

Return of Organization Exempt From Income Tax

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTHWEST HOSPITAL CENTER INC. Doing Business As		D Employer identification number 52-1372665
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (410) 601-5653
		5401 OLD COURT ROAD City or town, state or country, and ZIP + 4 RANDALLSTOWN, MD 21133		G Gross receipts \$ 216,826,671.
		F Name and address of principal officer: ERIK WEXLER 5401 OLD COURT ROAD RANDALLSTOWN, MD 21133		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.LIFEBRIDGEHEALTH.ORG/NORTHWEST.CFM H(c) Group exemption number		
K Type 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: <u>TO IMPROVE THE WELLBEING OF THE COMMUNITY WE SERVE</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of employees (Part V, line 2a)	5	1,734
	6	Total number of volunteers (estimate if necessary)	6	175
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,833.	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year 2,338,460.	Current Year 10,632,780.
	9	Program service revenue (Part VIII, line 2g)	192,147,958.	200,603,900.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,312,635.	-2,753,122.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,294,375.	1,782,926.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	203,093,428.	210,266,484.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	91,151,283.	99,805,397.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
		b Total fundraising expenses, Part IX, column (D), line 25	67,807.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	90,420,253.	90,680,369.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	181,571,536.	190,488,416.	
	19 Revenue less expenses. Subtract line 18 from line 12	21,521,892.	19,778,068.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 222,383,146.	End of Year 211,234,370.
	21	Total liabilities (Part X, line 26)	99,482,644.	98,159,049.
	22	Net assets or fund balances. Subtract line 21 from line 20	122,900,502.	113,075,321.

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: Charles Orlando Date: 5/12/10
 Type or print name and title: Charles Orlando CFO

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 5/7/10 Check if self-employed:
 Preparer's identifying number (see instructions): P00451522
 Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP 1660 INTERNATIONAL DRIVE MCLEAN, VA 22102-4848 EIN: 13-5565207
 Phone no.: 703-286-8000

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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization NORTHWEST HOSPITAL CENTER INC.	Employer identification number 52-1372665
	Number, street, and room or suite no. If a P.O. box, see instructions. 5401 OLD COURT ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RANDALLSTOWN, MD 21133	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ NANCY KANE

Telephone No. ▶ 410 601-5653 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning 07/01, 2008, and ending 06/30, 2009

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization NORTHWEST HOSPITAL CENTER INC.	Employer Identification number 52-1372665
	Number, street, and room or suite no. If a P.O. box, see instructions. 5401 OLD COURT ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RANDALLSTOWN, MD 21133	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	


STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **NANCY KANE**
 Telephone No. **410 601-5653** FAX No.
 - If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until 05/15/2010.
- 5 For calendar year _____, or other tax year beginning 07/01/2008, and ending 06/30/2009.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **11/11/09**

KPMG LLP
 1660 INTERNATIONAL DRIVE
 MCLEAN, VA 22102-4848

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

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

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

4a (Code: _____) (Expenses \$ 144,230,374. including grants of \$ _____) (Revenue \$ 200,603,900.)

NORTHWEST HOSPITAL CENTER, INC. IS RESPONSIBLE FOR THE MANAGEMENT AND DAY-TO-DAY OPERATIONS OF THE 218 BED ACUTE-CARE AND 29 BED SUBACUTE-CARE HOSPITAL. HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. TOTAL EXPENSE WAS \$5,295,256.

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

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

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

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

4e Total program service expenses ▶ \$ 144,230,374. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response boxes. Contains 27 numbered questions regarding organizational reporting requirements.

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes/No checkboxes, and numerical input fields. Questions cover topics like Form 1096 reporting, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and Section 501(c)(3) organizations.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about governing body members, family/business relationships, management delegation, organizational changes, asset diversion, members/stockholders, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and organizational investments.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NANCY KANE, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215, 410-601-5653

Part VIII Statement of Revenue

52-1372665

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	139,332.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,493,448.			
	g	Noncash contributions included in lines 1a-1f: \$		14,535.			
	h	Total. Add lines 1a-1f		10,632,780.			
Program Service Revenue	2a	PATIENT REVENUE	Business Code 900099	200,603,900.	200,603,900.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		200,603,900.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	STMT. 4	3,807,065.		3,807,065.	
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
	6a	Gross Rents	(i) Real	(ii) Personal			
			302,098.				
	b	Less: rental expenses					
	c	Rental income or (loss)	302,098.				
	d	Net rental income or (loss)			302,098.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	6,560,187.				
	c	Gain or (loss)	-6,560,187.				
	d	Net gain or (loss)			-6,560,187.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a				
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events			NONE			
9a	Gross income from gaming activities. See Part IV, line 19.	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities			NONE			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	362,344.		NONE	362,344.	
b	CAFETERIA SALES	900099	1,118,484.		NONE	1,118,484.	
c							
d	All other revenue				NONE		
e	Total. Add lines 11a-11d		1,480,828.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		210,266,484.	200,603,900.	NONE	-970,196.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	2,650.	2,650.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,453,227.		1,385,420.	67,807.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	79,710,790.	59,145,412.	20,565,378.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	2,219,499.	1,775,599.	443,900.	
9 Other employee benefits	10,853,471.	7,341,750.	3,511,721.	
10 Payroll taxes	5,568,410.	4,454,728.	1,113,682.	
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	14,231,342.	4,031,340.	10,200,002.	
12 Advertising and promotion	322,241.	15,956.	306,285.	
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	796,861.	778,424.	18,437.	
17 Travel	41,334.	41,334.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	593,144.	261,575.	331,569.	
20 Interest	3,419,668.	3,419,668.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	10,836,897.	10,836,897.		
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES _____	31,138,678.	28,555,848.	2,582,830.	
b PROVISION FOR BAD DEBT _____	13,516,465.	13,516,465.		
c PROFESSIONAL & TECHNICAL _____	6,468,058.	5,006,781.	1,461,277.	
d UTILITIES _____	2,695,862.	2,021,897.	673,965.	
e AGENCY NURSES _____	2,410,277.	2,410,277.		
f All other expenses _____	4,209,542.	613,773.	3,595,769.	
25 Total functional expenses. Add lines 1 through 24f	190,488,416.	144,230,374.	46,190,235.	67,807.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,054.	1	4,304.
	2 Savings and temporary cash investments	54,977,933.	2	36,895,581.
	3 Pledges and grants receivable, net	1,600,546.	3	1,957,074.
	4 Accounts receivable, net	24,462,787.	4	22,621,134.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	2,395,772.	8	2,081,075.
	9 Prepaid expenses and deferred charges	517,227.	9	614,254.
	10a Land, buildings, and equipment: cost basis	10a 193,244,322.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 104,552,875.	76,941,968.	10c 88,691,447.
	11 Investments - publicly traded securities	60,512,893.	11	57,410,436.
	12 Investments - other securities. See Part IV, line 11	214,205.	12	206,566.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	755,761.	15	752,499.
16 Total assets. Add lines 1 through 15 (must equal line 34)	222,383,146.	16	211,234,370.	
Liabilities	17 Accounts payable and accrued expenses	23,808,576.	17	23,814,609.
	18 Grants payable		18	
	19 Deferred revenue	184,990.	19	241,874.
	20 Tax-exempt bond liabilities	73,538,399.	20	NONE
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,950,679.	25	74,102,566.
	26 Total liabilities. Add lines 17 through 25.	99,482,644.	26	98,159,049.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	119,047,537.	27	109,442,012.
	28 Temporarily restricted net assets	3,852,965.	28	3,633,309.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	122,900,502.	33	113,075,321.	
34 Total liabilities and net assets/fund balances.	222,383,146.	34	211,234,370.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	2c	
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?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	X

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. 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 - 2007. 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.

SCHEDULE C
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), 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 To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

Part I-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <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> </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. Enter -0- if line g is more than line a														
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

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

Part IV Supplemental Information

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

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

LOBBYING ACTIVITIES

PART II

LOBBYING INCLUDES A PORTION OF THE MARYLAND HOSPITAL ASSOCIATION DUES

RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED JUNE 30, 2009 AND

OTHER LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HOSPITAL FOR

FINANCIAL ASSISTANCE / DEBT COLLECTION, TAX CREDIT FOR FITNESS

ACTIVITIES, TORT REFORM, AND CAPITAL FUNDING.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement.

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

Table with 2 columns: Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, and Number of conservation easements included in (c) acquired after 8/17/06.

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

Table with 2 columns: Revenues, Assets. Rows include 1a (organization elected not to report), 1b (organization elected to report), and 2 (organization received or held works of art).

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

Schedule D (Form 990) 2008

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Endowment fund details.

2 Provide the estimated percentage of the year end balance held as:

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

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

- (i) unrelated organizations
(ii) related organizations

Yes/No table for 3a(i), 3a(ii), 3b

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

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

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other.

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows for reconciliation of net assets. Rows include: 1 Total revenue, 2 Total expenses, 3 Excess or (deficit) for the year, 4 Net unrealized gains, 5 Donated services, 6 Investment expenses, 7 Prior period adjustments, 8 Other, 9 Total adjustments, 10 Excess or (deficit) for the year per financial statements.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Sub-rows include: 2a Net unrealized gains, 2b Donated services, 2c Recoveries, 2d Other, 2e Add lines 2a through 2d, 4a Investment expenses not included, 4b Other, 4c Add lines 4a and 4b.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Sub-rows include: 2a Donated services, 2b Prior year adjustments, 2c Losses reported, 2d Other, 2e Add lines 2a through 2d, 4a Investment expenses not included, 4b Other, 4c Add lines 4a and 4b.

Part XIV Supplemental Information

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

SEE PAGE 5

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE PER CONSOLIDATED AUDIT REPORT

THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF
 LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES. IN JULY 2006, THE FINANCIAL
 ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB INTERPRETATION NO. 48 (FIN
 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FIN 48 REQUIRES THAT
 THE CORPORATION RECOGNIZE THE IMPACT OF AN UNCERTAIN TAX POSITION IN ITS
 FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE
 SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE
 CORPORATION ADOPTED FIN 48 DURING 2008 AND THE IEMPACT WAS IMMATERIAL TO
 THE FINANCIAL STATEMENTS.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

▶ To be completed by organizations that answer "Yes" to Form 990,
Part IV, line 20.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

NORTHWEST HOSPITAL CENTER INC.

52-1372665

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1 a Does the organization have a charity care policy? If "No," skip to question 6a	1 a	
b If "Yes," is it a written policy?	1 b	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3 a	
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3 b	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4	
5 a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5 a	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5 b	
c If "Yes" to 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?	5 c	
6 a Does the organization prepare an annual community benefit report?	6 a	
b If "Yes," does the organization make it available to the public?	6 b	

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

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

Schedule H (Form 990) 2008

Part II Community Building Activities Complete this table if the organization conducted any community building activities. (Optional for 2008)

	(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						
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						

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

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

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

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Enter line 5 less line 6 - surplus or (shortfall)
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy?
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.

Part IV Management Companies and Joint Ventures (Optional for 2008)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

NORTHWEST HOSPITAL CENTER INC.

Employer identification number

52-1372665

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax indemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
b	If line 1a is 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	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/>	Compensation committee	<input checked="" type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a	Receive a severance payment or change of control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X

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

Schedule J (Form 990) 2008

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
WARREN A GREEN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	714,782.	707,553.	335,275.	151,709.	95,424.	2,004,743.	208,712.
JUAN JUANTEGUY MD	(i)	71,353.	80,000.	NONE	NONE	10,505.	161,858.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ERIK WEXLER	(i)	401,069.	330,243.	9,303.	85,027.	53,543.	879,185.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RONALD GINSBERG MD	(i)	196,488.	39,221.	14,513.	22,007.	26,231.	298,460.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CANDACE HAMNER	(i)	174,898.	35,697.	21,660.	19,589.	23,349.	275,193.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN JALBERT	(i)	183,366.	37,440.	9,328.	20,537.	24,479.	275,150.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ABDALLAH KAFROUNI	(i)	219,315.	56,430.	11,100.	NONE	29,279.	316,124.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHAITANYA RAVI	(i)	203,089.	15,582.	35,481.	NONE	27,112.	281,264.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALAN DAVIS MD	(i)	178,545.	56,250.	NONE	NONE	24,028.	258,823.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM GEIS MD	(i)	184,962.	18,883.	1,963.	NONE	24,692.	230,500.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT BAXT MD	(i)	199,992.	NONE	1,518.	NONE	26,699.	228,209.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

FORM 990, SCHEDULE J, PART III, LINE 4B

DURING THE YEAR, THE FOLLOWING NORTHWEST HOSPITAL CENTER BOARD MEMBERS

AND OFFICERS WERE PARTICIPANTS IN A LIFEBRIDGE HEALTH SPONSORED

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED THE FOLLOWING

PAYMENTS:

WARREN A GREEN \$333,748

CANDACE HAMNER \$51

ERIK WEXLER NONE

RONALD GINSBERG NONE

SUSAN JALBERT NONE

COMPENSATION PROVIDED BY RELATED ORGANIZATIONS

FORM 990, SCHEDULE J

MR. GREEN'S COMPENSATION WAS PAID BY SINAI HOSPITAL OF BALTIMORE. HE

RECEIVED COMPENSATION AS PRESIDENT / CEO LIFEBRIDGE HEALTH, INC., NOT AS

A DIRECTOR. BONUS AND INCENTIVE COMPENSATION INCLUDES \$396,206 FROM THE

Part III Supplemental Information

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

EXECUTIVE LONG-TERM INCENTIVE PLAN, COVERING FISCAL YEARS 2006 THROUGH
2008.

MR. WEXLER RECEIVED COMPENSATION AS PRESIDENT/COO FOR NORTHWEST HOSPITAL
CENTER, INC., NOT AS A DIRECTOR. BONUS AND INCENTIVE COMPENSATION
INCLUDES \$174,243 FROM THE EXECUTIVE LONG-TERM INCENTIVE PLAN, COVERING
FISCAL YEARS 2006 THROUGH 2008.

DR. JUANTEGUY RECEIVED COMPENSATION AS A PHYSICIAN FOR NORTHWEST HOSPITAL
CENTER INC., NOT AS A DIRECTOR.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: NORTHWEST HOSPITAL CENTER INC. Employer Identification number: 52-1372665

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
GERALD ABRAMS DIRECTOR	1.	X					NONE	NONE	NONE	
WALTER AMPREY PHD CHAIRMAN/DIRECTOR	1.	X					NONE	NONE	NONE	
RONALD ATTMAN DIRECTOR	1.	X					NONE	NONE	NONE	
STACEY BERNER MD DIRECTOR	1.	X					18,439.	NONE	NONE	
ROBERT DAMIE DIRECTOR	1.	X					NONE	NONE	NONE	
RONNIE B FOOTLICK EX-OFFICIO DIRECTOR	1.	X					NONE	NONE	NONE	
EUGENE A FRIEDMAN ESQUIRE DIRECTOR	1.	X					NONE	NONE	NONE	
WARREN A GREEN CEO/EX-OFFICIO DIRECTOR	1.	X		X			NONE	1,757,610.	247,133.	
IRA K HIMMEL ESQUIRE SECRETARY/DIRECTOR	1.	X					NONE	NONE	NONE	
BETTY J HINES DIRECTOR	1.	X					NONE	NONE	NONE	
ROBERT A HOFFMAN DIRECTOR	1.	X					NONE	NONE	NONE	
JUAN JUANTEGUY MD PHYSICIAN/DIRECTOR	40.	X					151,353.	NONE	10,505.	
DONALD KIRSON DIRECTOR	1.	X					NONE	NONE	NONE	
DOUGLAS LEDERMAN TREASURER/DIRECTOR	1.	X					NONE	NONE	NONE	
AUDREY LIFCOVICH DIRECTOR	1.	X					NONE	NONE	NONE	
STANDFORD H MALINOW MD DIRECTOR	1.	X					NONE	NONE	NONE	
ANDREW MALIS DIRECTOR	1.	X					NONE	NONE	NONE	
JOSEPH MIGLIARA DIRECTOR	1.	X					NONE	NONE	NONE	
DEBORAH S PHELPS DIRECTOR	1.	X					NONE	NONE	NONE	
JM SCHAPIRO DIRECTOR	1.	X					NONE	NONE	NONE	
DAVID SIGMAN MD DIRECTOR	1.	X					5,000.	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

**Open to Public
Inspection**

Employer identification number

NORTHWEST HOSPITAL CENTER INC.

52-1372665

SCHEDULE O DISCLOSURES

CONSOLIDATED FINANCIAL STATEMENT AUDIT

FORM 990, PART IV, LINE 12

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES ARE INCLUDED IN A CONSOLIDATED
FINANCIAL STATEMENT AUDIT PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN
ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP). THE
FORM 990 FILER IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE
LIFEBRIDGE HEALTH AUDIT AND COMPLIANCE COMMITTEE ASSUMES RESPONSIBILITY
FOR OVERSIGHT OF THE CONSOLIDATED FINANCIAL STATEMENT AUDIT AND SELECTION
OF AN INDEPENDENT ACCOUNTING FIRM.

GOVERNING BODY MEMBERS

FORM 990, PART VI, LINES 6 AND 7

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

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;

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
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Supplemental Information to Form 990

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**Open to Public
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TO NOMINATE AND ELECT THE CORPORATION'S CHAIR, VICE CHAIR, SECRETARY,
AND TREASURER; AND TO REMOVE EACH OF THE ABOVE-NAMED OFFICERS (WITH OR
WITHOUT CAUSE), PROVIDED THAT THE BOARD OF DIRECTORS OF THE CORPORATION
SHALL ALSO HAVE THE POWER TO REMOVE ANY OFFICER OF THE CORPORATION.

REVIEW OF FORM 990 BY GOVERNING BODY AND COMMITTEES
FORM 990, PART VI, LINE 10

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

CONFLICT OF INTEREST POLICY
FORM 990, PART VI, 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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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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 CONTAINED IN THE INSTITUTIONAL CONFLICT OF INTEREST POLICIES OUTLINED BELOW.

LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES SHALL REQUIRE ALL EMPLOYEES, MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO THE EMPLOYEES TITLED DIRECTORS AND ABOVE AND IT IS ALSO SENT TO ALL THE LIFEBRIDGE AND SUBSIDIARY BOARD MEMBERS. THE OFFICE OF THE GENERAL COUNSEL REVIEWS ALL RESPONSES AND DETERMINES WHETHER A POTENTIAL CONFLICT EXISTS. IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTIONS.

AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES.

AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S RELATIONSHIP WITH LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES (E.G., THE

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

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Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number

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 OR DIRECTOR) 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 IS A PARTY TO THE TRANSACTION, OR IF THE INDIVIDUAL HAS, DIRECTLY OR INDIRECTLY A CURRENT OR POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN A PARTY TO THE TRANSACTION OR A CURRENT OR POTENTIAL COMPENSATION ARRANGEMENT WITH A PARTY TO THE TRANSACTION. A "COMPENSATION ARRANGEMENT" INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS OF A SUBSTANTIAL NATURE.

AN INDIVIDUAL WILL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A MATTER OR TRANSACTION IF A MEMBER OF THE INDIVIDUAL'S IMMEDIATE FAMILY HAS SUCH A CONFLICT. FOR THESE PURPOSES, A "MEMBER" OF AN INDIVIDUAL'S IMMEDIATE FAMILY" MEANS AN INDIVIDUAL'S SPOUSE, MOTHER, FATHER, MOTHER-IN-LAW, FATHER-IN-LAW, GRANDFATHER, GRANDMOTHER, BROTHER, SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, SON, DAUGHTER, SON-IN-LAW, OR DAUGHTER-IN-LAW. "STEP" RELATIONSHIPS (E.G., STEPCHILDREN AND STEPPARENTS) WILL BE TREATED THE SAME AS BLOOD RELATIONSHIPS, EXCEPT AS DETERMINED OTHERWISE IN A SPECIFIC CIRCUMSTANCE BY THE LIFEBRIDGE CEO OR THE PRESIDENT OR DESIGNEE OF THE APPROPRIATE LIFEBRIDGE SUBSIDIARY.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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ORDINARILY, OWNERSHIP OF LESS THAN 5% OF AN ENTITY DOES NOT CONSTITUTE AN OWNERSHIP INTEREST FOR WHICH DISCLOSURE IS NEEDED.

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 EITHER THE CHAIRMAN OF THE BOARD OR THE OFFICE OF GENERAL COUNSEL. ONE OR MORE QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS. IF QUESTIONS ARISE OR FURTHER GUIDANCE IS SOUGHT, CONFLICTS SHOULD ALSO BE REPORTED TO THE INTEGRITY HOTLINE (410-601-9700) OR OFFICE OF GENERAL COUNSEL (410-601-5129).

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

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION FORM 990, PART VI, LINE 15A & 15B

EXECUTIVE COMPENSATION AT LIFEBRIDGE HEALTH IS OVERSEEN BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. COMMITTEE MEMBERS MAY NOT HAVE ANY FINANCIAL TIES TO THE ORGANIZATION AND MUST BE BOARD MEMBERS OF LIFEBRIDGE HEALTH OR A LIFEBRIDGE HOSPITAL. THE CHAIR OF THE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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LIFEBRIDGE HEALTH BOARD OF DIRECTORS SERVES AS COMMITTEE CHAIR. THE COMMITTEE PROVIDES A REPORT OF ITS ACTIVITIES TO THE FULL BOARD OF DIRECTORS AT LEAST ANNUALLY.

COMPENSATION PACKAGES HAVE BEEN DESIGNED TO ATTRACT AND RETAIN SKILLED AND EXPERIENCED EXECUTIVES AND TO INCENTIVIZE THEM TO WORK TOWARD KEY STRATEGIC OBJECTIVES. THE COMMITTEE EMPLOYS INDEPENDENT CONSULTANTS TO ENSURE THAT COMPENSATION LEVELS ARE CONSISTENT WITH MARKET NORMS. GREATEST EMPHASIS IS PLACED UPON DATA FROM HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE AND ORGANIZATIONAL COMPLEXITY IN THE MID-ATLANTIC REGION.

ALL EXECUTIVE INCENTIVE AND BENEFIT PROGRAMS ARE ESTABLISHED BY THE COMPENSATION COMMITTEE, AS IS THE BASE SALARY OF THE CHIEF EXECUTIVE OFFICER AND ALL SENIOR VICE PRESIDENTS. BASE SALARIES OF OTHER EXECUTIVES ARE SET BY THEIR RESPECTIVE SUPERVISORS, IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE COMMITTEE AND SUBJECT TO THE COMMITTEE'S OVERSIGHT.

A SUBSTANTIAL PORTION OF ALL EXECUTIVES' TOTAL COMPENSATION IS CONTINGENT UPON THE ACHIEVEMENT OF BOTH SYSTEM-WIDE AND INDIVIDUAL OBJECTIVES. EACH YEAR'S SYSTEM-WIDE OBJECTIVES ARE APPROVED BY THE COMPENSATION COMMITTEE AND TYPICALLY INCLUDE BOTH FINANCIAL AND NONFINANCIAL GOALS. A GROUP OF SENIOR EXECUTIVES IS ALSO ELIGIBLE TO PARTICIPATE IN A LONG-TERM PAY-FOR-PERFORMANCE PROGRAM. GOALS FOR THIS PROGRAM ARE ESTABLISHED BY

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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THE COMPENSATION COMMITTEE IN THREE-YEAR CYCLES AND ARE RELATED TO THE ORGANIZATION'S LONG-TERM MISSION AND STRATEGIC DIRECTION. AN EXECUTIVE WHO FAILS TO ACHIEVE THE OBJECTIVES ESTABLISHED FOR THE INCENTIVE PROGRAMS WILL EARN BELOW MARKET LEVELS; CONVERSELY, THE ATTAINMENT OF EXTRAORDINARY RESULTS WILL BE REWARDED BY ABOVE-AVERAGE COMPENSATION.

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT POLICY FORM 990, PART VI, LINE 19

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

Name of the organization

NORTHWEST HOSPITAL CENTER INC.

Employer identification number

52-1372665

SCHEDULE O DISCLOSURES (CONTINUED)

BOARD OF DIRECTORS ADDRESS

FORM 990, PART VI, LINE 13

ALL OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES LISTED IN

PART VII, SECTION A, CAN BE REACHED AT THE ORGANIZATION'S MAILING

ADDRESS:

NORTHWEST HOSPITAL CENTER INC

5401 OLD COURT ROAD

RANDALLSTOWN, MD 21133

DUE TO AFFILIATES - BONDS

FORM 990, SCHEDULE K

ON JANUARY 8, 2008, NORTHWEST HOSPITAL CENTER, INC., TOGETHER WITH ITS

AFFILIATES LIFEBRIDGE HEALTH, SINAI HOSPITAL OF BALTIMORE, LEVINDALE

HEBREW AND GERIATRIC CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND

THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED

GROUP) BORROWED \$285,815,000 FROM THE MARYLAND HEALTH AND HIGHER AND

HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE THE

ADVANCE REFUNDING OF THE 2004 SERIES A AND 2004 SERIES B BONDS AND TO

FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS. THE AUTHORITY

OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER

THE MARYLAND HEALTH AND HIGHER AND HIGHER EDUCATIONAL FACILITIES

AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2008,

Name of the organization

NORTHWEST HOSPITAL CENTER INC.

Employer identification number

52-1372665

COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE
 ISSUED AT A PREMIUM OF \$3,278,562 OF WHICH NORTHWEST'S PORTION IS
 \$791,705 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,
 2009 \$71,969,354 OF THE TOTAL AMOUNT BORROWED APPEARS ON NORTHWEST
 BALANCE SHEET AS DUE TO LIFEBRIDGE. ALL THE BONDS WERE ISSUED IN THE NAME
 OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

BUSINESS TRANSACTIONS
 FORM 990, SCHEDULE L, PART IV, LINE 28C

NORTHWEST HOSPITAL CENTER, INC. AND THE LIFEBRIDGE HEALTH, INC.
 SUBSIDIARIES RECEIVED \$2,250,000 IN PAPER SUPPLIES FROM ACME PAPER AND
 SUPPLY, CO. ONE OF THE DIRECTORS OF NORTHWEST HOSPITAL CENTER, MR.
 ATTMAN, IS AN OWNER OF THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET
 VALUE AND NEGOTIATED AT ARM'S LENGTH.

DR. WALTERS, A MEMBER OF THE BOARD OF DIRECTORS AT NORTHWEST HOSPITAL
 CENTER PROVIDES CARDIOLOGY SERVICES TO SINAI HOSPITAL OF BALTIMORE AND
 NORTHWEST HOSPITAL CENTER AS AN EMPLOYEE OF BALTIMORE HEART ASSOCIATES,
 PA. APPROXIMATE ANNUAL RECEIPTS WERE \$233,980. ALL TRANSACTIONS WERE AT
 FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

Name of the organization

Employer identification number

NORTHWEST HOSPITAL CENTER INC.

52-1372665

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II 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
SEE SCHEDULE R-1					

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

Schedule R (Form 990) 2008

Part III 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, investment, unrelated)	(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?	
							Yes	No		Yes	No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
LIFEBRIDGE INVESTMENTS INC ----- 52-1483166 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	LBH	C CORP			
HEALTHSTAR MEDICAL SERVICES INC ----- 52-1829098 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	LBH	C CORP			
PRACTICE DYNAMICS INC ----- 52-1960319 124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136	HEALTHCARE	MD	LBH	C CORP			
SURGICAL ONCOLOGY ASSOCIATES INC ----- 52-1804659 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	LBH	C CORP			
LIFEBRIDGE INSURANCE COMPANY LTD ----- 98-0415396 PO BOX 1109 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CJ	LBH	C CORP			

Part V Transactions With Related Organizations

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

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other 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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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

(A) Name of other organization	(B) Transaction type (a-i)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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 FORTY-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 2009, THE HOSPITAL ADMITTED 12,790 PATIENTS, MOST OF WHOM ACCESSED HOSPITAL SERVICES THROUGH THE EMERGENCY DEPARTMENT. NORTHWEST HOSPITAL'S EMERGENCY DEPARTMENT BECAME THE FIRST POINT OF CONTACT FOR MANY PEOPLE WHO NEEDED MEDICAL CARE BUT WHO HAD NO HEALTH CARE INSURANCE. THIS MIRRORED NATIONAL TRENDS AND LED HOSPITAL ADMINISTRATORS TO BUILD A NEW EMERGENCY ROOM TO MEET THE INCREASING DEMAND FOR SERVICE. IN 2009, NORTHWEST ER-7 RECORDED 58,495 VISITS.

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 HOSPITALS' 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 TO THOSE WHO CANNOT AFFORD TO PAY FOR CARE.

A HALLMARK OF NORTHWEST HOSPITAL'S COMMITMENT TO THE COMMUNITY IS ITS ONGOING EFFORTS TO PROVIDE FREE HEALTH SCREENINGS AND USEFUL HEALTH EDUCATION THROUGH ITS COMMUNITY HEALTH EDUCATION PROGRAMS. COUNTLESS HEALTH FAIRS, BLOOD PRESSURE SCREENINGS, HEART HEALTH RISK ASSESSMENTS, DIABETES SUPPORT GROUP MEETINGS, FOOD AND NUTRITION COUNSELING AND SMOKING CESSATION CLASSES ARE OFFERED IN SENIOR CENTERS, CHURCH BASEMENTS, COMMUNITY CENTERS AND AREA SCHOOLS THROUGHOUT THE YEAR. NORTHWEST HOSPITAL HAS DEDICATED FULL-TIME STAFF, INCLUDING NURSE EDUCATORS, WHO DEVELOP PROGRAMS TO SHARE VALUABLE HEALTH-RELATED INFORMATION WITH MEMBERS OF THE COMMUNITY.

ONE SUCH PROGRAM, UP IN SMOKE, IS DESIGNED TO HELP SMOKERS KICK THE HABIT. THE UP IN SMOKE PROGRAM IS FUNDED THROUGH A BALTIMORE COUNTY HEALTH DEPARTMENT GRANT, WHICH DERIVES ITS MONEY FROM THE STATE CIGARETTE RESTITUTION FUND. THIS FIVE-WEEK PROGRAM IS OFFERED FREE OF CHARGE AND INCLUDES BEHAVIORAL MODIFICATION, SUPPORT AND NICOTINE REPLACEMENT ALTERNATIVES.

ELEVEN LOW-COST WOMEN'S HEART SCREENINGS WERE PROVIDED IN 2009. THESE SCREENS INCLUDE BLOOD PRESSURE, CHOLESTEROL, TRIGLYCERIDES, GLUCOSE

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
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TESTING, BODY COMPOSITION ANALYSIS, HEART HEALTH RISK ASSESSMENT, AND
COUNSELING WITH A REGISTERED NURSE. RESULTS WITH CERTAIN
RISK FACTORS ARE REVIEWED BY A CARDIOLOGIST. IN 2009, THE NUMBER OF
WOMEN WHO ATTENDED WAS 363 AND 40% WERE FOUND TO HAVE HIGH RISK
FACTORS.

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES COMPENSATION -----	
CROTHALL HEALTHCARE, INC. , 955 CHESTERBROOK BLVD SUITE 300 WAYNE, PA 19087	CONTRACT CLEANING	1,886,058.
DAVITA OWINGS MILLS PO BOX 403008 ATLANTA, GA 30384	RENAL DIALYSIS	815,782.
ARAMARK CORPORATION HSS PO BOX 828441 PHILADELPHIA, PA 19182-8441	FOOD SERVICES	707,227.
MEDICAL DICTATION SERVICES INC 101 LAKEFOREST BLVD, SUITE 330 GAITHERSBURG, MD 20877	TRANSCRIPTION	686,227.
HSI INC 7600 OSLER DRIVE SUITE 101 TOWSON, MD 21204	AGENCY NURSING	658,756.
TOTAL COMPENSATION		----- 4,754,050. =====

NORTHWEST HOSPITAL CENTER INC.

52-1372665

FORM 990, PART VIII - INVESTMENT INCOME

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DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
-----	-----	-----	-----	-----
INTEREST/DIVIDENDS FROM SECURITIES	3,499,109.			3,499,109.
INTEREST ON SAVINGS CASH AND TEMPORARY INVESTMENTS	307,956.			307,956.
TOTALS	3,807,065.			3,807,065.
	=====	=====	=====	=====