,536.	3,571,211.	2,498,325.	
17 Travel	91,107.	6,607.	84,500.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	213,004.	119,404.	93,600.	
20 Interest	4,180,778.	1,880,449.	2,300,329.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,323,291.	10,704,599.	5,618,692.	
23 Insurance	142,987.	142,987.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	47,847,549.	28,200,766.	19,646,783.	
b DUES AND MEMBERSHIPS	256,994.	62,119.	194,875.	
c UBI	29,517.		29,517.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	250,698,305.	164,827,033.	85,841,356.	29,916.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	5,578.	1	5,578.
	2	Savings and temporary cash investments	34,958,717.	2	65,351,559.
	3	Pledges and grants receivable, net	535,530.	3	431,146.
	4	Accounts receivable, net	30,787,903.	4	25,775,184.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,151,730.	8	7,650,707.
	9	Prepaid expenses and deferred charges	1,498,443.	9	1,452,767.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 312,551,851.		
	b	Less: accumulated depreciation	10b 215,526,408.	10c	97,025,443.
	11	Investments - publicly traded securities	2,898,224.	11	1,930,330.
	12	Investments - other securities. See Part IV, line 11	1,860,272.	12	2,256,186.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	11,264,347.	15	77,174,857.
16	Total assets. Add lines 1 through 15 (must equal line 33)	193,169,161.	16	279,053,757.	
Liabilities	17	Accounts payable and accrued expenses	24,391,458.	17	29,271,794.
	18	Grants payable		18	
	19	Deferred revenue	601,730.	19	54,462,788.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	93,049,606.	25	91,083,170.
	26	Total liabilities. Add lines 17 through 25	118,042,794.	26	174,817,752.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
27		Net assets without donor restrictions	67,130,850.	27	96,097,366.
28		Net assets with donor restrictions	7,995,517.	28	8,138,639.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
29		Capital stock or trust principal, or current funds		29	
30		Paid-in or capital surplus, or land, building, or equipment fund		30	
31		Retained earnings, endowment, accumulated income, or other funds		31	
32		Total net assets or fund balances	75,126,367.	32	104,236,005.
33	Total liabilities and net assets/fund balances	193,169,161.	33	279,053,757.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	266,691,050.
2	Total expenses (must equal Part IX, column (A), line 25)	2	250,698,305.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,992,745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75,126,367.
5	Net unrealized gains (losses) on investments	5	-883,107.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	14,000,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	104,236,005.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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	X	

Form 990 (2019)

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year.	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

Part VI

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

Public Disclosure Copy

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

NORTHWEST HOSPITAL CENTER, INC.

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

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

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

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

Name of organization

Employer identification number

NORTHWEST HOSPITAL CENTER, INC.

52-1372665

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,253,131.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NORTHWEST HOSPITAL CENTER, INC.

52-1372665

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHWEST HOSPITAL CENTER, INC.	Employer identification number 52-1372665
--	---

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

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

Public Disclosure Copy

Name of organization

Employer identification number

NORTHWEST HOSPITAL CENTER, INC.

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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization **NORTHWEST HOSPITAL CENTER, INC.** Employer identification number **52-1372665**

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

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

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

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

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

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		14,839.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		59,826.
j Total. Add lines 1c through 1i			74,665.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING INCLUDES A PORTION OF THE MARYLAND HOSPITAL ASSOCIATION DUES RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED JUNE 30, 2020 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization **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).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,509,541.		8,509,541.
b Buildings		170,808,938.	103,358,350.	67,450,588.
c Leasehold improvements				
d Equipment		128,798,771.	112,168,058.	16,630,713.
e Other		4,434,601.		4,434,601.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				97,025,443.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	4,286,171.
(2) INTERCOMPANY RECEIVABLE	72,888,686.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	77,174,857.

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) CAPTIVE PROFESSIONAL LIABILITY	590,781.
(3) WORKERS COMPENSATION	345,331.
(4) DEFERRED COMPENSATION	267,481.
(5) ASSET RETIREMENT OBLIGATION	610,000.
(6) DUE TO AFFILIATES BONDS	81,102,641.
(7) OTHER L/T LIABILITIES	8,166,936.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	91,083,170.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers (1, 2a-2e, 3, 4a-4c, 5) and a final column for totals.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers (1, 2a-2e, 3, 4a-4c, 5) and a final column for totals.

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.

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1628709.		1628709.	.65%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1628709.		1628709.	.65%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2479102.	859,328.	1619774.	.65%
f Health professions education (from Worksheet 5)			1830831.		1830831.	.73%
g Subsidized health services (from Worksheet 6)			4575407.	3245642.	1329765.	.53%
h Research (from Worksheet 7)			359,306.		359,306.	.14%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			205,266.		205,266.	.08%
j Total. Other Benefits			9449912.	4104970.	5344942.	2.13%
k Total. Add lines 7d and 7j			11078621.	4104970.	6973651.	2.78%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			13,490.	1,188.	12,302.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			13,490.	1,188.	12,302.	.00%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
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		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
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 JME)	112,979,420.
6 Enter Medicare allowable costs of care relating to payments on line 5	81,706,635.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	31,272,785.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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 %

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group NORTHWEST HOSPITAL CENTER, INC.

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group **NORTHWEST HOSPITAL CENTER, INC.**

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group NORTHWEST HOSPITAL CENTER, INC.

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d The hospital facility used a prospective Medicare or Medicaid method
- 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?
If "Yes," explain in Section C.
- 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?
If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2019

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Part V Facility Information (continued)

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

NORTHWEST HOSPITAL CENTER, INC.:

PART V, SECTION B, LINE 5:

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

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

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

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

-LGBTQ FOCUS GROUP - MEETING HELD NOVEMBER 13, 2017

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

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

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

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

Part V Facility Information (continued)

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

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

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

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

-CANCER FOCUS GROUP - NOVEMBER 10, 2017

-POPULATION HEALTH FOCUS GROUP - NOVEMBER 16, 2017

THE BELOW ORGANIZATIONS PROVIDED INPUT ON THE FY2018 CHNA:

-AMERICAN DIABETES ASSOCIATION, MARYLAND AREA

-AMERICAN HEART ASSOCIATION, MID-ATLANTIC AFFILIATE

-BALTIMORE CITY HEALTH DEPARTMENT

-BALTIMORE MEDICAL SYSTEM, INC.

-CHANA

-CHASE BREXTON HEALTH CARE

-COMPREHENSIVE HOUSING ASSISTANCE, INC.

-DISABILITY RIGHTS MARYLAND

-GREEN AND HEALTHY HOMES INITIATIVE

-JEWISH COMMUNITY SERVICES

-JOHNS HOPKINS UNIVERSITY

-MEDSTAR CENTER FOR SUCCESSFUL AGING

-MEDSTAR TOTAL ELDER CARE

-PROMISE HEIGHTS

-SINAI HOSPITAL VOCATIONAL SERVICES PROGRAM

-UNIVERSITY OF MARYLAND

THE HOSPITALS ALSO COLLABORATED IN COMPILING INVITE LISTS FOR TWO MEETINGS

Part V Facility Information (continued)

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

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

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

1. PROCESS PLANNING:

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

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

C. MUTUAL TECHNICAL SUPPORT ON BEST PRACTICES FOR HOSPITAL-SPECIFIC CHNA

Part V Facility Information (continued)

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

PROCESSES - THE PROJECT TEAM AND THE OVERARCHING STEERING COMMITTEE MET ON A REGULAR BASIS AND ADVISED EACH OTHER ON BEST PRACTICES IN IMPLEMENTING CHNAS.

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

2. DATA COLLECTION:

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

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

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

3. DATA COLLECTION PROCESS:

Part V Facility Information *(continued)*

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

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

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

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

Part V Facility Information *(continued)*

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

HOSPITALS' SERVICE AREAS.

NORTHWEST HOSPITAL'S COMMUNITY BENEFIT SERVICES ARE OPEN TO THE BROAD PUBLIC; HOWEVER, DUE TO THE HOSPITAL'S LOCATION WITHIN ZIP CODE 21133 (RANDALLSTOWN), THE MAJORITY OF COMMUNITY BENEFIT ACTIVITIES REACH COMMUNITY MEMBERS RESIDING IN 21133. ALTHOUGH RESPONDENTS IN THE SAMPLE SIZE (N=756) WERE MORE LIKELY TO BE OLDER, FEMALE AND AERICAN AMERICAN COMPARED TO THE GENERAL AGE DISTRIBUTION ACROSS THE COMMUNITY, WE TOOK ACTIVE STEPS TO HEAR FROM ALL PARTS OF THE COMMUNITY BY CONDUCTING FOCUS GROUPS WITH POPULATIONS THAT MAY HAVE BEEN UNDERREPRESENTED IN THE SURVEYS.

NORTHWEST HOSPITAL CENTER, INC.:

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

NORTHWEST HOSPITAL CENTER, INC.:

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

Part V Facility Information (continued)

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

NORTHWEST HOSPITAL CENTER, INC.

HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY%20HEALTH/2013/NORTHWEST.PDF

NORTHWEST HOSPITAL CENTER, INC.:

PART V, SECTION B, LINE 11: THE TEAM, IN CONSULTATION WITH THE DIRECTOR OF POPULATION HEALTH, THE DEPARTMENT CHARGED WITH IMPLEMENTATION OF COMMUNITY HEALTH IMPROVEMENT, ARRIVED AT THE DECISION TO FOCUS ON BEHAVIORAL HEALTH, CHRONIC DISEASE, JOB OPPORTUNITIES, ACCESS TO DOCTORS' OFFICES, HEALTH EDUCATION, AS WELL AS INSURANCE SIGNUPS FOR NORTHWEST'S COMMUNITY HEALTH IMPROVEMENT PROJECTS. NORTHWEST IS ADDRESSING THE HEALTH NEEDS THAT WERE IDENTIFIED AS PRIORITIES BY:

BEHAVIORAL HEALTH: THROUGH A STATEWIDE GRANT, NORTHWEST HOSPITAL WILL BE IMPLEMENTING THE SBIRT OR "SCREENING-BRIEF INTERVENTION-REFERRAL TO TREATMENT" PROTOCOL IN THE EMERGENCY DEPARTMENT. THIS PROTOCOL IS DESIGNED TO WORK WITH PATIENTS WHO MAY HAVE SUBSTANCE ABUSE PROBLEMS, AND TO PROVIDE SOME LEVEL OF SUPPORT AND NAVIGATION FOR THEM BEFORE THEY LEAVE THE FACILITY.

CHRONIC DISEASE: TO COMPLEMENT THE ARRAY OF DISEASE MANAGEMENT PROGRAMS AND SERVICES THAT LIFEBRIDGE HEALTH OFFERS, THE NEED TO EXPAND AT-RISK CHRONIC DISEASE PROGRAMMING WAS RECOGNIZED. NORTHWEST WILL BE PARTNERING WITH THE BALTIMORE COUNTY HEALTH DEPARTMENT, NORTHWEST PATIENTS WILL BE

Part V Facility Information (continued)

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

REFERRED TO THEIR DIABETES PREVENTION PROGRAM. THE CURRICULUM FOR THIS YEAR-LONG GROUP-BASED LIFESTYLE COACHING PROGRAM FOCUSES ON HEALTHY EATING, EXERCISE, AND STRESS REDUCTION. IN ADDITION, NORTHWEST PLANS TO CONTINUE TO IMPLEMENT THE CHANGING HEARTS PROGRAM. THE PROGRAM IS FOCUSED ON RISK IDENTIFICATION AND PREVENTION OF HEART DISEASE WITHIN THE PRIMARY SERVICE AREA. STAFF PROVIDES LIVE HEART RISK ASSESSMENTS IN THE COMMUNITY TO IDENTIFY PRE-HYPERTENSIVE PATIENTS (ASSESSMENT INCLUDES CHOLESTEROL, GLUCOSE, BLOOD PRESSURE AND BODY COMPOSITION ANALYSIS). BASED ON THE ASSESSMENT, HEALTH EDUCATION COUNSELING IS PROVIDED BY A REGISTERED NURSE. PATIENTS RECEIVE ON-GOING SUPPORT FROM STAFF TO FACILITATE LIFESTYLE CHANGES. THIS INCLUDES FOLLOW-UP CALLS AND/OR HOME VISITS BY A CHW WITH A FOCUS ON INDIVIDUALIZED CARE PLANS DEVELOPED WITH PATIENTS, LIFESTYLE CLASSES TO MAINTAIN A LONG-TERM CHANGE, AND EDUCATIONAL MATERIAL AND RESOURCES TO IMPROVE HEALTH.

JOB OPPORTUNITIES: NORTHWEST HOSPITAL HAS DEVELOPED A PARTNERSHIP WITH NORTHWEST ACADEMY MIDDLE SCHOOL AND RANDALLSTOWN HIGH SCHOOL TO PROVIDE TOURS, CAREER EXPOSURE, AND INTERNSHIPS FOR STUDENTS. THE PROGRAM STARTED WITH A MIDDLE SCHOOL ROLLOUT AND A 5-WEEK ROTATIONAL INTERNSHIP WILL BE CREATED FOR STUDENTS OF THE HIGH SCHOOL.

ACCESS TO DOCTORS' OFFICES: STRENGTHEN RELATIONSHIP WITH CHASE BREXTON AS PRIMARY CARE PROVIDER. CHASE BREXTON HEALTH SERVICES CURRENTLY PROVIDES A NURSE FROM THEIR STAFF TO NORTHWEST HOSPITAL IN ORDER TO PROVIDE LINKAGES TO PRIMARY CARE FOR PATIENTS IN THE INPATIENT SETTING. A PLAN TO RE-ENGAGE NORTHWEST STAFF TO NOT ONLY UTILIZE THIS NURSE BUT TO EXPAND REFERRALS FOR OTHER PATIENTS TO SEEK THEIR PRIMARY CARE SERVICES AT CHASE BREXTON WILL

Part V Facility Information (continued)

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

BE CREATED.

HEALTH EDUCATION/KNOWLEDGE OF AVAILABLE RESOURCES: ADD PASTORAL OUTREACH COORDINATOR AND COMMUNITY EDUCATOR TO COMMUNITY HEALTH EDUCATION TEAM. THE COMMUNITY HEALTH EDUCATION TEAM HAS GROWN IN PAST YEARS IN RESPONSE TO PAST NEEDS HIGHLIGHTED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

RECOGNIZING THE MANY DIFFERENT APPROACHES REQUIRED TO REACH COMMUNITY MEMBERS, POSITIONS WERE ADDED AND MOVED TO PROVIDE MORE OUTREACH TO FAITH COMMUNITIES AND OFFER NEW EDUCATIONAL TOPICS SUCH AS SEXUAL HEALTH FOR TEENS.

INSURANCE SIGNUPS: CONTINUE TRAINING APPLICATION COUNSELORS WHO CAN ASSIST PATIENTS WITH INSURANCE SIGNUPS. THROUGH THE MARYLAND HEALTH BENEFIT EXCHANGE, NORTHWEST IS CERTIFIED AS AN ACSE APPLICATION COUNSELOR SPONSORING ENTITY. THIS ALLOWS THE HOSPITAL TO OFFER TRAINING AND ADMINISTRATIVE SUPPORT TO ANY EMPLOYEE TO ASSIST PATIENTS OR CLIENTS IN SIGNING UP FOR INSURANCE. COMMUNITY HEALTH WORKERS AND SOCIAL WORKERS IN THE OUTPATIENT CLINIC AND POPULATION HEALTH PROGRAMS HAVE BEEN TRAINED TO PROVIDE THESE SIGNUPS. THIS OFFER WILL BE EXPANDED TO MEDICAL ASSISTANTS AND WORKERS IN OTHER FACILITIES. NORTHWEST ALSO PLANS TO ENCOURAGE USE OF COMMUNITY ORGANIZATIONS OFFERING INSURANCE SIGNUPS. IN ADDITION TO NORTHWEST'S TRAINED COUNSELORS, STAFF WILL BE EQUIPPED WITH KNOWLEDGE OF ORGANIZATIONS THAT PROVIDE FULL ASSISTANCE FOR PATIENTS TO SIGN UP FOR INSURANCE AND REFER OR ACCOMPANY PATIENTS TO THOSE ORGANIZATIONS.

NEEDS NOT ADDRESSED WITHIN IMPLEMENTATION STRATEGY

Part V Facility Information (continued)

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

MANY OF THE FOLLOWING NEEDS WERE IDENTIFIED AS TOP PRIORITIES BY POPULATIONS OR CONVERSATIONS, BUT ULTIMATELY WERE NOT CHOSEN BY THE COMMUNITY MISSION COMMITTEE AS PRIORITY FOR IMPLEMENTATION.

NEIGHBORHOOD SAFETY/ VIOLENCE: THIS WAS THE TOP ENVIRONMENTAL/SOCIAL CONCERNS. IT WAS NOT PRIORITIZED THIS YEAR SINCE THE STREET VIOLENCE INTERVENTION PROGRAM (SVIP) IS A ROBUST PROGRAM ACTIVELY WORKING WITH VICTIMS OF STREET VIOLENCE.

HOUSING/HOMELESSNESS: HOUSING/ HOMELESSNESS CAME UP IN SEVERAL FOCUS GROUPS BUT DID NOT ARISE AS ONE OF THE MOST COMMONLY IDENTIFIED PRIORITIES IN THE SURVEY RESPONSES. THIS CONCERN WILL BE ADDRESSED THROUGH A COLLABORATIVE WITH OTHER CITY HOSPITALS, WHICH IS COMMITTED TO DEVELOPING A HOUSING STRATEGY FOR BEHAVIORAL HEALTH PATIENTS.

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

INSURANCE TOO EXPENSIVE: AS A REASON FOR WHY PEOPLE DO NOT GET HEALTH CARE, THIS NEED RECEIVED TOP SCORES ACROSS ALL ZIPCODES. HOWEVER, THIS IS NOT WITHIN THE PURVIEW OF THE HOSPITAL.

Part V Facility Information *(continued)*

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

INSURANCE NOT ACCEPTED: THIS REASON RANKED FOURTH ON THE PUBLIC SURVEY, BUT IT WAS NOT ADDRESSED SINCE NORTHWEST HOSPITAL ACCEPTS ALL FORMS OF INSURANCE. IT WAS CONCLUDED THAT THIS PROBLEM WOULD BE BEST ADDRESSED BY PHYSICIAN OFFICES.

LIMITED ACCESS TO HEALTHY FOODS: HEALTHY FOOD ACCESS CAME UP IN SEVERAL SURVEYS AND DISCUSSIONS. THERE IS A LOT OF INTEREST THROUGHOUT BALTIMORE CITY IN ADDRESSING THE PROBLEM OF FOOD DESERTS, BUT OVERALL THE NEED WAS NOT EXPRESSED AS A TOP PRIORITY AMONG COMMUNITY MEMBERS.

POVERTY: POVERTY CAME UP AS THE FIFTH-HIGHEST PRIORITY IN THE NORTHWEST AND OVERALL SURVEYS, AND AS THE NUMBER ONE PRIORITY AMONG PEOPLE WITH DISABILITIES AND THE LGBTQ GROUP. HOWEVER, SINCE THIS NEED WAS DETERMINED TO BE A CONCERN WITH VARIOUS UNDERLYING FACTORS, NORTHWEST FOCUSED ON ADDRESSING SOME MORE SPECIFIC PROBLEMS (INCLUDING JOB READINESS, TRANSPORTATION) COMMONLY ASSOCIATED WITH POVERTY.

SCHOOL DROPOUT/POOR SCHOOLS: THE FOCUS GROUPS WITH PARTICIPANTS IN YOUNGER DEMOGRAPHICS SPOKE ABOUT SCHOOL RELATED PROBLEMS. WHILE LIFEBRIDGE HEALTH IS ENGAGED IN VARIOUS WAYS WITH SCHOOLS, THESE EFFORTS ARE NOT GEARED TOWARDS IMPROVING OVERALL SCHOOL QUALITY.

WAIT IS TOO LONG FOR CARE: THIS PROBLEM SURFACED AS A COMMONLY-IDENTIFIED NEED. A SYSTEM-WIDE EFFORT IS BEING UNDERTAKEN TO ADDRESS THROUGHPUT IN VARIOUS HOSPITAL SETTINGS. BROADER PROBLEMS, SUCH AS WAIT TIMES FOR OTHER HEALTH CARE SERVICES SUCH AS MENTAL HEALTH THERAPY APPOINTMENTS IN THE COMMUNITY, ARE BEYOND THE SCOPE OF THE HOSPITAL.

Part V Facility Information (continued)

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

STIGMA/DISCRIMINATION: STIGMA AND DISCRIMINATION SHOWED UP IN SOME OF THE FOCUS GROUPS THAT WERE CONDUCTED. ALTHOUGH IT WAS NOT PRIORITIZED AS A CENTRAL FOCUS FOR THE NEXT THREE YEARS, THE CONCERNS WERE SHARED WITH OTHER PARTS OF THE SYSTEM. THE CLINICALLY INTEGRATED NETWORK HAS BEGUN ADDRESSING STIGMA AND DISCRIMINATION BY INSTITUTING AN LGBTQ-FRIENDLY PROVIDER NETWORK.

PHYSICIANS NOT TRUSTWORTHY: A FEW PEOPLE MENTIONED THIS CONCERN IN FOCUS GROUPS. ADDRESSING THIS ISSUE WAS BEYOND THE SCOPE OF COMMUNITY BENEFIT INITIATIVES.

NORTHWEST HOSPITAL CENTER, INC.

PART V, SECTION B, LINE 16A:

[HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/FINANCIALASSISTANCE/NORTHWEST/NORTHWESTFINANCIALASSISTANCEPOLICY.PDF](http://www.lifebridgehealth.org/uploads/public/documents/financialassistance/northwest/northwestfinancialassistancepolicy.pdf)

NORTHWEST HOSPITAL CENTER, INC.

PART V, SECTION B, LINE 16B:

[HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/FINANCIALASSISTANCE/NORTHWEST/NORTHWESTCOVERLETTERANDAPPLICATION.PDF](http://www.lifebridgehealth.org/uploads/public/documents/financialassistance/northwest/northwestcoverletterandapplication.pdf)

NORTHWEST HOSPITAL CENTER, INC.

PART V, SECTION B, LINE 16C:

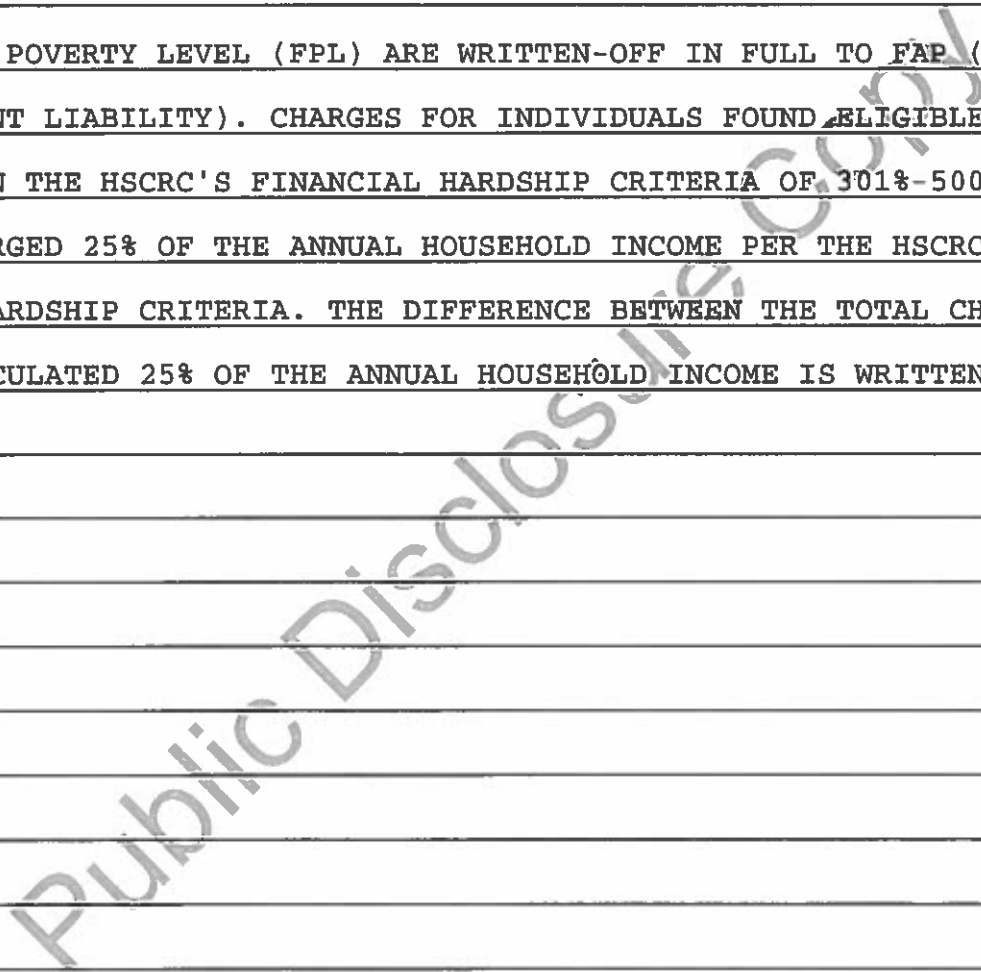
[HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/FINANCIALASSISTANCE/NORTHWEST/NORTHWESTPLAINLANGUAGESUMMARY.PDF](http://www.lifebridgehealth.org/uploads/public/documents/financialassistance/northwest/northwestplainlanguagesummary.pdf)

Part V Facility Information *(continued)*

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

NORTHWEST HOSPITAL CENTER, INC.

PART V, SECTION B, LINE 22C: 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 25% OF THE ANNUAL HOUSEHOLD INCOME PER THE HSCRC'S FINANCIAL HARDSHIP CRITERIA. THE DIFFERENCE BETWEEN THE TOTAL CHARGES AND THE CALCULATED 25% OF THE ANNUAL HOUSEHOLD INCOME IS WRITTEN OFF TO FAP.



Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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.

PART I, LINE 7:

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

Part VI Supplemental Information (Continuation)

COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK-OUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. THE COST OF RENDERING SERVICES FOR MEDICAL ASSISTANCE PATIENTS IS APPROXIMATELY EQUAL TO MEDICAID REVENUES IN MARYLAND. THUS, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

PART I, LINE 7A - I:

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

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

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

Part VI Supplemental Information (Continuation)

SERVICE OR EFFORT DID NOT EXIST.

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

PART II, COMMUNITY BUILDING ACTIVITIES:

AS PART OF OUR OVERALL POPULATION HEALTH STRATEGY WE WILL BE EXPANDING AND INTEGRATING OUR EXISTING COMMUNITY OUTREACH PROGRAMS AND PARTNERING WITH OTHER ENTITIES TO PROVIDE NEW SERVICES FOR OUR COMMUNITY. OUR OUTREACH PROGRAMS IN THE M. PETER MOSER COMMUNITY INITIATIVES DEPARTMENT ARE DESIGNED TO ATTEND TO NOT ONLY THE HEALTH BUT ALSO THE SOCIAL WELL-BEING OF THE PEOPLE IN OUR SURROUNDING NEIGHBORHOODS. FOR EXAMPLE, THE DIABETES MEDICAL HOME EXTENDER PROGRAM FOCUSES ON HELPING PEOPLE WITH POORLY CONTROLLED DIABETES WHO LIVE IN THE COMMUNITIES SURROUNDING THE HOSPITAL. CLIENTS, WHO ARE IDENTIFIED DURING THEIR INPATIENT STAY, ARE THEN PROVIDED NURSING AND COMMUNITY HEALTH WORKER SERVICES IN THEIR HOMES POST-HOSPITALIZATION TO CONNECT WITH SUPPORT SERVICES AND RECEIVE EDUCATION.

PART III, LINE 2:

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

Part VI Supplemental Information (Continuation)

PART III, LINE 3:

NORTHWEST HOSPITAL DETERMINES ELIGIBILITY FOR FINANCIAL ASSISTANCE THROUGH OTHER VARIOUS MEANS SUCH AS ELIGIBLE FOR NON-REIMBURSABLE MEDICAID PROGRAMS, ENROLLED IN MEANS-TESTED SOCIAL PROGRAMS, ENROLLED IN STATE OF MARYLAND GRANT FUNDED PROGRAMS WHERE REIMBURSEMENT IS LESS THAN THE CHARGE, ELIGIBLE UNDER THE JEWISH FAMILY AND CHILDREN'S SERVICES PROGRAMS, OUT-OF-STATE MEDICAID PROGRAMS, MARYLAND MEDICAID ELIGIBLE AFTER ADMISSION, MARYLAND MEDICAID 216 AND IF THE PATIENT WAS DENIED MEDICAID FOR NOT MEETING DISABILITY REQUIREMENTS. OF THE REMAINING BAD DEBT EXPENSE, IT IS ESTIMATED THAT \$11,621,195 IN COST MAY BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE.

AS DESCRIBED ELSEWHERE, THE HOSPITAL ENGAGES IN MULTIPLE EFFORTS TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND CHARITY CARE. THE 11,621,195 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.

PART III, LINE 4:

ALL PATIENT ACCOUNTS ARE HANDLED CONSISTENTLY AND APPROPRIATELY TO MAXIMIZE CASH FLOW AND TO IDENTIFY BAD DEBT ACCOUNTS TIMELY. ACTIVE ACCOUNTS ARE CONSIDERED BAD DEBT ACCOUNTS WHEN THEY MEET SPECIFIC COLLECTION ACTIVITY GUIDELINES AND/OR ARE REVIEWED BY THE APPROPRIATE MANAGEMENT AND DEEMED TO BE UNCOLLECTIBLE. EVERY EFFORT IS MADE TO IDENTIFY AND PURSUE ALL ACCOUNT BALANCE LIQUIDATION OPTIONS, INCLUDING BUT NOT LIMITED TO THIRD PARTY PAYOR REIMBURSEMENT, PATIENT PAYMENT ARRANGEMENTS, MEDICAID ELIGIBILITY AND FINANCIAL ASSISTANCE. THIRD PARTY

Part VI Supplemental Information (Continuation)

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.

PART III, LINE 8:

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

PART III, LINE 9B:

PATIENTS CAN BE DETERMINED ELIGIBLE FOR FINANCIAL ASSISTANCE (F.A.) PROSPECTIVELY OR RETROSPECTIVELY. THE F.A. ELIGIBILITY PERIOD EXPIRES ONE YEAR FROM THE MONTH ELIGIBILITY IS APPROVED FOR MEDICALLY NECESSARY SERVICES. THE PATIENT IS ASKED TO PROVIDE THE F.A. APPROVAL LETTER FOR SERVICES PROVIDED WITHIN THE ELIGIBILITY PERIOD. THE HOSPITAL WILL MAKE EVERY EFFORT TO IDENTIFY PATIENTS ELIGIBLE FOR F.A., ALTHOUGH HOSPITAL SYSTEMS DO NOT ALLOW FOR THIS TO BE AUTOMATED. BALANCES APPROVED FOR

Part VI Supplemental Information (Continuation)

FINANCIAL ASSISTANCE ARE WRITTEN-OFF TO A ZERO BALANCE AND THEREFORE NOT PURSUED BY INTERNAL COLLECTION PROCESSES OR THIRD PARTY AGENCIES. BALANCES ALREADY PLACED WITH THIRD PARTY AGENCIES ARE WRITTEN-OFF TO A ZERO BALANCE AND THE ACCOUNTS ARE CLOSED AND RETURNED BY THE THIRD PARTY AGENCY.

PART VI, LINE 2:

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.

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.

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.

NORTHWEST HAS ALSO ARRANGED FOR ITS PATIENTS AND COMMUNITIES TO RECEIVE SERVICES THROUGH THE M. PETER MOSER COMMUNITY INITIATIVES DEPARTMENT OF NORTHWEST'S AFFILIATE HOSPITAL, SINAI HOSPITAL OF BALTIMORE. SINAI'S M. PETER MOSER COMMUNITY INITIATIVES DEPARTMENT PROVIDES SERVICES THAT RESPOND TO MORE THAN THE SPECIFIC MEDICAL CONDITION, TAKING INTO ACCOUNT

Part VI Supplemental Information (Continuation)

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

WE OFTEN USE INFORMATION GATHERED DURING OUR EDUCATIONAL PROGRAM EVALUATIONS (DONE BY SURVEY AND INFORMAL CONVERSATION) WHICH ASK IF THERE ARE (1) ANY CHANGES SUGGESTED TO THE PROGRAM; AND (2) ANY TOPICS PEOPLE WOULD LIKE TO SEE COVERED THAT WERE NOT COVERED IN THE PROGRAM. WE ALSO WORK IN CLOSE COLLABORATION WITH THE LOCAL HEALTH DEPARTMENTS (BALTIMORE CITY AND COUNTY) WITH REGARD TO THEIR HEALTH INITIATIVES, STATISTICS, AND ALSO DIRECTLY WITH ORGANIZATIONS TO MEET THEIR REQUESTS FOR SUBJECT MATTER (E.G. ZETA CENTER SENIORS MAY REQUEST AN EVENT SURROUNDING MEMORY ENHANCEMENT). WE ALSO WORK WITH INTERNAL SPECIALTIES IN LBH TO AID IN TARGETED HEALTH EDUCATION AS NEEDED.

PART VI, LINE 3:

THE FOLLOWING DESCRIBES MEANS USED AT NORTHWEST HOSPITAL TO INFORM AND ASSIST PATIENTS REGARDING ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER

Part VI Supplemental Information (Continuation)

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 IS

Part VI Supplemental Information (Continuation)

AVAILABLE IN RUSSIAN AND SPANISH. NORTHWEST HOSPITAL HOSTS AND PARTICIPATES IN VARIOUS DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND MARYLAND HOSPITAL ASSOCIATION SPONSORED CAMPAIGNS LIKE 'COVER THE UNINSURED WEEK'.

PART VI, LINE 4:

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:

(A) THE PRIMARY SERVICE AREA (PSA) IS COMPRISED OF ZIP CODES FROM WHICH THE TOP 60% OF PATIENT DISCHARGES ORIGINATE.

(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 NORTHWEST HOSPITAL COMMUNITY BENEFIT SERVICE AREA IS HOME TO OVER 246,000 RESIDENTS WITH AN AVERAGE HOUSEHOLD INCOME OF \$67,000 COMPARED TO THE MARYLAND STATE AVERAGE OF \$74,000.

PART VI, LINE 5:

THE MEMBERS OF THE SENIOR LEADERSHIP TEAM 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. THE MEMBERS OF THE CLINICAL LEADERSHIP TEAM PROVIDE MORE DIRECTED OVERSIGHT AND DIRECTION TO THE POPULATION HEALTH DEPARTMENT IN IDENTIFYING THE INTERVENTIONS THAT ARE SPECIFICALLY HELPFUL FOR THE NORTHWEST CBSA,

Part VI Supplemental Information (Continuation)

INCLUDING COMMUNITY BENEFIT OUTPUT AND OTHER POPULATION HEALTH-RELATED INITIATIVES.

THE COMMUNITY MISSION COMMITTEE: LIFEBRIDGE HEALTH, INC., THE PARENT CORPORATION THAT INCLUDES NORTHWEST HOSPITAL CENTER, INC., HAS A BOARD COMMITTEE FOR THE OVERSIGHT AND GUIDANCE FOR ALL COMMUNITY SERVICES AND PROGRAMMING. COMMUNITY MISSION COMMITTEE MEMBERS INCLUDE HOSPITAL BOARD MEMBERS AND EXECUTIVES, PRESIDENT OF LIFEBRIDGE HEALTH, INC., AND VICE PRESIDENTS. THE COMMUNITY MISSION COMMITTEE IS RESPONSIBLE FOR REVIEWING, REPORTING, AND ADVISING COMMUNITY BENEFIT ACTIVITIES. THIS COMMITTEE REVIEWS SPECIFIC PROGRAMS ON A REGULAR BASIS, MAKING RECOMMENDATIONS TO THE PROGRAM MANAGERS FOR IMPROVEMENTS OR NEW PROGRAMMING APPROACHES. THIS IS THE COMMITTEE THAT REVIEWS THE COMMUNITY BENEFIT REPORT EACH YEAR AND MAKES RECOMMENDATIONS FOR APPROVAL OF THE REPORT AT THE FULL BOARD LEVEL.

DIRECT SERVICE STAFF: IN THE DEPARTMENT OF POPULATION HEALTH, THE M. PETER MOSER COMMUNITY INITIATIVES LIFEBRIDGE 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.

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.

Part VI Supplemental Information (Continuation)

OTHER CLINICAL DEPARTMENTS ALSO PROVIDE COMMUNITY BENEFIT PROGRAMMING IN ADDITION TO REGULAR CLINICAL FUNCTIONING.

PART VI, LINE 6:

NORTHWEST HOSPITAL IS A COMMUNITY HOSPITAL WITH AN ATTENDING STAFF OF APPROXIMATELY 700 PHYSICIANS, INCLUDING SEVERAL SPECIALTIES. THOSE SPECIALTIES INCLUDE BUT ARE NOT LIMITED TO CARDIOLOGY, PULMONARY, GENERAL SURGERY, ORTHOPEDICS, VASCULAR AND INFECTIOUS DISEASE. WHILE WE HAVE NARROWED THE GAPS IN GYNECOLOGY, OPHTHALMOLOGY, NEUROLOGY, NEUROSURGERY, VASCULAR AND COLORECTAL SURGERY, THERE ARE STILL GAPS IN DERMATOLOGY, RHEUMATOLOGY, INFECTIOUS DISEASES, AND ORTHOPEDIC SPECIALTIES IN HAND AND SPINE.

FACULTY PHYSICIANS PROVIDE SERVICES TO PATIENTS THROUGH A FACULTY PRACTICE PLAN. WHEN PATIENTS REQUEST APPOINTMENTS IN THE FACULTY PRACTICE OFFICES, THEY ARE NOT SCREENED ON THE 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. BECAUSE OF THESE TWO ARRANGEMENTS FOR PROVIDING SPECIALTY CARE FOR UNINSURED PATIENTS, WE ARE NOT ABLE TO DOCUMENT GAPS IN SPECIALTY CARE FOR UNINSURED PATIENTS.

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 7:

THE COMMUNITY BENEFIT REPORT IS FILED IN THE STATE OF MARYLAND.

Public Disclosure Copy

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAIME BARNES D.O. DIRECTOR/CHIEF OF MEDICINE	(i) 459,434. (ii) 0. (iii) 0.	84,894. 0. 0.	260. 0. 0.	0. 0. 0.	27,307. 0. 0.	571,895. 0. 0.	0. 0. 0.
(2) LESLIE SIMMONS EXEC VP, LBH/PT YR INT NWH PRES	(i) 704,152. (ii) 0. (iii) 0.	318,661. 0. 0.	156,357. 0. 0.	265,490. 0. 0.	19,941. 0. 0.	1,464,601. 0. 0.	100,342. 0. 0.
(3) NEIL MELTZER PRES & CEO, LIFEBRIDGE HEALTH	(i) 999,827. (ii) 0. (iii) 0.	842,880. 0. 0.	485,431. 0. 0.	388,916. 0. 0.	20,227. 0. 0.	2,737,281. 0. 0.	357,770. 0. 0.
(4) DAVID KRAJEWSKI EXEC VP/CFO	(i) 763,808. (ii) 0. (iii) 0.	350,836. 0. 0.	147,315. 0. 0.	364,121. 0. 0.	26,336. 0. 0.	1,652,416. 0. 0.	90,169. 0. 0.
(5) JASON WEINER SVP AND GENERAL COUNSEL	(i) 382,090. (ii) 0. (iii) 0.	198,002. 0. 0.	11,727. 0. 0.	87,237. 0. 0.	20,060. 0. 0.	699,116. 0. 0.	0. 0. 0.
(6) TERENCE CARNEY VP SUPPLY CHAIN	(i) 263,224. (ii) 0. (iii) 0.	83,986. 0. 0.	143,743. 0. 0.	18,505. 0. 0.	2,563. 0. 0.	512,021. 0. 0.	28,293. 0. 0.
(7) JAMES ROBERGE VP CAPITAL IMPROVEMENTS & SUPPORT	(i) 278,657. (ii) 0. (iii) 0.	84,253. 0. 0.	89,004. 0. 0.	56,161. 0. 0.	23,901. 0. 0.	531,976. 0. 0.	26,532. 0. 0.
(8) NANCY KANE VP FINANCIAL REPORTING	(i) 244,180. (ii) 0. (iii) 0.	76,646. 0. 0.	49,011. 0. 0.	62,153. 0. 0.	21,395. 0. 0.	453,385. 0. 0.	25,717. 0. 0.
(9) TRACIE ODEN VP HR NORTHWEST HOSPITAL	(i) 266,348. (ii) 0. (iii) 0.	78,010. 0. 0.	4,409. 0. 0.	34,918. 0. 0.	9,019. 0. 0.	392,704. 0. 0.	0. 0. 0.
(10) SAMUEL SMITH, M.D. CHIEF QUALITY OFFICER	(i) 298,915. (ii) 0. (iii) 0.	32,221. 0. 0.	1,142. 0. 0.	3,843. 0. 0.	21,145. 0. 0.	357,266. 0. 0.	0. 0. 0.
(11) LOU DUNAWAY VP BUDGET & CAPITAL PLANNING/CFO LEV	(i) 229,776. (ii) 0. (iii) 0.	66,662. 0. 0.	3,718. 0. 0.	52,376. 0. 0.	19,451. 0. 0.	371,983. 0. 0.	0. 0. 0.
(12) ROBERT SALTZMAN, M.D. PHYSICIAN	(i) 694,465. (ii) 0. (iii) 0.	333,621. 0. 0.	18,896. 0. 0.	8,542. 0. 0.	24,430. 0. 0.	1,079,954. 0. 0.	0. 0. 0.
(13) BRIAN JANTZ, M.D. PHYSICIAN	(i) 375,554. (ii) 0. (iii) 0.	202,499. 0. 0.	17,761. 0. 0.	8,542. 0. 0.	16,045. 0. 0.	620,401. 0. 0.	0. 0. 0.
(14) CHAITANYA RAVI, M.D. HOSPITALIST	(i) 371,141. (ii) 0. (iii) 0.	67,834. 0. 0.	20,188. 0. 0.	399. 0. 0.	20,397. 0. 0.	479,959. 0. 0.	0. 0. 0.
(15) MAYER GORBATY, M.D. PHYSICIAN-IN-CHIEF	(i) 372,847. (ii) 0. (iii) 0.	24,667. 0. 0.	1,188. 0. 0.	16,619. 0. 0.	19,080. 0. 0.	434,401. 0. 0.	0. 0. 0.
(16) ALAN DAVIS PHYSICIAN	(i) 351,212. (ii) 0. (iii) 0.	0. 0. 0.	3,042. 0. 0.	1,531. 0. 0.	21,622. 0. 0.	377,407. 0. 0.	0. 0. 0.

Part III Supplemental Information

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

PART I, LINE 1A:

ALL BOARD MEMBERS ARE ELIGIBLE FOR COMPLIMENTARY HEALTH CLUB MEMBERSHIPS.

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

REPORTED ON FORM 990, PART VII.

PART I, LINE 3:

THE COMPENSATION OF NORTHWEST HOSPITAL CENTER, INC.'S PRESIDENT IS

DETERMINED AT THE PARENT LEVEL BY LIFEBRIDGE HEALTH, INC. THE METHODS USED

AT LIFEBRIDGE HEALTH, INC. INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT

COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY

OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

PART I, LINES 4A-B:

DURING THE YEAR, THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE:

RONALD GINSBERG \$ 178,070

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATED IN A

LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

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.

NEIL MELTZER \$361,442

DAVID KRAJEWSKI \$337,265

LESLIE SIMMONS \$241,199

TRACIE ODEN \$29,418

JAMES ROBERGE \$40,398

NANCY KANE \$31,139

LOU DUNAWAY \$25,332

JASON WEINER \$68,318

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS RECEIVED PAYMENTS AS

PART OF THEIR PARTICIPATION IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN:

NEIL MELTZER \$428,403

KELLY CORBI \$37,212

DAVID KRAJEWSKI \$105,878

BRIAN WHITE \$87,157

LESLIE SIMMONS \$115,877

TERRENCE CARNEY \$95,602

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.

JAMES REBORGE \$ 62,501

NANCY KANE \$ 38,862

RONALD GINSBERG \$ 26,229

JOEL SULDAN \$402,248

MR. YOUSUF RECEIVED COMPENSATION AS A FORMER PRESIDENT AND COO OF NORTHWEST HOSPITAL CENTER, INC., NOT AS A DIRECTOR.

MR. BARNES RECEIVED COMPENSATION AS CHIEF OF MEDICINE OF NORTHWEST HOSPITAL CENTER, INC., NOT AS A DIRECTOR.

MS. SIMMONS RECEIVED COMPENSATION AS EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER OF LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ACME PAPER & SUPPLY CO.	INDIRECT BUSINESS	2,382,311.	NORTHWEST H		X
BALTIMORE HEART ASSOCIATES	INDIRECT BUSINESS	266,270.	NORTHWEST H		X
OBRECHT REALTY SERVICES AN	INDIRECT BUSINESS	4,549,733.	NORTHWEST H		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: ACME PAPER & SUPPLY CO.

(D) DESCRIPTION OF TRANSACTION: NORTHWEST HOSPITAL CENTER, INC. AND THE LIFEBRIDGE SUBSIDIARIES PURCHASED APPROXIMATELY \$2,382,311 IN PAPER 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.

(A) NAME OF PERSON: BALTIMORE HEART ASSOCIATES

(D) DESCRIPTION OF TRANSACTION: NORTHWEST HOSPITAL CENTER, INC. AND THE LIFEBRIDGE SUBSIDIARIES PAID APPROXIMATELY \$266,270 FOR EKG READINGS FROM BALTIMORE HEART ASSOCIATES. ONE OF THE DIRECTORS OF NORTHWEST HOSPITAL CENTER, DR. BARRY WALTERS, IS THE VICE PRESIDENT OF THE COMPANY. ALL TRANSACTIONS WERE AT FMV AND NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: OBRECHT REALTY SERVICES AND CARLSON LANE LLC

(D) DESCRIPTION OF TRANSACTION: NORTHWEST HOSPITAL CENTER, INC. AND THE LIFEBRIDGE SUBSIDIARIES PAID APPROXIMATELY \$4,549,733 FOR CONSTRUCTION SERVICES AND RENT TO OBRECHT REALTY SERVICES AND CARLSON LANE LLC. ONE OF THE DIRECTORS OF NORTHWEST HOSPITAL CENTER, MR. THOMAS OBRECHT, IS AN

Part V Supplemental Information

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

OWNER OF THESE COMPANIES. ALL TRANSACTIONS WERE AT FMV AND NEGOTIATED AT
ARM'S LENGTH.

Public Disclosure Copy

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

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

BETWEEN THE HOSPITAL, MEDICAL STAFF AND OUR PATIENTS.

FORM 990, PART III, LINE 1:

NORTHWEST HOSPITAL EXISTS TO IMPROVE THE WELL-BEING OF THE COMMUNITY BY
NURTURING RELATIONSHIPS BETWEEN THE HOSPITAL, MEDICAL STAFF AND OUR
PATIENTS.

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 FIFTY-SEVEN 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 2020, THE HOSPITAL ADMITTED 8,263 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

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

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

932211 09-08-19

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

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.

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

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, SECTION A, LINE 7A:

THE MEMBER SHALL HAVE THE EXCLUSIVE POWER AND AUTHORITY TO TAKE THE FOLLOWING ACTIONS: (1) EXCEPT FOR EX OFFICIO DIRECTORS AS PROVIDED FOR IN THE BYLAWS, TO NOMINATE, ELECT, AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE CORPORATION; (2) TO APPOINT THE PRESIDENT OF THE CORPORATION WITH THE ADVICE AND CONSENT OF THE BOARD OF DIRECTORS; (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, SECTION A, LINE 7B:

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

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number
52-1372665

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

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

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

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

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

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

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

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 LIFE BRIDGE OR ANY OF ITS SUBSIDIARIES.

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

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

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,

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number
52-1372665

SPOUSES OF BROTHERS, SISTERS, CHILDREN, GRANDCHILDREN, AND
GREAT-GRANDCHILDREN, AND ANY OTHER MEMBER OF A HOUSEHOLD OF THE INDIVIDUAL.

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

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

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

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

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

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

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

OTHER PURCHASED SERVICES:

Name of the organization NORTHWEST HOSPITAL CENTER, INC.	Employer identification number 52-1372665
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PROGRAM SERVICE EXPENSES	9,206,700.
MANAGEMENT AND GENERAL EXPENSES	12,271,643.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,478,343.

AGENCY NURSES:

PROGRAM SERVICE EXPENSES	2,723,252.
MANAGEMENT AND GENERAL EXPENSES	186,556.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,909,808.

CONTRACT CLEANING:

PROGRAM SERVICE EXPENSES	24,409.
MANAGEMENT AND GENERAL EXPENSES	2,982,369.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,006,778.

PROFESSIONAL & TECHNICAL:

PROGRAM SERVICE EXPENSES	5,691,927.
MANAGEMENT AND GENERAL EXPENSES	2,515,749.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,207,676.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	35,602,605.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER FROM AFFILIATES	14,000,000.
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PART XII, LINE 2C

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

DUE TO AFFILIATES - BONDS

ON MARCH 30, 2011, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, GRACE MEDICAL CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$50,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE A CONSTRUCTION AND EXPANSION PROJECT OF LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS AT SINAI HOSPITAL OF BALTIMORE AND NORTHWEST HOSPITAL CENTER. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2011, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A DISCOUNT OF \$55,766, OF WHICH NORTHWEST'S PORTION IS \$10,199, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2020, \$2,144,657 OF THE TOTAL AMOUNT BORROWED, OF WHICH NORTHWEST'S PORTION IS \$392,220, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON MAY 1, 2015, A SINGLE OBLIGATED GROUP (THE OBLIGATED GROUP) WAS FORMED, CONSISTING OF LIFEBRIDGE HEALTH INC., SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

GERIATRIC CENTER & HOSPITAL INC., GRACE MEDICAL CENTER, THE BALTIMORE

JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION

INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL

CENTER INC., CARROLL COUNTY MED SERVICES INC., AND BRIDGINGLIFE INC.

(FORMERLY CARROLL HOSPICE INC). MEMBERS OF THE OBLIGATED GROUP ARE

JOINTLY AND SEVERALLY LIABLE FOR ALL OF THE OUTSTANDING BONDS. THE

BONDS INCLUDE THE ONES DETAILED ABOVE AS WELL AS THE BONDS ISSUED ON

BEHALF OF CARROLL HOSPITAL CENTER, INC. AND ITS RELATED SUBSIDIARIES.

THESE BONDS WERE ISSUED BY THE MARYLAND HEALTH AND HIGH EDUCATION

FACILITIES (MHHEFA) AUTHORITY ON BEHALF OF LIFEBRIDGE HEALTH INC. AND

CARROLL HOSPITAL CENTER, INC. AND THEIR RESPECTIVE AFFILIATES, TOGETHER

WITH THE OTHER OBLIGATIONS ON PARITY WITH SUCH BONDS. ALL THE BONDS ARE

REPORTED ON SCHEDULE K OF THE LIFEBRIDGE HEALTH INC. FORM 990.

ON JULY 30, 2015, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES

SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC.,

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., GRACE MEDICAL

CENTER, THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S

HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES

CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES

INC., AND BRIDGINGLIFE INC. (FORMERLY CARROLL HOSPICE INC)

(COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$159,685,000 FROM THE

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE

AUTHORITY) TO FINANCE AND REFINANCE THE COST OF CONSTRUCTION,

RENOVATION, AND EQUIPPING OF CERTAIN ADDITIONAL FACILITIES FOR THE

OBLIGATED GROUP, TO REFUND A PORTION OF THE SERIES 2008 BONDS AND THE

AUTHORITY'S CARROLL ISSUE, SERIES 2015 BONDS, AND REFINANCE A PORTION

OF AN OUTSTANDING LINE OF CREDIT. THE AUTHORITY OBTAINED THE FUNDS FOR

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFE BRIDGE HEALTH ISSUE, SERIES 2015, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$7,389,102, OF WHICH NORTHWEST'S PORTION IS \$910,610, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2020, \$164,314,903 OF THE TOTAL AMOUNT BORROWED, OF WHICH NORTHWEST'S PORTION IS \$21,012,805, APPEARS AS DUE TO LIFE BRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFE BRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON OCTOBER 25, 2016, LIFE BRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., GRACE MEDICAL CENTER, THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., AND BRIDGINGLIFE INC. (FORMERLY CARROLL HOSPICE INC) (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$120,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO REFINANCE THE SERIES 2008 BONDS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFE BRIDGE HEALTH ISSUE, SERIES 2016, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$11,192,819, OF WHICH NORTHWEST'S PORTION IS \$2,524,729, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2020, \$121,235,201 OF THE TOTAL AMOUNT BORROWED, OF WHICH NORTHWEST'S PORTION IS \$86,751,506, APPEARS AS DUE TO LIFE BRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFE BRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON NOVEMBER 9, 2017, LIFE BRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, GRACE MEDICAL CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$118,120,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE THE ADVANCE REFUNDING OF THE 2008 SERIES BONDS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFE BRIDGE HEALTH ISSUE, SERIES 2017, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$12,517,982 OF WHICH NORTHWEST'S PORTION IS \$3,179,567, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2020, \$122,182,849 OF THE TOTAL AMOUNT BORROWED APPEARS AS DUE TO LIFE BRIDGE HEALTH, OF WHICH NORTHWEST'S PORTION IS \$31,034,444. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFE BRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LIFEBRIDGE HEALTH, INC. - 52-1402373 2401 WEST BELVEDERE AVE BALTIMORE, MD 21215	TO SUPPORT THE CHARITABLE MISSIONS OF ITS SUBSIDIARIES.	MARYLAND	501(C)(3)	LINE 12C, III-FI N/A			X
SINAI HOSPITAL OF BALTIMORE, INC. - 52-0486540, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	PROVIDE MEDICAL CARE, EDUCATE STUDENTS, PERFORM MEDICAL RESEARCH	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. - 52-0607913, 2434 WEST BELVEDERE AVE, BALTIMORE, MD 21215	GERIATRIC HOSPITAL DEDICATED TO PROVIDING SERVICE TO THE AGED	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
COURTLAND GARDENS NURSING AND REHABILITATION CENTER - 52-0607907, 2434 WEST BELVEDERE AVE, BALTIMORE, MD 21215	SKILLED NURSING CARE FOR THE ELDERLY AND DISABLED	MARYLAND	501(C)(3)	10	LIFEBRIDGE HEALTH, INC.		X

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

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CHILDREN'S HOSPITAL OF BALTIMORE CITY - 52-0591592, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
THE BALTIMORE JEWISH HEALTH FOUNDATION, INC. - 52-2111541, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
CHILDREN'S HOSPITAL AT SINAI FOUNDATION - 52-2167587, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
THE BALTIMORE JEWISH ELDERCARE FOUNDATION - 52-2337669, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR LEVINDALE HEBREW GERIATRIC CENTER HOSPITAL	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
CARROLL COUNTY HEALTH SERVICES CORPORATION - 52-0691413, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	CHARITY SUPPORT FOR CARROLL HOSPITAL CENTER, INC.	MARYLAND	501(C)(3)		LIFEBRIDGE HEALTH, INC.		X
CARROLL HOSPITAL CENTER, INC. - 52-1452024 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	A HOSPITAL COMMITTED TO THE HIGHEST QUALITY HEALTH CARE	MARYLAND	501(C)(3)	LINE 12B, II	CARROLL COUNTY HEALTH SERVICES CORPORATION		X
CARROLL HOSPITAL CENTER FOUNDATION, INC. - 52-1115038, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	CHARITY SUPPORT FOR CARROLL HOSPITAL CENTER, INC. & CARROLL HOSPICE	MARYLAND	501(C)(3)	12A	CARROLL HOSPITAL CENTER INC.		X
BRIDGELIFE, INC. (FKA CARROLL HOSPICE, INC.) - 52-1565870, 292 STONER AVENUE, WESTMINSTER, MD 21157	HOSPICE HEALTH SERVICES	MARYLAND	501(C)(3)	7	CARROLL HOSPITAL CENTER INC.		X
PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY, INC. - 52-2156892, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	HEALTH SERVICES	MARYLAND	501(C)(3)	7	CARROLL HOSPITAL CENTER INC.		X
THE BALTIMORE CHILD ABUSE CENTER, INC. 52-1681279, 2300 NORTH CHARLES STREET, BALTIMORE, MD 21218	CHILD ABUSE SUPPORT, TREATMENT, AND PREVENTION	MARYLAND	501(C)(3)	7	LIFEBRIDGE HEALTH, INC.		X
GRACE MEDICAL CENTER, INC. - 52-0591555 2000 W BALTIMORE STREET BALTIMORE, MD 21223	ACUTE CARE HOSPITAL	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
WEST BALTIMORE RENAISSANCE FOUNDATION, INC. - 84-3355332, 2401 W BELVEDERE AVE, BALTIMORE, MD 21215	COMMUNITY RESOURCE CENTER	MARYLAND	501(C)(3)	7	LIFEBRIDGE HEALTH, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CARROLL OCCUPATIONAL HEALTH, LLC - 20-2769332, 7001 CORPORATE CENTER COURT, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
HOMECARE MARYLAND, LLC - 26-1378175, 8028 RITCHIE HIGHWAY, SUITE 210B, PASADENA, MD 21122	HOME HEALTH SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
LIFEBRIDGE PRIMARY CARE OF ELDERSBURG, LLC - 38-3897702, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC SPECIALISTS, LLC) - 45-07, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LIFEBRIDGE COMMUNITY												
PULMONOLOGY, LLC - 46-1401312, 2401 WEST BELVEDERE AVENUE, BALTIMORE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LIFEBRIDGE COMMUNITY												
PEDIATRICS, LLC - 46-2842468, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LIFEBRIDGE COMMUNITY												
GASTROENTEROLOGY, LLC - 46-2863298, 2401 WEST BELVEDERE AVENUE, BALTIMORE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LIFEBRIDGE COMMUNITY												
ASSOCIATES, LLC - 46-2941505, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LIFEBRIDGE GYNECOLOGY OF PIKESVILLE, LLC - 46-2949092, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LIFEBRIDGE CARDIOLOGY OF PARKVILLE, LLC - 46-3742313, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SURGICENTER OF BALTIMORE, LLC - 52-1658841, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CARROLL COUNTY RADIOLOGY, LLC - 52-2190849, 7253 AMBASSADOR ROAD, BALTIMORE, MD 21244	RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
ELLICOTT CITY ASC MANAGEMENT, LLC - 52-2331663, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC - 80-0883321, 2401 WEST BELVEDERE AVENUE, BALTIMORE, LIFEBRIDGE REHABILITATION SERVICES, LLC - 81-1504380, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MOUNT AIRY MED-SERVICES, LLC - 46-5632176, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	REHABILITATION SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SPRINGWELL PARTNERS, LLC - 27-1971171, 2200 PINE HILL FARMS LANE, HUNT VALLEY, MD 21030	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
LIFEBRIDGE SUBURBAN PHYSICIAN GROUP II, LLC - 81-4209029, 5401 OLD COURT ROAD, RANDALLSTOWN, MD 21133	ASSISTED LIVING MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
LIFEBRIDGE LAB MANAGEMENT, LLC - 82-1113874, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	LABORATORY SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC - 81-4223537, 2401 WEST BELVEDERE AVENUE, BALTIMORE, LIFEBRIDGE MULTI-SPECIALTY, LLC - 46-3753120, 41 MAGNA WAY, SUITE 100, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PRACTICE DYNAMICS, INC	P	2,630,038.FMV	
(2)	LIFEBRIDGE NEUROSCIENCES, LLC	A	50,988.FMV	
(3)	LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC	A	58,883.FMV	
(4)	LIFEBRIDGE HEALTH, INC.	P	46,737,674.FMV	
(5)				
(6)				

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC SPECIALISTS, LLC)

EIN: 45-0719598

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY PULMONOLOGY, LLC

EIN: 46-1401312

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC

EIN: 46-2863298

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC

EIN: 80-0883321

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC

EIN: 81-4223537

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ELLICOTT CITY AMBULATORY SURGERY CENTER LLLP

EIN: 52-2331663

2850 NORTH RIDGE ROAD

ELLICOTT CITY, MD 21043

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