Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

ΑI	For t	he 200	8 cale	ndar year, or tax year beginning $07/01$, 2008, and ending		/30,2009				
В	Check If	applicable:	Please	C Name of organization NORTHWEST HOSPITAL CENTER INC.	D Employer identific	ation number				
	Add	lress nge	use IRS label or	Doing Business As	52-1372665					
Г	7	ne change	print or	Number and street (or P.O. box if mail is not delivered to street address) Room/sulte	` 					
	Init	al return	type, See	5401 OLD COURT ROAD	(410)601-5	5653				
	Ter	mination	Specific Instruc-	City or town, state or country, and ZIP + 4						
		ended	tions.	RANDALLSTOWN, MD 21133	G Gross receipts \$	216,826,671.				
		lication	F Na	me and address of principal officer: ERIK WEXLER	H(a) Is this a group retur affiliates?	n for Yes X No				
	per	iding	I .	OLD COURT ROAD RANDALLSTOWN, MD 21133	H(b) Are all affiliates incl	uded? Yes No				
<u> </u>	Tax-	exempt st		X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list.	. (see instructions)				
<u>.</u> .		site: >		LIFEBRIDGEHEALTH.ORG/NORTHWEST.CFM	H(c) Group exemption nu	umber >				
K		of organ		1 V	ation: 1984 M State	of legal domicile: MD				
Service of			mmary	A						
				be the organization's mission or most significant activities:						
	1	Briefi	y aescr	DUE THE WELLBEING OF THE COMMUNITY WE SERVE						
9		10	TIMETO	VE THE WEDDIETING OF THE COMMONTAL HE DERVES						
nar										
Governance	2	Char	thin h	if the arganization discontinued its operations or disposed of more than 25'	% of its assets					
		Numb	or of w	if the organization discontinued its operations or disposed of more than 250 oting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI) at the CDISCLOS	INF COPY	25				
οδ <i>υ</i>	3	Numi) el 01 V	demandant victing members of the governing body (PartiVI) lifetable USA)(1) 1 m. 4	21				
Activities	4					1,734				
ctiv	5			of employees (Part V, line 2a)		175				
Ă		lotai	numbe	of volunteers (estimate if necessary)	7.	NONE				
				nrelated business revenue from Part VIII, line 12, column (C)	7b	-2,833.				
	<u> • </u>	net u	nrelate	d business taxable income from Form 990-T, line 34	Prior Year	Current Year				
				1 (D 1) (H) Page 415)		10,632,780.				
<u>a</u>	8			and grants (Part VIII, line 1h)	2,338,460.	200,603,900.				
Revenue	9			vice revenue (Part VIII, line 2g)	192,147,958.					
á				ncome (Part VIII, column (A), lines 3, 4, and 7d)	7,312,635.	<u>-2,753,122.</u>				
	11			ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,294,375.	1,782,926.				
	12			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	203,093,428.	210,266,484.				
	13			imilar amounts paid (Part IX, column (A), lines 1-3)	NONE	2,650.				
	14			I to or for members (Part IX, column (A), line 4)	NONE	NONE				
ű	3 15			er compensation, employee benefits (Part IX, column (A), lines 5-10)	91,151,283.	99,805,397.				
u L	16			fundraising fees (Part IX, column (A), line 11e)	NONE	<u>NONE</u>				
Fynansas	₹			sing expenses, Part IX, column (D), line 25) ▶67, 807.						
ш	1 17			ses (Part IX, column (A), lines 11a-11d, 11f-24f)	90,420,253.	90,680,369.				
	18		•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	181,571,536.	190,488,416.				
	19	Reve	nue les	s expenses. Subtract line 18 from line 12	21,521,892.	19,778,068.				
ets or	Ses				Beginning of Year	End of Year				
sets	[20	Total	assets	(Part X, line 16)	222,383,146.	211,234,370.				
Net Asse	<u> </u>	Total	liabiliti	es (Part X, line 26)	99,482,644.	98,159,049.				
S.	된 22	Neta	ssets c	r fund balances. Subtract line 21 from line 20	122,900,502.	113,075,321.				
Ē	and [e Block						
		Unde	er penal	ies of perjury, I declare that I have examined this return, including accompanying schedules a is true, corpect, and complete. Declaration of preparer (other than officer) is based on all in	and statements, and to t	he best of my knowledge				
		and	belief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based off all fill	torniation of which pre	parer rias arry knowledge.				
	Sigr		(le Unit		2/10				
1	Here	2	Signat	ire of officer	Date /					
				(happer URLAMO CFO						
			Туре о	print name and title		- 1-1				
			parer's	Date Check if	Preparer' (see instr	s identifying number uctions)				
Pa		sign	ature	5/7/10 employe	ed P	00451522				
	epare	1 1-11111	's name	(or yours KPMG LLP	EIN ▶ 1	3-5565207				
	e Onl	addr	lf-employ ess, and	ZIP + 4 1660 INTERNATIONAL DRIVE MCLEAN, VA 22102-4848	Phone no. ▶ 7	03-286-8000				
M	ay the	RS di	scuss t	his return with the preparer shown above? (See instructions)		X Yes No				

Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue S			File a separate application for each	return.			
 If you are fi 	iling for a	n Automatic 3-Mo	h Extension, complete only Part I and c	check this box		▶ x	
 If you are fi 	iling for a	n Additional (Not	utomatic) 3-Month Extension, complete ady been granted an automatic 3-month	e only Part II (on pag	ge 2 of this form viously filed For). m 8868.	
Parit Auto	matic 3	Month Extensio	of Time. Only submit original (no co	pies needed).			
			nd requesting an automatic 6-month ext		box and complet	.e	
Part I only						▶ ∟	
time to file inco	ome tax r	eturns.	ilers), partnerships, REMICs, and trusts				
one of the re- electronically i returns, or a c	turns not if (1) you omposite	ed below (6 mor want the addition or consolidated F	n electronically file Form 8868 if you was for a corporation required to file Foll (not automatic) 3-month extension or my 990-T. Instead, you must submit the ng of this form, visit www.irs.gov/efile an	orm 990-T). Howev r (2) you file Forms fully completed an	ver, you canno s 990-BL, 6069 d signed page :	t file Form 886 , or 8870, grou 2 (Part II) of For	
Type or	Name o	f Exempt Organization			Employer ider	ntification number	
print	NO	RTHWEST HOSP	TAL CENTER INC.		52-1372	665	
File by the	Number	, street, and room or	uite no. If a P.O. box, see instructions.				
due date for		01 OLD COURT					
filing your return. See	City, tov	vn or post office, sta	, and ZIP code. For a foreign address, see instr	uctions.			
instructions.		NDALLSTOWN, I				www	
Check type o	f return	to be filed (file a se	arate application for each return):	r			
X Form 990	ס		Form 990-T (corporation)		orm 4720		
Form 990			Form 990-T (sec. 401(a) or 408(a) trust)		orm 5227		
Form 990		.	Form 990-T (trust other than above)		orm 6069		
Form 990	-PF	<u> </u>	Form 1041-A	F0	orm 8870		
		e care of ► <u>NAN</u> 410 601-5653	Y KANE FAX No. ▶ _				
• If this is for for the whole on the manual of the state	r a Group group, ch <u>Ns of all</u>	Return, enter the ceck this box . ► [members the external externa		Number (GEN) is box ▶	nd attach a list	If this is t with the	
until			(6 months for a corporation req , to file the exempt organization return	quired to file Fo n for the organizatio	rm 990-T) ex in named above	tension of tings. The extension	
× X	calenda tax yea	r year or beginning	07/01 , <u>2008</u> , and endi	ng	06/30,20	009 .	
2 If this tax	k year is t	or less than 12 mo	ths, check reason: Initial return	Final return	Change in a	accounting perio	
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.							
			or 990-T, enter any refundable credits	and estimated tax		a \$ NON	
made. In	clude an	prior year overpa	nent allowed as a credit.		3	b \$ NON	
c Balance	Due, Su	btract line 3b from	ine 3a. Include your payment with this	form, or, if require	d, deposit		
with FT	D coupo	n or, if required	by using EFTPS (Electronic Federal	Tax Payment Syst	tem). See	<u>20</u>	
instructio	ons.				3	c \$ NON	
Caution. If you	u are goir	ng to make an elec	onic fund withdrawal with this Form 886	8, see Form 8453-E	EO and Form 88	79-EO	
for payment in	nstruction	s.					
For Privacy A	ct and P	aperwork Reducti	n Act Notice, see Instructions.		For	n 8868 (Rev. 4-20	

Form 8	368 (Rev. 4-2009)				Page 2		
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this box			▶ X		
	Only complete Part II if you have already been granted an automatic 3-month ext						
e If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1	.).					
Par	Additional (Not Automatic) 3-Month Extension of Time. Only f	ile the original (no cor)ies	neec	ded)		
	Name of Exempt Organization	Employer Identifi	cation number				
Type	NORTHWEST HOSPITAL CENTER INC.	52-137266	5				
File by	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only					
extend due da	ed FAGI OLD COURT BOAD						
filing ti	e City, town or post office, state, and ZIP code. For a foreign address, see instructions.	•	•	•			
retum. instruc	see RANDALLSTOWN, MD 21133	•					
Chec	k type of return to be filed (File a separate application for each return):		-				
X	Form 990 Form 990-PF	Form 1041-A	Ļ		orm 6069		
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720	Ĺ	Fc	orm 8870		
	Form 990-EZ Form 990-T (trust other than above)	Form 5227					
STOP	? Do not complete Part II if you were not already granted an automatic 3-mor	th extension on a previo	usly	filed	Form 8868.		
• Th	e books are in the care of 🕨 <u>NANCY KANE</u>						
Te	lephone No. ▶ 410 601-5653 FAX No. ▶						
o If t	he organization does not have an office or place of business in the United States, c	heck this box			▶∐		
• If t	his is for a Group Return, enter the organization's four digit Group Exemption Number	er (GEN) If	lhis i	S			
for th	he whole group, check this box $lacksymbol{\triangleright}$ $lacksymbol{lack}$. If it is for part of the group, check this	box ▶ and atta	ch a				
	ith the names and EINs of all members the extension is for.						
4	I request an additional 3-month extension of time until05/15/2010						
5	For calendar year, or other tax year beginning07/01/2008	and ending <u>06/30/2</u>					
6	If this tax year is for less than 12 months, check reason: Initial return I	Final return Chang	e in	accou	inting period		
7	State in detail why you need the extension <u>INFORMATION NECESSARY TO</u>	PREPARE A COMPLE	re 7	Ą			
	ACCURATE RETURN IS NOT YET AVAILABLE.						
					<u> </u>		
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			İ			
	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,						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	ystem). See instructions.	86	\$			
	Signature and Verification				NONE		
	penalties of perjury, I declare that I have examined this form, including accompanying schedules an	d statements, and to the best)f my	knowle	adge and belief,		
it is tit	e, correct, and complete, and that I am authorized to prepare this form.	_					
	Varanda - ()	A	. 1	A La	1/20		
Signat	ure > XYM M X Title > L P	M Date		110	101		
	•		Form	10001	Rev. 4-2009)		

KPMG LLP 1660 INTERNATIONAL DRIVE MCLEAN, VA 22102-4848

orm	990 (2008)			52-1372665	Page 2
STORY STORY		m Service Accompl	ishments (see instructions)		
	Briefly describe the organizat	ion's mission:			
	SEE STATEMENT 1				
_					
				e year which were not listed	
ti	ne prior Form 990 or 990-EZ f "Yes" describe these new s	aniose on Schodulo			
	Did the organization cease c			it conducts any program	
					Yes X No
	f "Yes," describe these chang	ies on Schedule O			, , ,
4 E	Describe the exempt purpose	achievements for e	ach of the organization's thre	ee largest program services by	expenses.
8	Section 501(c)(3) and 501(c)	(4) organizations and	d section 4947(a)(1) trusts a	re required to report the amo	unt of grants and
a	allocations to others, the tota	l expenses, and reve	nue, if any, for each program	n service reported.	
4a(Code:) (Expens	es \$ 144,230,374.	including grants of \$) (Revenue \$	200,603,900.
	NORTHWEST HOSPITAL	CENTER, INC.	IS RESPONSIBLE FOR	THE MANAGEMENT	
	AND DAY-TO-DAY OPER				
	SUBACUTE-CARE HOSP				
	MEET CERTAIN CRITER				
	OR AT AMOUNTS LESS	THAN ITS ESTA	BLISHED RATES. TOTA	AL EXPENSE WAS	<u> </u>
	\$5,295,256.				
_					
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4h/	Code: \ (Evnens	\$ 20°	including grants of \$) (Revenue \$)
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	/O 1	0	including grants of \$	\ (Payania ¢	1
4c	(Code:) (Expens	ses \$	including grants of \$) (Revenue \$	/
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-					
4d	Other program services. (De				
	(Expenses \$	including grants of) (Rever		
	Total program service expe	enses ▶ \$ 144,2	30 , 37 4 . (Must equal Part I	X, Line 25, column (B).)	F 000 /000
JSA 8E10:	20 1.000				Form 990 (2008

Part	Checklist of Required Schedules	Т	V	NI-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		/
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	l		
	Schedule C, Part II	4	X	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		_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? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	17	
	Parts VI, VII, VIII, IX, or X as applicable		<u>X</u>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	12		v
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the 0.3.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		х
4 =	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Х	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
		23	Х	
24a	and the second s			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	(2222)
JSA 8E102	1 1.000	Form	990	(2008)

Checklist of Required Schedules (continued) Part IV Yes No 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)? If "Yes," complete Schedule L, 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," Х 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? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ 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 37

Form 990 (2008)

Form	990 (2008) 52-1372665		F	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
		F 3 2 3 3 3 1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	SP (38)	sirby	19.50
	gaming (gambling) winnings to prize winners?	1 c	475455	0.805.5m
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 La l 1,734	1.55% No.	W 586	772.74
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> X</u>	estina T
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	v	
	this return?	3b	X X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30	^_	
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	4a		Х
	account)?	-74	avalv.	
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 b		Х
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
С	Prohibited Tax Shelter Transaction?	5c		
6.	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	314	11.04
ʻ a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		Х
b	same in the state of the state of the second consideration	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	4.4.55		ity it
	benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7 h	1 3345	. Sec. 47.
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	0.00	4/4/94	4343
	organization, have excess business holdings at any time during the year?	8	4 AM	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	135:07°	paper m	757
а	Did the organization make any taxable distributions under section 4966?	9a 9b		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	30	1,85,5	X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation lees and capital contributions included on Fart VIII, line 12	1		
b	Gloss receipts, included on Form 990, Fart Vin, line 12, for public use of club facilities	1/4/4		
11	Section 501(c)(12) organizations. Enter:			
a	Gloss income from members of shareholders	133		
b				
40-	amounts due or received from them.)	12a		
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		and 3

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

Sect	ion A. Governing Body and Management	———Т	1	
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> X</u>
6	Does the organization have members or stockholders?	6	_X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X_	
9a	Does the organization have local chapters, branches, or affiliates?	9a		_X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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 in Schedule O	11		<u>X</u>
Sect	ion B. Policies		¥	A1 -
		40	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406		
	rise to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	42-	.,	
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	14	X	
14	Does the organization have a written document retention and destruction policy?	14	^_	
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:			
	The organization's CEO, Executive Director, or top management official?	15a	Х	
a	Other officers or key employees of the organization?	15b	X	
b	Describe the process in Schedule O. (see instructions)	100		
4.0-	and the second s			
16a		16a		x
h	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1.00		
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		16b		
Soci	ion C. Disclosure	1		<u> </u>
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)	
10	available for public inspection. Indicate how you make these available. Check all that apply.	•		
	Minimum in the beauth independent indicate near less transcribus and an animalist constitution of the A			
19	Own website Another's website X Upon request	rest		
19	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.			
19	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books.			
	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.			

12657P 2502

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not com	pensate an	іу отті	сег,	aire	ecto	r, trus	tee	, or key employee.		
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (chec		that app	oly)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										

Part VII Section A. Officers, Directors, Tru (A)	stees, Ke (B)	y Em	pio	yee (C		and F	ngi	(D)	eu Employ (E)	rees (C	(F)
Name and title	Average hours per week	जे Individual trustee P or director	nstitutional trustee	chec Officer	₩ Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organizat (W-2/1099-	ation ated ions	Estimated amount of other compensation from the organization and related organizations
 Total	e in 1a) v	vho r	ece	ived	d m	ore t	▶ har				664,21 ation from the
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	ual						• • •	Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	0,00	0?	If "Y	'es,	" complete Sched	lule J for	such	4 X
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	sati	on fr	om	any unrelated	organizatior	for	5
Section B. Independent Contractors											
1 Complete this table for your five highest compensation from the organization.	compensa	ted ir	nde	oen(den	t con	trac	ctors that receive	d more th	an \$10	00,000 of
(A) Name and business add	ress							(B) Description of services			(C) Compensation
SEE STATEMENT 3							\downarrow				
							+				
2 Total number of independent contractors (compensation from the organization ▶	including t	hose	in	1) י	who	rece	eive	d more than \$10	00,000 in		

	Statement of Revenu	ue			52-1372665		, ·
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tar under sections 512, 513, or 514
1 a	Federated campaigns	1a					
b	Membership dues	1b					
C	Fundraising events						
d	Related organizations	1d					
е	Government grants (contribu	itions) 1e	139,332.				
f	All other contributions, gifts, gran						
	and similar amounts not included		10,493,448.				
g	Noncash contributions included in Total. Add lines 1a-1f			10,632,780.			
n_	Total, Add lines (a-1)		Business Code	10,032,700.			
2a	PATIENT REVENUE		900099	200,603,900.	200,603,900.	· ·	
za b	IIII I DAI I III I I I I I I I I I I I I						
c							
d							
е							
f	All other program service rev	enue			U Sere dua le Mare dan autori, le de ser		* a.c. 8/4/4/50 (21.0.5)
g	Total. Add lines 2a-2f			200,603,900.			
3	Investment income (including						
	other similar amounts)			3,807,065.			3,807,065
4	Income from investment of t			NONE			
5	Royalties • • • • • • • • • • • • • • • • • • •	(i) Real	(ii) Personal	NONE	0.000.00.00.00.00.00.00.00.00.00.00.00.		
_			· · · · · · · · · · · · · · · · · · ·				
6 a	Gross Rents						
b	Less: rental expenses Rental income or (loss)						
c d	Net rental income or (loss).			302,098.			302,098
-	•	(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory						
b	Less: cost or other basis						
	and sales expenses	6,560,187.					
С	Gain or (loss)						1,000,000,000,000
d	Net gain or (loss)		· · · · · · · •	-6,560,187.		· To the series we stated the Series	-6,560,18
8a		fundraising					
	events (not including \$						
	of contributions reported on	•					
	See Part IV, line 18						
C	Less: direct expenses Net income or (loss) from fu			NONE			
9 a	Gross income from gaming a						
Ju	See Part IV, line 19.						
b	Less: direct expenses						
c	Net income or (loss) from ga			NONE		2005 West to 100	
10a	Gross sales of invent						
	returns and allowances		1				
b	Less: cost of goods sold						Transcription of
С.	Net income or (loss) from sa Miscellaneous Rever		Business Code	NONE		 	ug edő S Mezde s
ļ		IUG		1		TOTAL SEPTEMBERS	360 34
11a	MISCELLANEOUS		900099	362,344.		NONE NONE	
b	CAFETERIA SALES		900099	1,118,484.		NONE	1,110,40
C	All other reverse					NONE	
d	All other revenue Total. Add lines 11a-11d .			1,480,828.			
12	Total Revenue. Add lines 11			27.307020.			
14		-	7u, 8c, ▶	210, 266, 484.	200,603,900.	NONE	-970,190

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
	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			
Ļ	Benefits paid to or for members	NONE			
;	Compensation of current officers, directors,				
	trustees, and key employees	1,453,227.		1,385,420.	67,807
i	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
	Other salaries and wages	79,710,790.	59,145,412.	20,565,378.	
	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	2,219,499.	1,775,599.	443,900.	
	Other employee benefits	10,853,471.	7,341,750.	3,511,721.	
	Payroll taxes	5,568,410.	4,454,728.	1,113,682.	
	Fees for services (non-employees):				
а	Management	NONE			
	Legal	NONE			
	Accounting	NONE			· · · · · · · · · · · · · · · · · · ·
d	Lobbying	NONE			
е	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.	
	Advertising and promotion	322,241.	15,956.	306,285.	
}	Office expenses	NONE			
ļ	Information technology	NONE			
5	Royalties	NONE			
3	Occupancy	796,861.	778,424.	18,437.	
7	Travel	41,334.	41,334.		
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
Э	Conferences, conventions, and meetings	593,144.	261,575.	331,569.	
)	Interest	3,419,668.	3,419,668.		
ı	Payments to affiliates	NONE			
:	Depreciation, depletion, and amortization	10,836,897.	10,836,897.		
}	Insurance	NONE			
ļ	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.)				
а	SUPPLIES	31,138,678.	28,555,848.	2,582,830.	
	PROVISION_FOR_BAD_DEBT	13,516,465.	13,516,465.		
	PROFESSIONAL_&_TECHNICAL	6,468,058.	5,006,781.	1,461,277.	
	UTILITIES	2,695,862.	2,021,897.	673,965.	
	AGENCY_NUBSES	2,410,277.	2,410,277.		
	All other expenses	4,209,542.	613,773.	3,595,769.	
	Total functional expenses. Add lines 1 through 24f	190,488,416.	144,230,374.	46,190,235.	67,80
	Joint Costs. Check here ▶ If following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing				
SA	solicitation		<u> </u>		Form 990 (200
	052 1,000				roim 330 (200)

La		Balance Sheet						
			(A) Beginning of year		Е	(B) nd of	year	
	1	Cash - non-interest-bearing	4,054.	1			4,	304.
	2	Savings and temporary cash investments	54,977,933.	2	3	6,89	5,5	<u> </u>
	3	Pledges and grants receivable, net	1,600,546.	3		1,95	57,0)74.
	4	Accounts receivable, net	24,462,787.	4	2	2,62	21,	<u>134</u> ,
	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				
sts	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sales or use	2,395,772.	8		2,08		
4	9	Prepaid expenses and deferred charges	517,227.	9		61	14,2	<u> 254.</u>
		Land, buildings, and equipment: cost basis 10a 193,244,322.						
	b	Less: accumulated depreciation. Complete			_			
		Part VI of Schedule D	76,941,968.			8,69		
	11	Investments - publicly traded securities	60,512,893.	11	5			436.
	12	Investments - other securities. See Part IV, line 11	214,205.	12		20	16,	566.
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets	755 765	15		7.1	- 0	400
	15	Other assets. See Part IV, line 11	755,761.	16				<u>499.</u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	222,383,146.	17		1,23		
	17	Grants payable	23,808,576.	18		3,0.	L4,	<u>609.</u>
	18	Deferred revenue	184,990.	 		2,	41 1	874.
	19	Tax-exempt bond liabilities	73,538,399.	20				NONE
	20 21	Escrow account liability. Complete Part IV of Schedule D	13,330,399.	21				AOIVE.
ties	22	Payables to current and former officers, directors, trustees, key employees,						
Liabilities	~ ~	highest compensated employees, and disqualified persons. Complete Part II						
Lia		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	7	4,10	02,	566.
	26	Total liabilities. Add lines 17 through 25	99,482,644.	26		8,15		
es		Organizations that follow SFAS 117, check here ▶						
Balances	27	Unrestricted net assets	119,047,537.	27	10	9,44	42,	012.
Bal	28	Temporarily restricted net assets	3,852,965.	28		3,63	33,	<u>309.</u>
	29	Permanently restricted net assets		29				
or Fund		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.						
e)ts	30	Capital stock or trust principal, or current funds		30				
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds		32			,	
Š	33	Total net assets or fund balances	122,900,502.	33				<u>321.</u>
SERVICE STREET	34	Total liabilities and net assets/fund balances	222,383,146.	34	21	1,2	34,	<u>370.</u>
E	rt XI	Financial Statements and Reporting			***************************************		<i>,</i>	
					Г	- Y	es	No
1		ounting method used to prepare the Form 990: Cash Accrual Oth e the organization's financial statements compiled or reviewed by an independent accour				20		v
2a		e the organization's financial statements compiled or reviewed by an independent accounted to the organization's financial statements audited by an independent accountant?				2a 2b		X
b		e the organization's infancial statements addited by an independent accountant?es" to lines 2a or 2b, does the organization have a committee that assumes responsibility			· · ·	20		
С		t, review, or compilation of its financial statements and selection of an independent accou				2 c		
3a		result of a federal award, was the organization required to undergo an audit or audits as		•		-		
- 4		Single Audit Act and OMB Circular A-133?				3 a	Х	
b		es," did the organization undergo the required audit or audits?				3 b	Х	
						Form 9	990	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service Employer identification number Name of the organization 52-1372665 NORTHWEST HOSPITAL CENTER INC Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally Integrated d Type III - Other a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (vi) Is the (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (i) Name of supported organization in col. organization (described on lines 1-9 in col. (i) listed in your the organization in support above or IRC section governing document? col. (i) of your (i) organized in the U.S.? (see instructions)) support? Yes No Yes Νo Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

Page 2 Schedule A (Form 990 or 990-EZ) 2008 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 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) 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 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 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 (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006 Calendar year (or fiscal year beginning in) Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.......... Net income from unrelated business activities, whether or not the business is Other income. Do not include gain or loss from the sale of capital assets Total support. Add lines 7 through 10 . . 11 12 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) Section C. Computation of Public Support Percentage % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2007. 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.

Schedule A (Form 990 or 990-EZ) 2008

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2008 52

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.)

	ion A. Public Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	• • • • • • • • • • • • • • • • • • • •	(-/	1-7	1-,	(-,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
	Gifts, grants, contributions, and membership fees received. (Do not include						
	any "unusual grants.") 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						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1-5						
ı a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the			•			
	year or \$5,000 • • • • • • • • • • •						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						1
- Cool	line 6.)		1	L			
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Ilendar year (or fiscal year beginning in)	(4) 2004	(2) 2000	(5) 2000	(3) 2007	1 (5,200	1 .,
	Amounts from line 6						
Va	payments received on securities loans,						
	rents, royalties and income from similar		İ				
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		<u> </u>				
	Add lines 10a and 10b		1			<u> </u>	-
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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						-
	and 12.)		L	<u></u>		L	
14	First five years. If the Form 990 is for						. 1
	organization, check this box and stop here						▶ │
Sec	tion C. Computation of Public Sup					T . T	
15	Public support percentage for 2008 (line 8					15	
16	Public support percentage from 2007 Sch					16	
Sec	tion D. Computation of Investme					T T	
17	Investment income percentage for 2008 (I			13, column (f))		17	(
18	Investment income percentage from 2007					18	
19a	33 1/3% support tests - 2008. If the or						
	17 is not more than 33 1/3 %, check this bo						
b	33 1/3% support tests - 2007. If the orga						. 1
	line 18 is not more than 33 1/3 %, check th	is box and stop h	ere. The organiza	tion qualifies as a	publicly supporte	d organization .	▶ ∟
		the boards of the second	on line 14 10s o	منطة علممطم طاكات	hav and and instru	ctions	>
20	Private foundation. If the organization did	not check a box	on line 14, 19a, 0	1 19b, check this		Schedule A (Form	

Schedule A (F	Form 990 or 990-EZ) 2	800			52-13	72665		Page 4
Part IV	Supplemental Part II, line 17a	Information. or 17b; or Pa	Complete this rt III, line 12. P	part to prov rovide any oth	ide the explana er additional info	tion required rmation. (see	by Part II, Iine instructions)	10;
						\		
			are also have some hours are well found have putt with the		hand hand being their their state over some deley their their their their	THE REAL PROPERTY AND ADDRESS		
-								
				** *** *** *** *** *** *** *** ***	many hard were bour found many hard hard white date when hard			
**** **** **** **** **** **** ****			and mind state gardy have have upon head four word vool o					
							a make water have been based based before their state dates been	
							·	
	many local densi brish black datah datah lilike bilike bilike bilike bilike bilike bilike bilike bilike bilike		ord tops also made their start with their later time t					
which which which which which is described to						· Love State Adapt when their tape later was done to		
			near new man man man was been been about their state state of					
					·			

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008
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Department of the Treasury Internal Revenue Service

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(cy)(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.

	organization answered "Yes Section 501(c)(4), (5), or (6) or	," to Form 990, Part IV, line 5 (Proxy Ta	x), then		
	me of organization	ganizations. Complete r art m.		Employer identif	ication number
NOR	THWEST HOSPITAL CE	NTER INC.		52-13	372665
Par	To be completed	d by all organizations exempt	under section 50	1(c) and section 527 or	ganizations.
1 2 3	Provide a description of the Political expenditures	ens for Schedule C for details. e organization's direct and indirect		▶ \$	
Par	See the instruction	d by all organizations exempt ons for Schedule C for details.			•
	If "Yes " describe in Part IV	xcise tax incurred by the organizati xcise tax incurred by organization r I a section 4955 tax, did it file Form	n 4720 for this year?	2	Yes No
Par	To be completed See the instruction	d by all organizations exempt ons for Schedule C for details.	under section 50	11(c), except section 50	/1(c)(3).
1 2 3 4 5	Enter the amount directly activities	expended by the filing organization ing organization's funds contributed ities	d to other organizationd lines 1 and 2 and 2 and 2 and 3 and 4 and 5 and 5 and 6	ons for section senter here and specifical organizate the filing organization's organization, such as a senation in Part IV. (d) Amount paid from filing organization's	Yes No No No ions to which payments funds or were political
***************************************				funds. If none, enter -0	delivered to a separate political organization. If none, enter -0
	District Date of Date	tion Act Notice see the instructions for Fo	rm 990	Schedu	e C (Form 990 or 990-EZ) 2008

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

JSA 8E1264 1.000 Calendar year (or fiscal year beginning in)

(a) 2005
(b) 2006
(c) 2007
(d) 2008
(e) Total

2 a Lobbying non-taxable amount
(150% line 2a, column(e))

c Total lobbying expenditures
d Grassroots non-taxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (F	chedule C (Form 990 or 990-EZ) 2008 52-1372665				
Part II-B	To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for	NOT detail	filed s.	Form	
		(6	a)		

		(8	a)		(b)		
		Yes	No		Amou	unt	
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:						
а	Volunteers?		Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х					
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?		X				
f	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X				
i	Other activities? If "Yes," describe in Part IV	X				40,33	33.
j	Total lines 1c through 1i					40,33	
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	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?	<u> </u>	X				
Ŀa	To be completed by all organizations exempt under section 501(c)(4), se	ection	1 501	(C)(5), or		
	section 501(c)(6). See the instructions for Schedule C for details.					Yes N	lo
1	Were substantially all (90% or more) dues received nondeductible by members?				1	103 14	
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?				3		
Pa	To be completed by all organizations exempt under section 501(c)(4), se	ectio	n 50°	1(c)(5	i), or		
<u> </u>	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N	lo" C	R if	Part	III-A,		
	question 3 is answered "Yes." See Schedule C instructions for details.						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amo	unts	of				
	political expenses for which the section 527(f) tax was paid).			0-			
a	Current year			2a 2b			
b	Carryover from last year	• • •	• • •	2c			
С 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	obbyi	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5			
Pa	TIV Supplemental Information						
Also	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C o, complete this part for any additional information. <u>C_PAGE_4</u>	ine, line	5 an	d Part	II-B, lii	ne 1i.	

12657P 2502

	Form 990 or 990-EZ) 2008	`.	52-1372	2665	Page 4
Part IV	Supplemental Inf	formation (continued)			
_LOBBY1	NG ACTIVITIES				
PART]	I				
_LOBBY1	NG INCLUDES A I	PORTION OF THE MARYLA	ND HOSPITAL ASSOCIATIO	DN_DUES	
RELATE	D TO LOBBYING A	ACTIVITIES DURING THE	YEAR ENDED JUNE 30, 2	2009 AND	
OTHER_	LOBBYING ACTIV	ITIES PERFORMED ON BE	HALF OF THE HOSPITAL E	FOR	
FINANC	CIAL ASSISTANCE	/ DEBT COLLECTION, T	AX CREDIT FOR FITNESS		
ACTIVI	TIES, TORT REFO	ORM, AND CAPITAL FUND	ING.		
	,				

			·		
	e dan von som som vind har som som von kan har som ver som er				
			<u> </u>		
				tied days ager was ager time have never more over over over boot that the best best best from two	

Schedule C (Form 990 or 990-EZ) 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

Open to Public Inspection

wame	or the organization		Employer identification flumber
218 S. P. COV. Phys.	THWEST HOSPITAL CENTER INC.		52-1372665
Pai	Organizations Maintaining Donor Ad the organization answered "Yes" to Fo	vised Funds or Other Similar Funds or A orm 990, Part IV, line 6.	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 done	or advised
	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors,		
	used only for charitable purposes and not for the		-
	impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete	if the organization answered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all <u>that</u> apply).	
	Preservation of land for public use (e.g., reci	reation or pleasure) Preservation of a	an historically importantly land area
	Protection of natural habitat	Preservation of o	certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qu	ualified conservation contribution in the form of	of a conservation easement
	on the last day of the tax year.	Tion to the state of the state	2002.0
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		2 b
C	Number of conservation easements on a certified	historic structure included in (a) 🚅	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 La	2 d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminate	ed by the organization during
	the taxable year ▶		
4	Number of states where property subject to cons		
5	Does the organization have a written policy regard		
	enforcement of the conservation easements it hold		
6	Staff or volunteer hours devoted to monitoring, in		
7	Amount of expenses incurred in monitoring, inspe		
8	Does each conservation easement reported on lin		
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports		
	balance sheet, and include, if applicable, the text		statements that describes
ioa.	the organization's accounting for conservation ease. Organizations Maintaining Collection	sements. Is of Art, Historical Treasures, or Other S	Similar Accote
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8.	Jillilat Assets.
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he	AS 116, not to report in its revenue statemen	nt and balance sheet works of
	provide, in Part XIV, the text of the footnote to its	financial statements that describes these item	s.
þ	If the organization elected, as permitted under SF	AS 116, to report in its revenue statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for provide the following amounts relating to these its		turtnerance of public service,
	(i) Revenues included in Form 990, Part VIII, line		b ¢
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, h		
2		•	ilianciai galii, provide tile
_	following amounts required to be reported under Revenues included in Form 990, Part VIII, line 1		▶\$
a	Assets included in Form 990, Part VIII, line 1.		
b			
For	rivacy Act and Paperwork Reduction Act Notice, see the Instru	ictions for Form 990.	Schedule D (Form 990) 2008

Pa	Organizations Maintaining Coll	ections of Art, Histo	orical Treasures,	or Other Similar	Assets (continued)
3	Using the organization's accession and other	er records, check any	of the following the	at are a significant u	ise of its collection
	items (check all that apply):				
а	Public exhibition	d		nange programs	
b	Scholarly research	e	Other		72.254.7
С	Preservation for future generations				
4	Provide a description of the organization's o	collections and explain	n how they further t	he organization's ex	cempt purpose in
	Part XIV.				
5	During the year, did the organization solicit				
	assets to be sold to raise funds rather than t				
[स्टि]	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an an			n answered "Yes'	' to Form 990,
	,				
1a	Is the organization an agent, trustee, custod				
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table:		
					Amount
C	Beginning balance		Lauri Lauri	С	#Million and the second and the seco
d	Additions during the year			d	
e	Distributions during the year			е	
7-	Ending balance			f	
	Did the organization include an amount on I		217		Yes No
b	, ,			000 D+ N/ I:	- 40
Par			·	···	······································
1a	Beginning of year balance	rent Year (b) Prior ye	ear (c) Two years	s back (d) Three ye	ears back (e) Four years back
b	Contributions				
	Investment earnings or 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 year	ar end balance held as	•		
а	Board designated or quasi-endowment	%	•		
b	Permanent endowment ▶ %	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
C	Term endowment ▶ %				
3a	Are there endowment funds not in the poss	ession of the organiza	ation that are held	and administered for	the
	organization by:	•			Yes No
	(i) unrelated organizations	<i></i>			3a(i)
	(ii) related organizations				
b	If "Yes" to 3a(ii), are the related organization				
4	Describe in Part XIV the intended uses of the	e organization's endov	wment funds.		
Par	t VI Investments - Land, Buildings, a	nd Equipment. See	Form 990, Part	X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land	HT.	139,436	•	139,436.
b	Buildings		79,845,824		53,890,667.
С	Leasehold improvements		5,442,033		2,952,169.
d	Equipment		93,909,604		17,801,750.
	Other		13,907,425		13,907,425.
Tota	I. Add lines 1a-1e. <i>(Column (d) should equal l</i>	Form 990, Part X, colu	ımn (B), line 10(c).)		88,691,447.

Part VII Investments - Other Securities. Se	e Form 990, Part X, lin	e 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
	-	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	D	
Part VIII Investments - Program Related. Se	-	ne 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(a) Bosonphon of Micolandia type	.,,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	D	
Part X Other Assets. See Form 990, Part	······································	,
	(a) Description	(b) Book value
	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		▶ 752,499
Parit X Other Liabilities. See Form 990, Pa		
(a) Description of liability	(b) Amount	
Federal income taxes		
CAPTIVE PROFESSIONAL LIABILITY	199,846.	[사용사용: 18] 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
WORKERS COMPENSATION	491,000.	
DEFERRED COMPENSATION	40,660.	
ASSET RETIREMENT OBLIGATION	610,000.	
DUE TO AFFILIATES	72,761,060.	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	▶ 74.102.566.	
uncertain tax positions under FIN 48.	organizations illiancial s	tatements that reports the organization's liability for

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 Page 4 52-1372665 Reconciliation of Change in Net Assets from Form 990 to Financial Statements Part XI Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 2 2 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 4 5 6 6 7 Other (Describe in Part XIV) 8 8 9 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments **b** Donated services and use of facilities c Recoveries of prior year grants _______2c d Other (Describe in Part XIV) 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) . . . Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Losses reported on Form 990, Part IX, line 25 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4 c Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) 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.

Schedule D (Form 990) 2008

SCHEDULE H

Department of the Treasury

(Form 990)

Hospitals

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Attach to Form 990.

Name of the organization Employer identification number NORTHWEST HOSPITAL CENTER INC 52-1372665 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1 a 1a Does the organization have a charity care policy? If "No," skip to question 6a 1 b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals 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: 3 a 150% 」 200% J Other 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 eligibility for discounted care: 3 b 350% **⊿** 300% 400% J Other ₋ 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. Does the organization's policy provide free or discounted care to the "medically indigent"? 4 5a 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 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 6a Does the organization prepare an annual community benefit report? . . . 6 a 6b b If "Yes," does the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. Charity Care and Certain Other Community Benefits at Cost (d) Direct offsetting (e) Net community Charity Care and (b) Persons (c) Total community (f) Percent Means-Tested Government benefit expense benefit expense of total revenue expense (optional) **Programs** a Charity care at cost (from Worksheets 1 and 2) . . Unreimbursed Medicaid (from Worksheet 3, column a) Unreimbursed costs - other meanstested government programs (from Worksheet 3, column b) Total Charity Care and Means-Tested Government Programs Other Benefits e Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) Subsidized health services (from Worksheet 6) Research (from Worksheet 7) . . Cash and in-kind contributions to community groups (from Worksheet 8) Total Other Benefits

Total (line 7d and 7j) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2008

		(a) Number of	(b) Persons	(c) Total community	(d) Direct offsetting	(e) Net community	(f)	Percent of	
•		activities or programs (optional)	served (optional)	building expense	revenue	building expense		al expense	
1 Physical im	provements and housing								
2 Economic	development		~~~						
3 Communi	ty support			***************************************					
4 Environm	ental improvements								
5 Leadership	development and								
training for	community members								
6 Coalition t	ouilding					h			
	ty health improvement								
advocacy							-		
	development								
9 Other							 		
10 Total			- II - II						
Part III	Bad Debt, Me	dicare, &	Collection	Practices (Optional	for 2008)				
1 Does				pense in accordance	with Healthcare Finar	cial Management	1	Yes No	
				ot expense (at cost)			-		
				zation's bad debt expe		***************************************			
			_	nization's charity care po					
		-	_	· · · · · · · · · · · · · · · · · · ·	cial statements that desc	rihas had daht			
				_	rmining the amounts rep				
			_	bt amounts in commun	-	01100 011 111100			
Section B. M					,				
		ived from N	/ledicare (ir	ncluding DSH and IME)	5				
				g to payments on line 5					
					7 should be treated as	community benefit	1		
			-	· · · · · · · · · · · · · · · · · · ·	unt reported on line 6, a	- 1			
of the f	ollowing methods	was used:					l		
□ c	ost accounting sy	stem [Cost to	o charge ratio	Other				
	ollection Practices			·					
9a Does t	he organization ha	ave a writte	n debt coll	ection policy?			9a		
					on the collection practic				
for nati		wn to auali	fy for charit			1	1		
TO: pan					tance? Describe in Part V	<u> </u>	9b		
g: Propagate and the relation	Management (y care or financial assistment Ventures (Optiona			96		
Part IV	Management (a) Name of entity		s and Joi			(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e)	Physicians' it % or stock vnership %	
Part IV (a			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
Part IV (a			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
Part IV (a			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
Part IV (a			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
1 2 3 4			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
1 2 3 4 5			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
1 2 3 4 5 6			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
1 2 3 4 5 6 7			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
1 2 3 4 5 6			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
1 2 3 4 5 6 7 8 9			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
1 2 3 4 5 6 7 8 9 10			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
1 2 3 4 5 6 7 8 9 10			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	
1 2 3 4 5 6 7 8			s and Joi	nt Ventures (Optiona Description of primary	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	(e)	it % or stock	

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
NORTHWEST HOSPITAL CENTER, INC 5401 OLD COURT ROAD RANDALLSTOWN MD 21133	х						X		SUB-ACUTE
		*							,
					*				
								-	

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 8; Part III, line 8b, and Part V. See Instructions.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.

 8 If applicable, identify all states with which the organization are related expanization files a community benefit report.

8 If applicable, identity all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE J (Form 990)

Compensation Information

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.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

	r HOSPITAL	CENTER	INC.	52-1372665	
Part I Q	uestions Reg	arding Co	mpensation		

	·		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. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees 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. X			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		Х
b		4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X
_	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			
а	compensation contingent on the revenues of:	5a		v
	The organization? Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	00		
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:			
а	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		<u>X</u>
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

Schedule J (Form 990) 2008 52-1372665

Partill 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.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		compensation compensation reportable		(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
WARREN A GREEN	(ii)	714,782.	707,553.	335,275.	151,709.	95,424.	2,004,743.	208,712.	
	(1)	71,353.	80,000.	NONE	NONE	10,505.	161,858.	NONE NONE	
JUAN JUANTEGUY MD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(1)	401,069.	330,243.	9,303.	85,027.	53,543.	879,185.	NONE NONE	
ERIK WEXLER	(11)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(1)	196,488.	39,221.	14,513.	22,007.	26,231.	298,460.	NONE	
RONALD GINSBERG MD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	174,898.	35,697.	21,660.	19,589.	23,349.	275,193.	NONE	
CANDACE HAMNER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	183,366.	37,440.	9,328.	20,537.	24,479.	275,150.	NONE	
SUSAN JALBERT	(11)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	219,315.	56,430.	11,100.	NONE	29,279.	316,124.	NONE	
ABDALLAH KAFROUNI	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(1)	203,089.	15,582.	35,481.	NONE	27,112.	281,264.	NONE	
CHAITANYA RAVI	(ii)		NONE	NONE	NONE	NONE	NONE	NONE	
	(1)	178.545.	56,250.	NONE NONE	NONE	24,028.	258,823.	NONE	
ALAN DAVIS MD	(ii)		NONE	NONE	· NONE	NONE	NONE	NONE	
	(i)	184,962.	18,883.	1,963.	NONE	24,692.	230,500.	NONE	
WILLIAM GEIS MD	(ii)		NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	199,992.	NONE.	1,518.	NONE	26,699.	228,209.	NONE	
ROBERT BAXT MD	(1)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(1)								
	<u>(II)</u>								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)		***************************************						
	(i)								
	(ii)								

Schedule J (Form 990) 2008

Complete this part to provide the information, explanation, or of for any additional information.	descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part
_SUPPLEMENTAL_NONQUALIFIED_RETIREMENT_PLAN	
FORM 990, SCHEDULE J. PART III, LINE 4B	
_DURING_THE_YEARTHE_FOLLOWING_NORTHWEST_HOSPI	TAL_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
-1	
_COMPENSATION_PROVIDED_BY_RELATED_ORGANIZATIONS	
FORM 990, SCHEDULE J	
MR GREEN'S COMPENSATION WAS PAID BY SINAL HOSP	ITAL OF BALTIMORE. HE
_RECEIVED_COMPENSATION_AS_PRESIDENT_/_CEO_LIFEB	RIDGE HEALTH, INC., NOT AS
_A_DIRECTORBONUS_AND_INCENTIVE_COMPENSATION	INCLUDES \$396,206 FROM THE

Schedule J (Form 990) 2008	52-1372665	Page 3
Part III Supplemental Information Complete this part to provide the information, explanation, or d for any additional information.	escriptions required for Part I, lines 1a, 1b, 4d	c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part
EXECUTIVE LONG-TERM INCENTIVE PLAN, COVERING F	ISCAL YEARS 2006 THROUGH	
2008.		
MR. WEXLER RECEIVED COMPENSATION AS PRESIDENT/		
CENTER, INC., NOT AS A DIRECTOR. BONUS AND INC	CENTIVE COMPENSATION	
INCLUDES \$174,243 FROM THE EXECUTIVE LONG-TERM	INCENTIVE PLAN, COVERING	
FISCAL YEARS 2006 THROUGH 2008.		
DR. JUANTEGUY RECEIVED COMPENSATION AS A PHYSIC	CIAN FOR NORTHWEST HOSPITAL	
CENTER INC., NOT AS A DIRECTOR.		

Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

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

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	per week	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GERALD_ABRAMS										
DIRECTOR	1.	X	_			ļ		· NONE	NONE	NONE
WALTER AMPREY PHD CHAIRMAN/DIRECTOR	1.	х						NONE	NONE	NONE
RONALD ATTMAN										
DIRECTOR	1.	X						NONE	NONE	NONE
STACEY_BERNER_MD DIRECTOR	1.	x						18,439.	NONE	NONE
ROBERT DAMIE		1						10,430.	NOIVE	IVOIVI
DIRECTOR	1.	x						NONE	NONE	NONE
RONNIE B FOOTLICK	π.	^						NONE	NONE	NONE
EX-OFFICIO DIRECTOR	1 1.	x						NONE	NONE	NONE
EUGENE_A_FRIEDMAN_ESQUIRE	1.	1				ļ	 	NONE	NONE	NOIVE
DIRECTOR	1.	x						NONE	NONE	NONE
WARREN A GREEN	μ.	1					-	NONE	NONE	NONE
CEO/EX-OFFICIO DIRECTOR	1.	x		Х				NONE	1,757,610.	247,133.
IRA_K_HIMMEL_ESQUIRE	<u> </u>	1					<u> </u>	NONE	1,131,010.	241,133.
SECRETARY/DIRECTOR	1.	x						NONE	NONE	NONE
	1.							NONE	NONE	NONE
DIRECTOR	1	х						NONE	NONE	NONE
ROBERT_A_HOFFMAN	±.•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						NONE	NONE	NONE
DIRECTOR	1.	x						NONE	NONE	NONE
JUAN JUANTEGUY MD	1.	Λ_					-	NONE	NONE	NONE
PHYSICIAN/DIRECTOR	40.	X						151,353.	NONE	10,505.
DONALD_KIRSON	40.	1						131,333.	NOME	10,303.
DIRECTOR	1.	Х						NONE	NONE	NONE
							-	NONE	TAOME	NONE
TREASURER/DIRECTOR	1.	X						NONE	NONE	NONE
AUDREY_LIFCOVICH		- 11						NONE	NONE	10111
DIRECTOR	1.	X						NONE	NONE	NONE
STANDFORD H MALINOW MD	± •	^\						NONE	NONE	NOW
DIRECTOR	1.	х						NONE	NONE	NONE
ANDREW_MALIS		1						11011		NONE
DIRECTOR	1.	X						NONE	NONE	NONE
JOSEPH MIGLIARA		<u> </u>						LIONE	- NONE	14014
DIRECTOR	1.	X						NONE	NONE	NONE
DEBORAH S PHELPS		<u> </u>						HONE	110111	NONE
DIRECTOR	1.	х						NONE	NONE	NONE
JM SCHAPIRO	<u> </u>							NONE	14011	NOINE
DIRECTOR	1.	x						NONE	NONE	NONE
DAVID_SIGMAN_MD								1,011		1,0142
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 J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

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

Employer Identification number

52-1372665

NORTHWEST HOSPITAL CENTER INC. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees									
(B)	(C)						(D)	(E)	(F)
Average hours		ion (, , , , , , , , , , , , , , , , , , , 			Reportable	Reportable	Estimated
рет меек	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1.	X						NONE	NONE	NONE
1.	Х						NONE	NONE	NONE
40.	x		х				740.615.	NONE	138,570.
1.	X						NONE		
1.	Х						NONE	NONE	NONE
1.	Х						NONE	NONE	NONE
			х				250,222.	NONE	
-10.								HOME	
40.			X				230,134.	NONE	45,016.
40.					Х		286,845.	NONE	29,279.
40.					Х		254,152.	NONE	27,112.
40					x		234.795	NONE	24,028.
40.					X		205,808.	NONE	24,692.
40.					Х		201,510.	NONE	26,699.
								•	
	1. 1. 40. 1. 40. 40. 40. 40. 40. 40. 40.	Average hours per week reliable to individual trustee reliable to	Average hours per week	Average hours per week	Position (check all or in in in in in in in in in in in in in	Position (check all that ap) Highest compensated Position (check all that ap) Highest compensated Position (check all that ap) Highest compensated Position Institutional frustee Position (check all that ap) Highest compensated Position Institutional frustee Position I	Average hours per week	Average hours per week Position Check all that apply Reportable compensation from the organization (W-2/1099-MISC)	Average hours per week Position (check all that apply) Reportable compensation from direction and rustee Position (promote) Po

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

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Schedule J-2 (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008
Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2008

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NORTHWEST HOSPITAL CENTER INC	J						52-	-1372	2665			
Paril Excess Benefit Transacations To be completed by organizations								orm 99	90-EZ	. Part	V. line	40b
1 (a) Name of disqualified person			(b) Description of transaction					(C) Cor	rected?			
			1,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7							Yes	No	
Enter the amount of tax imposed on under section 4958Enter the amount of tax, if any, on line									> \$ _ > \$ _			
Part I Loans to and/or From Intere				Form 990	Part IV. line	26. or Forn	n 990	-EZ P	art V.	line 3		
(a) Name of interested person and purpose	(b) Loan	to or from anization?			(d) Balance due		(f) Ap		oved (g) Written			
	То	From		•			Yes	No	Yes	No	Yes	No
								<u> </u>				
Total				▶\$	<u> </u>					<u> </u>		
Part III Grants or Assistance Benef To be completed by organizatio	itting l	nterest	ed Persons	.	Part IV. line	27.						
(a) Name of interested person	1		ip between into	terested per		(c) Amo	unt of	grant	or typ	e of as	ssistan	 ce
			1 20									
Part IV Business Transactions Invo To be completed by organizatio	iving in	n tereste answere	ed Persons ed "Yes" on l	Form 990,	Part IV, line	s 28a, 28b,	or 28	C.				
(a) Name of interested person	(b) Relationship betw interested person and organization		son and the			(d) Desc	(d) Description of transaction			(e) Sharing o organization's revenues?		
LID DOUGLE STREET	DIESE	10D			250,000	one country				Yes	No	
MR RONALD ATTMAN BARRY WALTERS MD	DIRECT			2	,250,000. 233,980.							X
	1					}					1	

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

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

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.

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 CONSOL	<u>IDATED</u>
FINANCIAL STATEMENT AUDIT PREPARED BY AN INDEPENDENT ACCOUNTING F	IRM_IN
ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP).	THE
FORM 990 FILER IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMEN	TS. THE
LIFEBRIDGE HEALTH AUDIT AND COMPLIANCE COMMITTEE ASSUMES RESPONSI	BILITY
FOR OVERSIGHT OF THE CONSOLIDATED FINANCIAL STATEMENT AUDIT AND S	ELECTION
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 T	HE
FOLLOWING ACTIONS: (1) EXCEPT FOR EX OFFICIO DIRECTORS AS PROVIDE	D 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	i

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.

_ 0	MB No. 1545-0047	-
	2008	
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	nspection	

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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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Inspection	

Department of the Treasury
Internal Revenue Service
Name of the organization

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
VETWITOMODITE MITH DISEBUTDOR ON WAI OF ITO SODSIDIAVIES (6.0.1 THE

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.

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service
Name of the organization

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.

Department of the Treasury Internal Revenue Service

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

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

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

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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2008

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Name of the organization

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.

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number 52–1372665
NORTHWEST HOSPITAL CENTER INC.	32-1372003
SCHEDULE O DISCLOSURES (CONTINUED)	and the life was the too too too too too too too too too to
BOARD OF DIRECTORS ADDRESS	
	, voc. voc. voc. voc. voc. voc. voc. voc.
FORM 990, PART VI, LINE 13	
ALL OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES LIS	TED IN
PART_VII, SECTION_A, CAN_BE_REACHED_AT_THE_ORGANIZATION'S_MAILI	NG
ADDRESS:	f
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 W	ITH ITS
AFFILIATES LIFEBRIDGE HEALTH, SINAI HOSPITAL OF BALTIMORE, LEVI	NDALE
HEBREW AND GERIATRIC CENTER, CHILDREN'S HOSPITAL AT SINAL FOUND	ATION, AND
THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIG	ATED
GROUP) BORROWED \$285,815,000 FROM THE MARYLAND HEALTH AND HIGHE	R_AND
HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINA	NCE_THE
ADVANCE REFUNDING OF THE 2004 SERIES A AND 2004 SERIES B BONDS	AND_TO
FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS. THE AUTH	<u> ORITY</u>
OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF B	ONDS_UNDER
THE MARYLAND HEALTH AND HIGHER AND HIGHER EDUCATIONAL FACILITIE	<u> </u>
AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERI	

Schedule O (Form 990) 2008	Page 2
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 F	OR
REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF	JUNE 30,
2009 \$71,969,354 OF THE TOTAL AMOUNT BORROWED APPEARS ON NORTHWES	<u>T</u>
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 PAPE	R AND
SUPPLY, CO. ONE OF THE DIRECTORS OF NORTHWEST HOSPITAL CENTER, M	
ATTMAN, IS AN OWNER OF THE FIRM. ALL TRANSACTIONS WERE AT FAIR M	
VALUE AND NEGOTIATED AT ARM'S LENGTH.	
DR. WALTERS, A MEMBER OF THE BOARD OF DIRECTORS AT NORTHWEST HOSP	PITAL
CENTER PROVIDES CARDIOLOGY SERVICES TO SINAL HOSPITAL OF BALTIMOR	
NORTHWEST HOSPITAL CENTER AS AN EMPLOYEE OF BALTIMORE HEART ASSOC	
PA. APPROXIMATE ANNUAL RECEIPTS WERE \$233,980. ALL TRANSACTIONS	
FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.	

Related Organizations and Unrelated Partnerships

20**08**

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.

Open to Public

Name of the orgar	nization				1	endication number
NORTHWEST	HOSPITAL CENTER INC.				52-1372	2665
	lentification 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 Id	lentification 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 SCHED	ULE R-1					
	MMM100001 111					

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

Schedule R (Form 990) 2008

Partill 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 assels .		H) ortenale itora?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	(J) nerat or naging irtner?
		Country					Yes	No		Yes	s No
	the state of the s										
			1,1,1,1								

PartIV 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	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 INC52-1804659_ 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			

Schedule R (Form 990) 2008

Sched	Jule R (Form 990) 2009 52-1372665					Page
Pa	Transactions With Related Organizations					
Not	te, 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 ILIV?		1,200	30,54	
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		X
b	Gift, grant, or capital contribution to other organization(s)			1b	х	L
С	Gift, grant, or capital contribution from other organization(s)			1c		X
d	Loans or loan guarantees to or for other organization(s)			1d		Х
е	Loans or loan guarantees by other organization(s)			1 e		X
				(A)		
f	Sale of assets to other organization(s)			1f		Х
g	Purchase of assets from other organization(s)			1g		x
h	Exchange of assets			1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)			11		X
	· · · · ·			375	346	15.
i	Lease of facilities, equipment, or other assets from other organization(s)			1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		х
ï	Performance of services or membership or fundraising solicitations by other organization(s)			11		Х
m	Sharing of facilities, equipment, mailing lists, or other assets			1 m		Х
n	Sharing of paid employees			1n		Х
	changer page compressions			100	42.2	
0	Reimbursement paid to other organization for expenses			10		x
g	Reimbursement paid by other organization for expenses			1p		x
Р	Nombal Content part by Circle Organization to Oxpanico			17.0	4, 11	
q	Other transfer of cash or property to other organization(s)			1 q		l x
r	Other transfer of cash or property from other organization(s).			1r		х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered			shold	5.	
	(A) Name of other organization(s)	(B) Transaction type (a-r)	Amour	(C) t involv	ed/	
(1)						
7.7						
(2)						
(3)						
(4)						
						
(5)						
(6)	I					

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(日) Primary activity	(C) (D) (E) (E) Dispropriionate (state or foreign country) (organizations?) (10) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		Disproportionate Co allocations? amou of So		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	pa	(H) leral or naging rtner?		
			Yes	No		Yes	No	(, 5,,,, , 1,0,0)	Yes	No
		`								
					•					
·		L							<u> </u>	

Schedule R (Form 990) 2008

art 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
LIFEBRIDGE HEALTH INC 52-1402373					
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	PARENT	MD	501 C 3	11B	LBH
SINAI HOSPITAL OF BALTIMORE INC 52-0486540					
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HOSPITAL	MD	501 C 3	3	LBH
LEVINDALE HEBREW GERIATRIC CTR HOSPITAL 52-0607913					
2434 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	SPEC HOSP	MD	501 C 3	3	LBH
COURTLAND GARDENS NURSING AND REHAB CTR 52-0607907					
7920 SCOTTS LEVEL ROAD BALTIMORE, MD 21208	SKILL NURSIN	MD	501 C 3	9	LBH
CHILDREN'S HOSPITAL OF BALTIMORE CITY 52-0591592					
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HOLDING CO	MD	501 C 3	11B	LBH
THE BALTIMORE JEWISH HEALTH FOUNDATION 52-2111541					
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	INVESTMENTS	MD	501 C 3	11B	LBH
CHILDREN'S HOSPITAL AT SINAI FOUNDATION 52-2167587					
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	INVESTMENTS	MD	501 C 3	11B	LBH
THE BALTIMORE JEWISH ELDERCARE FNDTN 52-2337669					
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	INVESTMENTS	MD	501 C 3	11B	LBH
		1			
	L	1	L	L	

Schedule R-1 (Form 990) 2008

Part III Continuation of Id		elated O				F	·		pr. 1-1-m - m - m - m - m - m - m - m - m -		
(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 essets	(H) Disproportowns allocations?		(I) Code V-UBI amount on box 20 of K-1	Gen	(J) neral or naging rtner?
							Yes	No		Yes	No
		-									
				i							

Schedule R-1 (Form 990) 2008

(A)
Name, address, and EIN of related organization

Primary activity

Primary activi

Schedule R-1 (Form 990) 2008

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

Schedule R-1 (Form 990) 2008

Page 4

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-r)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)	·		
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)		Sch	edule R-1 (Form 990) 2008

Schedule R-1 (Form 990) 2008

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

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
CDOMINALL MEALENCARE TWO	GOVERN GLEANING	1 006 050
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 COMPENSAT	ION .	4,754,050.

NORTHWEST HOSPITAL CENTER INC.

52-1372665

FORM 990, PART VIII - INVESTMENT INCOME

	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
per year man army land man daring than their man and				
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.