

**Part VI** Supplemental Information

Provide the following information.

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

COUNTY DOES NOT PROVIDE CSAS. THE RACIAL COMPOSITION AND INCOME DISTRIBUTION OF THE ABOVE-INDICATED ZIP CODES REFLECT THE RACIAL SEGREGATION AND INCOME DISPARITY CHARACTERISTIC OF THE BALTIMORE METROPOLITAN REGION. FOR EXAMPLE, PAH AND SPH HAVE A PREDOMINANTLY AFRICAN AMERICAN POPULATION AT 94.5% AND 96.3% RESPECTIVELY. THIS IS IN CONTRAST TO THE NEIGHBORING MOUNT WASHINGTON/COLDSRING COMMUNITY IN WHICH THE MEDIAN HOUSEHOLD INCOME IS \$78,263 AND THE UNEMPLOYMENT RATE WAS 4.5%. THE RACIAL/ETHNIC COMPOSITION OF THE MW/C COMMUNITY IS MUCH MORE COMPLEX BUT THE POPULATION IS PREDOMINANTLY (65.8%) WHITE.

PART VI, LINE 5:

THE M. PETER MOSER COMMUNITY INITIATIVES PROGRAM AT SINAI HOSPITAL PROVIDES SERVICES THAT SEEK TO IMPROVE THE HEALTH AND WELL-BEING OF PERSONS AND FAMILIES WHOSE HEALTH IS NEGATIVELY IMPACTED BY THE SOCIAL DETERMINANTS OF HEALTH. FOCUS IS ON INDIVIDUALS AND FAMILIES WHO COME TO THE HOSPITAL SEEKING SERVICES FOR SPECIFIC CONDITIONS SUCH AS HIGH-RISK PREGNANCY, HIV INFECTION, PERINATAL MOOD DISORDERS OR ADDICTION, INTIMATE PARTNER VIOLENCE, ETC. BUT WHOSE SOCIAL CONDITIONS MAY FURTHER IMPAIR

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HEALTH BEYOND THE ACUTE MEDICAL EPISODE. PSYCHOSOCIAL INTERVENTIONS ARE PROVIDED BY LICENSED SOCIAL WORKERS AND PARAPROFESSIONAL OUTREACH WORKERS IN HOMES AND COMMUNITY LOCATIONS. SERVICES INCLUDE OUTREACH, HOME-VISITING, HEALTH, LIFE-SKILLS AND SAFETY EDUCATION, COUNSELING, INFORMATION AND REFERRALS, SERVICES COORDINATION, AND MENTORING OF YOUTH IN COMMUNITY SCHOOLS. SINAI'S DEPARTMENT OF PSYCHIATRY, IN RECOGNITION OF POOR NUTRITION AND ACCESSIBILITY TO CARE FOR MENTALLY ILL PATIENTS LIVING IN POVERTY, PROVIDES FREE HOT LUNCHESES AND TRANSPORTATION TO PATIENTS ENROLLED IN THE INTENSIVE OUTPATIENT/PARTIAL HOSPITALIZATION PROGRAM. IN ADDITION, THE SINAI HOSPITAL ADDICTIONS RECOVERY PROGRAM (SHARP), AN ADULT OUTPATIENT SUBSTANCE ABUSE PROGRAM, PROVIDES INDIVIDUAL, GROUP, AND FAMILY COUNSELING TO OPIATE-ADDICTED PATIENTS. SHARP ALSO OFFERS PRIMARY CARE SERVICES AS WELL AS INTEGRATED PSYCHIATRIC CARE FOR THOSE PATIENTS WITH A CO-EXISTING DISORDER. SINAI PROVIDES A VARIETY OF SUPPORT GROUPS THAT OFFER SOCIAL AND EMOTIONAL SUPPORT TO THOSE WHO SHARE A COMMON EXPERIENCE OR MEDICAL CONCERN. A DEPARTMENT OF COMMUNITY HEALTH EDUCATION PROVIDES FREE HEALTH PROMOTION EDUCATION ON A WIDE RANGE OF TOPICS AND COORDINATES FREE OR LOW-COST HEALTH SCREENINGS FOR THE COMMUNITY.

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PART VI, LINE 6:

AS A TEACHING HOSPITAL WITH ITS OWN ACCREDITED, NON-UNIVERSITY-AFFILIATED RESIDENCY TRAINING PROGRAMS, SINAI HOSPITAL EMPLOYS A FACULTY OF 140 PHYSICIANS IN SEVERAL SPECIALTIES INCLUDING INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY, AND PEDIATRICS. FACULTY PHYSICIANS PROVIDE SERVICES TO PATIENTS THROUGH A FACULTY PRACTICE PLAN. WHEN PATIENTS REQUEST APPOINTMENTS IN THE FACULTY PRACTICE OFFICES, THEY ARE NOT SCREENED ON THE ABILITY TO PAY FOR SERVICES. PHYSICIAN FEES FOR UNINSURED PATIENTS ARE DETERMINED ON A SLIDING SCALE BASED ON INCOME. FEES MAY BE WAIVED IF A PATIENT HAS NO FINANCIAL RESOURCES. ADDITIONALLY, IN THOSE SPECIALTIES IN WHICH THE HOSPITAL DOES NOT HAVE A FACULTY, SUCH AS DENTISTRY, OTOLARYNGOLOGY, VASCULAR AND NEUROSURGERY, WE CONTRACT WITH SPECIALISTS IN ORDER TO PROVIDE CONTINUOUS CARE FOR PATIENTS ADMITTED TO THE HOSPITAL THROUGH THE EMERGENCY DEPARTMENT. IN THESE CASES, THE HOSPITAL COVERS THESE SPECIALISTS' CONSULTATION FEES AND FEES FOR PROCEDURES FOR INDIGENT PATIENTS. BECAUSE OF THESE TWO ARRANGEMENTS FOR PROVIDING SPECIALTY CARE FOR UNINSURED PATIENTS, WE ARE NOT ABLE TO DOCUMENT GAPS IN SPECIALIST

**Part VI** Supplemental Information

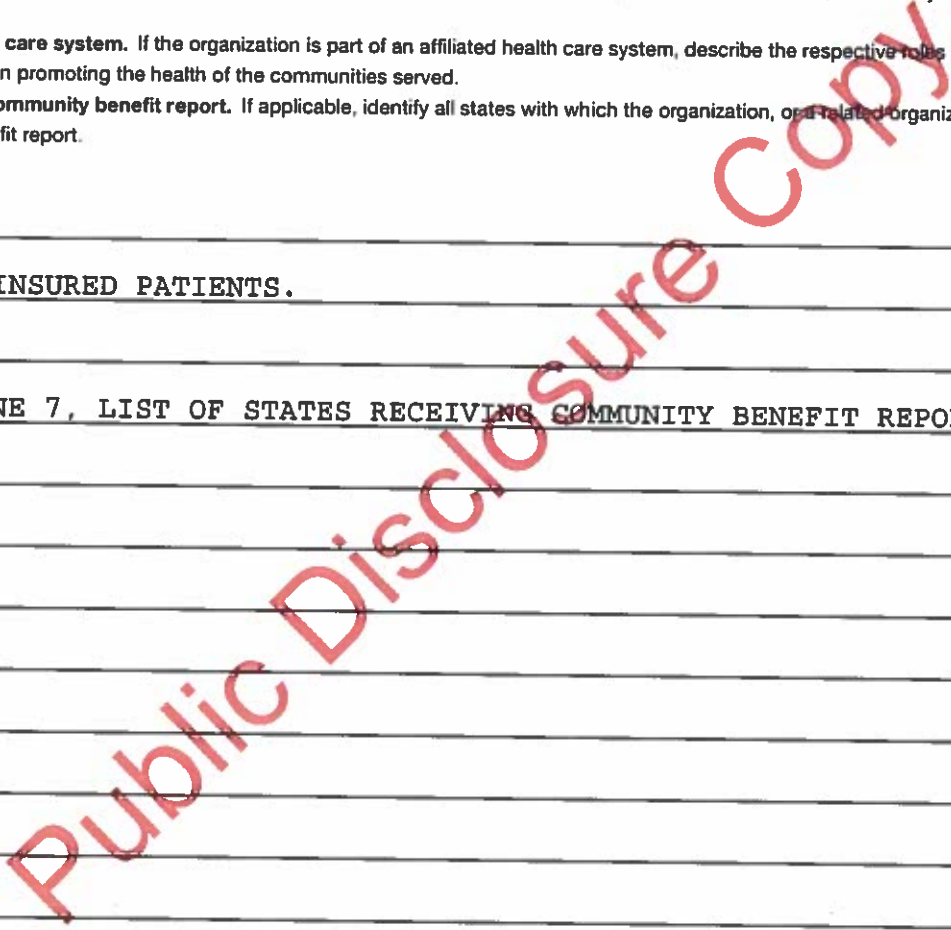
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CARE FOR UNINSURED PATIENTS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SINAI HOSPITAL OF BALTIMORE, INC.**

Employer identification number

**52-0486540**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?		X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?		X
<b>b</b> Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?		X
<b>b</b> Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2016



**Part III** Supplemental Information

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

PART I, LINE 1A:

ALL BOARD MEMBERS ARE ELIGIBLE FOR COMPLIMENTARY HEALTH CLUB MEMBERSHIPS.

THE BOARD MEMBERS RECEIVE A 1099 IF THEY SIGN UP AND RECEIVE THE COMPLIMENTARY MEMBERSHIP.

PART I, LINE 4B:

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATED IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

<u>NEIL MELTZER</u>	<u>\$ 357,770</u>
<u>AMY PERRY</u>	<u>\$ 168,760</u>
<u>DAVID KRAJEWSKI</u>	<u>\$ 147,770</u>
<u>MICHAEL MONT</u>	<u>\$ 118,293</u>
<u>RONALD DELANOIS</u>	<u>\$ 71,091</u>
<u>JONATHAN RINGO</u>	<u>\$ 57,406</u>
<u>JAMES NACE</u>	<u>\$ 35,891</u>
<u>CHARLES ALBRECHT</u>	<u>\$ 28,540</u>
<u>FOUAD ABBAS</u>	<u>\$ 78,662</u>

Part III Supplemental Information

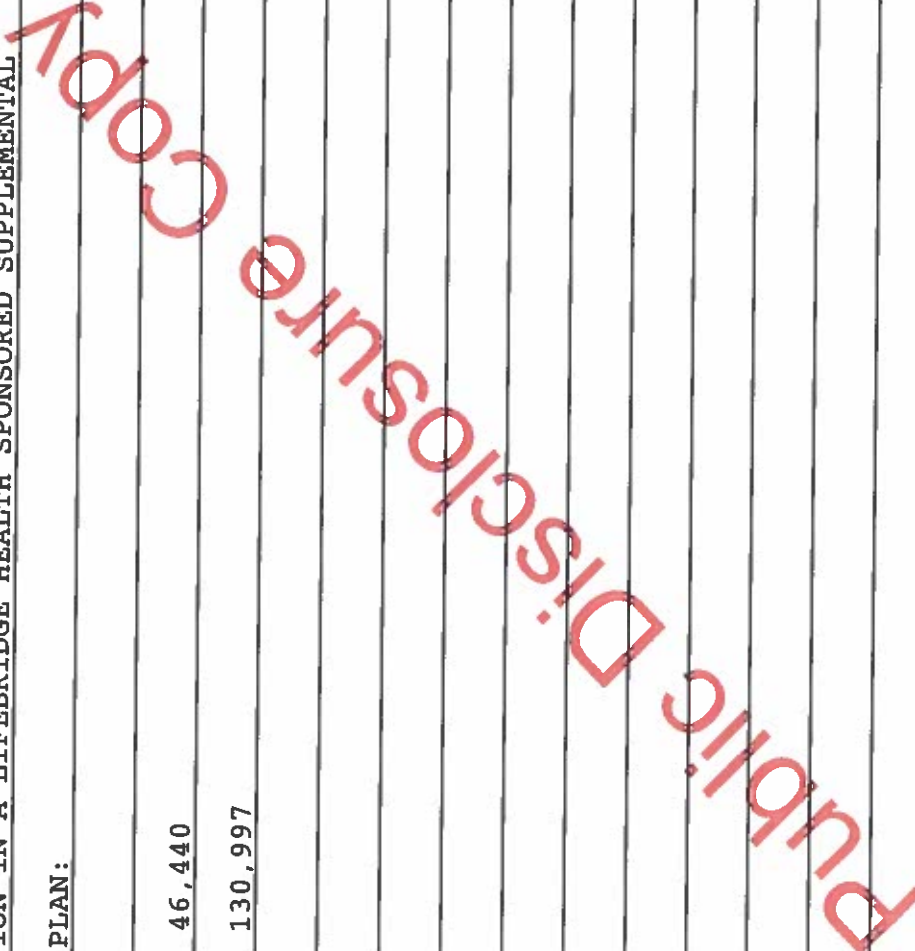
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DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS RECEIVED PAYMENTS AS PART OF THEIR PARTICIPATION IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN:

LEATEEN JOHNSON \$ 46,440

AMY PERRY \$ 130,997







**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CLASSIC COLDSRING EAST, L	INDIRECT BUSINESS	109,009.	MR. DOPKIN		X
GREENBERG GIBBONS COMMERC	INDIRECT BUSINESS	253,599.	SINAI HOSPI		X
AMERICAN OFFICE EQUIPMENT	INDIRECT BUSINESS	794,505.	SINAI HOSPI		X
IDA SAMET	FAMILY RELATIONSHIP	147,537.	EMPLOYEE OF		X

**Part V Supplemental Information**

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

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

(A) NAME OF INTERESTED PERSON:

CLASSIC COLDSRING EAST, LLC T/A THE CLASSIC CATERING PEOPLE, INC.

(D) DESCRIPTION OF TRANSACTION: MR. DOPKIN IS A DIRECTOR OF THE BOARD AND HIS FAMILY OWNS THE CLASSIC CATERING PEOPLE, INC. SINAI HOSPITAL OF BALTIMORE, INC. AND OTHER LIFEBRIDGE HEALTH SUBSIDIAREIS PAID APPROXIMATELY \$109,009 FOR CATERING SERVICES FROM THE CLASSIC CATERING PEOPLE, INC. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: GREENBERG GIBBONS COMMERCIAL CORPORATION

(D) DESCRIPTION OF TRANSACTION: SINAI HOSPITAL OF BALTIMORE, INC. AND LIFEBRIDGE HEALTH, INC. SUBSIDIARIES PAID APPROXIMATELY \$253,599 FOR LEASE SPACE FROM GREENBERG GIBBONS COMMERCIAL CORPORATION. MR. GIBBONS IS A DIRECTOR OF SINAI HOSPITAL AND IS THE OWNER AND CEO OF THE COMPANY. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARMS LENGTH.

(A) NAME OF PERSON: AMERICAN OFFICE EQUIPMENT CO., INC.

(D) DESCRIPTION OF TRANSACTION: SINAI HOSPITAL OF BALTIMORE, INC. AND THE LIFEBRIDGE HEALTH, INC. SUBSIDIARIES PAID APPROXIMATELY \$794,505 FOR

**Part V** Supplemental Information

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

OFFICE FURNITURE FROM AMERICAN OFFICE. MR. KUNTZ IS A DIRECTOR AND OFFICER OF SINAI HOSPITAL AND IS PRESIDENT OF THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: IDA SAMET

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP TO A BOARD MEMBER, ROBIN WEIMAN

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF SINAI HOSPITAL. IDA SAMET WAS COMPENSATED FOR ASSISTANT VICE PRESIDENT SERVICES TO SINAI HOSPITAL OF BALTIMORE, INC.

Public Disclosure Copy

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number  
52-0486540

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

TO IMPROVE THE LIVES OF OUR PATIENTS AND OUR COMMUNITY.

FORM 990, PART III, LINE 1

SINAI HOSPITAL OF BALTIMORE HAS A LONGSTANDING MISSION TO PROVIDE QUALITY PATIENT CARE, EDUCATE MEDICAL STUDENTS AND RESIDENTS WHO WILL BECOME PHYSICIANS IN OUR COMMUNITY AND BEYOND, AND ENGAGE IN MEDICAL RESEARCH TO IMPROVE THE LIVES OF OUR PATIENTS AND OUR COMMUNITY. WE HAVE FOCUSED OUR ATTENTION ON QUALITY PATIENT CARE FOR MORE THAN 140 YEARS. THOUGH A JEWISH-SPONSORED HEALTH CARE ORGANIZATION, SINAI HOSPITAL'S DOORS HAVE BEEN OPEN TO CARE FOR THE SICK AND NEEDY REGARDLESS OF RACE, RELIGION OR ABILITY TO PAY. LOCATED IN NORTHWEST BALTIMORE CITY, SINAI HOSPITAL MEETS THE HEALTH CARE NEEDS OF AN EVER EXPANDING AND CULTURALLY DIVERSE POPULATION, MANY OF WHOM DO NOT HAVE ACCESS TO PRIMARY HEALTH CARE. SIGNIFICANT PORTIONS OF OUR SURROUNDING COMMUNITY FREQUENT SINAI ER-7 USING THIS EMERGENCY ROOM AS A DOCTOR'S OFFICE. LACK OF ACCESS TO HEALTH CARE IS A GROWING PROBLEM FOR MANY AMERICANS, AND SINAI HOSPITAL'S DOCTORS, NURSES AND ALLIED HEALTH CARE PROFESSIONALS UNDERSTAND THAT THE HOSPITAL'S MISSION ENDORSES OPEN ACCESS TO ALL. SINAI HOSPITAL HAS AN ESTABLISHED AND WELL POSTED CHARITY CARE POLICY THAT OFFERS A REASONABLE AMOUNT OF CARE AT NO CHARGE OR AT REDUCED RATES TO ELIGIBLE PERSONS WHO DO NOT HAVE INSURANCE. 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. SINAI'S COMMITMENT TO EDUCATION IS VISIBLE IN ITS MEDICAL RESIDENCY PROGRAMS IN INTERNAL MEDICINE; PHYSICAL MEDICINE

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number  
52-0486540

AND REHABILITATION; OBSTETRICS AND GYNECOLOGY; PEDIATRICS; GENERAL SURGERY; AND OPHTHALMOLOGY. MANY OF THESE DOCTORS-IN-TRAINING CHOOSE SINAI FOR THEIR MEDICAL TRAINING BECAUSE OF ITS COMMUNITY SETTING AND STRONG ACADEMIC BACKGROUND. SINAI RESIDENTS STAFF A FREE TO LOW COST COMMUNITY HEALTH CENTER LOCATED ON SINAI'S CAMPUS. THIS CLINIC OFFERS PRIMARY MEDICAL, DENTAL AND PHARMACY SERVICES TO THE COMMUNITY SURROUNDING SINAI HOSPITAL. OUR YOUNG DOCTORS EMPLOY THE ART AND SCIENCE OF MEDICINE TO HELP A POPULATION WHOSE MEDICAL NEEDS ARE COMPLEX BECAUSE THEY OFTEN DON'T SEEK MEDICAL TREATMENT UNTIL THEY ARE IN CRISIS. SINAI'S COMMITMENT TO EDUCATION EXTENDS BEYOND TRAINING DOCTORS, NURSES AND OTHER HEALTH CARE PROFESSIONALS. SINAI HOSPITAL IS ALSO DETERMINED TO SHARE KNOWLEDGE AND INFORMATION WITH THE MANY PEOPLE WHO TURN TO US FOR HELP. THE COMMUNITY MISSION COMMITTEE OF LIFE BRIDGE HEALTH EVALUATES THE HEALTH CARE NEEDS OF THE COMMUNITY, REVIEWS EXISTING PROGRAMS AND DEVELOPS NEW SERVICES TO MEET THE NEEDS OF THE COMMUNITY. ONE OF THOSE SERVICES IS SINAI'S NEW BRIDGES TO IMPROVED CHILD HEALTH PROGRAM. THE MISSION OF NEW BRIDGES IS TO ASSIST YOUNG FAMILIES LIVING IN POVERTY TO EFFECTIVELY USE HEALTH AND SOCIAL SERVICES IN ORDER TO MAINTAIN AND ENHANCE THE HEALTH OF THEIR CHILDREN. PROGRAM SERVICES INCLUDE CASE MANAGEMENT, HEALTH EDUCATION, OUTREACH AND ADVOCACY SERVICES TO FAMILIES WITH CHILDREN FROM BIRTH TO SIX YEARS OF AGE. THE PROGRAM ALSO ADDRESSES THE NEEDS OF FATHERS THROUGH THE SERVICES DESCRIBED ABOVE. SERVICES ARE FREE TO ELIGIBLE FAMILIES. SINAI STAFF MEMBERS OFFER HOME VISITS, HEALTH SERVICES, EDUCATION, CRISIS INTERVENTION AND OUTREACH SERVICES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

SINAI CLINICAL PROFESSIONALS PROGRAM WITHIN SINAI STOPPED.

FORM 990, PART VI, SECTION A, LINE 2:

RONNIE FOOTLICK AND LESLIE SCHALLER HAVE A FAMILY RELATIONSHIP.

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

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

FORM 990, PART VI, SECTION A, LINE 7A:

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

FORM 990, PART VI, SECTION A, LINE 7B:

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

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

THE LIFEBRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY THE CORPORATE DIRECTOR OF FINANCE. IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

ALSO REVIEWS ALL THE 990 RETURNS. A FORMAL MEETING IS THEN SCHEDULED WITH THE CHIEF FINANCIAL OFFICER, VICE PRESIDENT OF FINANCIAL REPORTING, GENERAL COUNSEL, AND THE 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 THE AUDIT AND COMPLIANCE COMMITTEE OF THE LIFEBRIDGE BOARD AND TO EACH INDIVIDUAL BOARD DIRECTOR PRIOR TO THE FILING DATE FOR REVIEW.

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

LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES 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. 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 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

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

"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. 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. QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS. QUESTIONS ABOUT POSSIBLE CONFLICTS MAY ALSO BE REPORTED TO THE INTEGRITY HOTLINE OR OFFICE OF GENERAL COUNSEL. NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.

FORM 990, PART VI, SECTION B, LINE 15:

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



Name of the organization

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HEALTH OR A LIFEBRIDGE HOSPITAL. THE CHAIR OF THE 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 EXECUTIVE AND 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. 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. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AGREEMENTS.

FORM 990, PART VI, SECTION C, 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

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NOT MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST OR VIA A WEBSITE. THE CONFLICT OF INTEREST POLICY IS INCLUDED ON SCHEDULE O.

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

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	33,021,860.
MANAGEMENT AND GENERAL EXPENSES	3,016,990.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,038,850.

OPERATING CORPORATE ALLOCATION:

PROGRAM SERVICE EXPENSES	12,298,313.
MANAGEMENT AND GENERAL EXPENSES	31,473,190.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	43,771,503.

PURCHASED TEMP HELP:

PROGRAM SERVICE EXPENSES	3,586,198.
MANAGEMENT AND GENERAL EXPENSES	735,247.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,321,445.

CONTRACT CLEANING:

PROGRAM SERVICE EXPENSES	26,286.
MANAGEMENT AND GENERAL EXPENSES	1,325,874.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,352,160.

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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## AGENCY NURSES:

PROGRAM SERVICE EXPENSES	9,163,598.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,163,598.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	94,647,556.

## DUE TO AFFILIATES - BONDS

ON JANUARY 8, 2008, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$285,815,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE THE ADVANCE REFUNDING OF THE 2004 SERIES A AND 2004 SERIES B BONDS AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2008, COLLATERALIZED BY ABL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$3,278,562, OF WHICH SINAI'S PORTION IS \$2,416,726, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2017, \$156,676,757 OF THE TOTAL AMOUNT BORROWED APPEARS AS DUE TO LIFEBRIDGE HEALTH, OF WHICH SINAI'S PORTION IS \$115,499,310. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

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ON MARCH 30, 2011, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$50,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE A CONSTRUCTION AND EXPANSION PROJECT OF LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS AT SINAI HOSPITAL OF BALTIMORE AND NORTHWEST HOSPITAL CENTER. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2011, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A DISCOUNT OF \$55,766, OF WHICH SINAI'S PORTION IS \$37,093, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2017, \$5,010,877 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$3,332,546 APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON MAY 1, 2015, A SINGLE OBLIGATED GROUP (THE OBLIGATED GROUP) WAS FORMED, CONSISTING OF LIFEBRIDGE HEALTH INC., SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL

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COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC.,  
 CARROLL COUNTY MED SERVICES INC., CARROLL HEALTH GROUP LLC, CARROLL  
 HOSPICE INC., AND CARROLL REGIONAL CANCER CENTER PHYSICIANS LLC.  
 MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR ALL  
 OF THE OUTSTANDING BONDS. THE BONDS INCLUDE THE ONES DETAILED ABOVE AS  
 WELL AS THE BONDS ORIGINALLY OBTAINED BY CARROLL COUNTY HEALTH SERVICES  
 INC. AND ITS RELATED SUBSIDIARIES. THESE BONDS ISSUED BY THE AUTHORITY  
 ON BEHALF OF LIFEBRIDGE HEALTH INC. AND CARROLL COUNTY HEALTH SERVICES  
 INC. AND THEIR RESPECTIVE AFFILIATES, TOGETHER WITH THE OTHER  
 OBLIGATIONS ON PARITY WITH SUCH BONDS. ALL THE BONDS ARE REPORTED ON  
 SCHEDULE K OF THE LIFEBRIDGE HEALTH INC. FORM 990.

ON JULY 30, 2015, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES  
 SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC.,  
 LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., THE BALTIMORE JEWISH  
 HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC.,  
 CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER  
 INC., CARROLL COUNTY MED SERVICES INC., CARROLL HEALTH GROUP LLC,  
 CARROLL HOSPICE INC., AND CARROLL REGIONAL CANCER CENTER PHYSICIANS LLC  
 (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$159,685,000 FROM THE  
 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE  
 AUTHORITY) TO FINANCE AND REFINANCE THE COST OF CONSTRUCTION,  
 RENOVATION, AND EQUIPPING OF CERTAIN ADDITIONAL FACILITIES FOR THE  
 OBLIGATED GROUP, TO REFUND A PORTION OF THE SERIES 2008 BONDS AND THE  
 AUTHORITY'S CARROLL ISSUE, SERIES 2006 BONDS, AND REFINANCE A PORTION  
 OF AN OUTSTANDING LINE OF CREDIT. THE AUTHORITY OBTAINED THE FUNDS FOR  
 THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH  
 AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS,

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LIFEBRIDGE HEALTH ISSUE, SERIES 2015, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$7,389,102, OF WHICH SINAI'S PORTION IS \$2,826,708, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2017, \$166,749,746 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$67,915,915, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON OCTOBER 25, 2016, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., CARROLL HEALTH GROUP LLC, CARROLL HOSPICE INC. AND CARROLL REGIONAL CANCER CENTER PHYSICIANS LLC (COLLECTIVE, THE OBLIGATED GROUP) BORROWED \$120,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) WHICH WAS USED TO REFINANCE THE SERIES 2008 BONDS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2016, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$11,192,820, OF WHICH SINAI'S PORTION IS \$7,697,029, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE

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30, 2017, \$131,562,236 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$93,341,752, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DECREASE IN MINIMUM PENSION LIABILITY	15,154,808.
TRANSFER TO AFFILIATES	-96,324,013.
DECREASE IN PLEDGE RECEIVABLES	-358,234.
CHANGE IN NET ASSETS OF SUBSIDIARIES	6,486,406.
ELIMINATING ENTRY FOR SINAI CLINICAL PROFESSIONALS	-771,153.
LOSS ON REFINANCING	-7,301,516.
TOTAL TO FORM 990, PART XI, LINE 9	-83,113,702.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Public Disclosure Copy

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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OMB No. 1545-0047

**2016**

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SINAI CLINICAL PROFESSIONALS, LLC - 27-0192555, 515 FAIRMONT AVENUE, TOWSON, MD 21286	HEALTHCARE	MARYLAND	0.	509,739.	SINAI HOSPITAL OF BALTIMORE, INC.
LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE, LLC - 27-4404331, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MARYLAND	671,475.	210,196.	SINAI HOSPITAL OF BALTIMORE, INC.
SINAI PARKING FACILITY, LLC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	REAL ESTATE	MARYLAND	0.	0.	SINAI HOSPITAL OF BALTIMORE, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. - 52-0607913, 2434 WEST BELVEDERE AVE, BALTIMORE, MD 21215	GERIATRIC HOSPITAL DEDICATED TO PROVIDING SERVICES TO THE AGED	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
LIFEBRIDGE HEALTH, INC. - 52-1402373 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	TO SUPPORT THE CHARITABLE MISSIONS OF ITS SUBSIDIARIES.	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
COURTLAND GARDENS NURSING AND REHABILITATION CENTER - 52-0607907, 2434 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	SKILLED NURSING CARE FOR THE ELDERLY AND DISABLED	MARYLAND	501(C)(9)	10	LIFEBRIDGE HEALTH, INC.		X
NORTHWEST HOSPITAL CENTER, INC. - 52-1372665 5401 OLD COURT ROAD RANDALLSTOWN, MD 21133	A HOSPITAL ASPIRING TO IMPROVE THE WELLBEING OF THE COMMUNITY IT SERVES	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X

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

Schedule R (Form 990) 2016





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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CARROLL OCCUPATIONAL HEALTH, LLC - 20 2769332, 7001 CORPORATE CENTER COURT, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
CARROLL COUNTY RADIOLOGY, LLC - 52-2190849, 7253 AMBASSADOR ROAD, BALTIMORE, MD 21244	RADIOLOGY	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
CARDIOVASCULAR ASSOCIATES OF MARYLAND, LLC - 46-2935110, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
LIFEBRIDGE CARDIOLOGY OF PARKVILLE, LLC - 46-3742313, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

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

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

SINAI HOSPITAL OF BALTIMORE, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
LIFEBRIDGE COMMUNITY											
GASTROENTEROLOGY, LLC - 46-2863298, 2401 WEST BELVEDERE AVENUE, BALTIMORE, LIFEBRIDGE COMMUNITY	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
PEDIATRICS, LLC - 46-2842468, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
LIFEBRIDGE COMMUNITY											
PULMONOLOGY, LLC - 46-1401312, 2401 WEST BELVEDERE AVENUE, BALTIMORE, LIFEBRIDGE GYNECOLOGY OF	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
PIKESVILLE, LLC - 46-2949092, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
LIFEBRIDGE MEDICAL											
ASSOCIATES, LLC - 46-2941505, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC SPECIALISTS, LLC) - 45-07, 2401 WEST BELVEDERE AVENUE, LIFEBRIDGE PRIMARY CARE OF	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
ELDERSBURG, LLC - 38-3897702, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC - 80-0883321, 2401 WEST BELVEDERE AVENUE, BALTIMORE, HOMECARE MARYLAND, LLC - 26-1378175, 8028 RITCHIE HIGHWAY, SUITE 210B, PASADENA, MD 21122	MEDICAL SERVICES  HOME HEALTH SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LIFEBRIDGE REHABILITATION SERVICES, LLC - 81-1504380, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
ELLICOTT CITY ASC MANAGEMENT, LLC - 52-2331663, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
SURGICENTER OF BALTIMORE - 52-1658841, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21158	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
MOUNT AIRY MED-SERVICES, LLC - 46-5632176, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
SPRINGWELL PARTNERS, LLC - 27-1971171, 2200 PINE HILL FARMS LANE, HUNT VALLEY, MD 21030	ASSISTED LIVING	MD	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
LIFEBRIDGE SUBURBAN PHYSICIAN GROUP II, LLC - 81-4209029, 5401 OLD COURT ROAD, RANDALLSTOWN, MD 21133	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
LIFEBRIDGE LAB MANAGEMENT, LLC - 82-1113874, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	LABORATORY SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC - 81-4223537, 2401 WEST BELVEDERE AVENUE, BALTIMORE, LIFEBRIDGE MULTI-SPECIALTY, LLC - 46-3753120, 41 MAGNA WAY, SUITE 100, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A



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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
  - f Dividends from related organization(s)
  - g Sale of assets to related organization(s)
  - h Purchase of assets from related organization(s)
  - i Exchange of assets with related organization(s)
  - j Lease of facilities, equipment, or other assets to related organization(s)
  - k Lease of facilities, equipment, or other assets from related organization(s)
  - l Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
  - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - o Sharing of paid employees with related organization(s)
  - p Reimbursement paid to related organization(s) for expenses
  - q Reimbursement paid by related organization(s) for expenses
  - r Other transfer of cash or property to related organization(s)
  - s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) BALTIMORE JEWISH HEALTH FOUNDATION, INC.	C	1,920,440.FMV		X	
(2) CARROLL HOSPITAL CENTER, INC. CHILDRENS HOSPITAL AT SINAI FOUNDATION, (3) INC	P	9,837,480.FMV		X	
LEVINDALE HEBREW GERIATRIC CENTER AND (4) HOSPITAL, INC.	C	1,429,901.FMV		X	
(5) LIFEBRIDGE HEALTH, INC.	P	296,724.FMV		X	
(6) LIFEBRIDGE HEALTH, INC.	C	40,000,000.FMV		X	
	P	93,161,269.FMV		X	

SINAI HOSPITAL OF BALTIMORE, INC.

**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	(d) Method of determining amount involved
(7) PRACTICE DYNAMICS, INC.	P	4,330,082. FMV	
(8) PRACTICE DYNAMICS, INC.	O	444,182. FMV	
(9) SINAI ELDEBSBURG REAL ESTATE	A	94,254. FMV	
(10) CARROLL HOSPITAL CENTER, INC.	K	6,079,140. FMV	
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Public Disclosure





**Part VII** Supplemental Information.

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

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC

EIN: 46-2863298

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY PULMONOLOGY, LLC

EIN: 46-1401312

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC SPECIALISTS, LLC)

EIN: 45-0719598

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC

EIN: 80-0883321

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

**Part VII** Supplemental Information.

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

LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC

EIN: 81-4223537

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

Public Disclosure Copy

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0087

For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017

**2016**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>SINAI HOSPITAL OF BALTIMORE, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>2401 WEST BELVEDERE AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>BALTIMORE, MD 21215</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>52-0486540</b>
		<b>E</b> Unrelated business activity codes (See instructions.) <b>561000</b>

**C** Book value of all assets at end of year: **716,182,873.**

**F** Group exemption number (See instructions.)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. **PARTNERSHIP INVESTMENTS & RENTAL INCOME**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. **SEE STATEMENT 2**

**J** The books are in care of **NANCY KANE** Telephone number **(410) 601-5653**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6	10,570.	22,341.
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8	7,038.	102,054.
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	17,608.	178,364.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	1,000.
29	<b>Total deductions.</b> Add lines 14 through 28	29	1,000.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	159,756.
31	Net operating loss deduction (limited to the amount on line 30)	31	159,756.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [X] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
[ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38 9,406.
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 9,406.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a
b Other credits (see instructions) 41b
c General business credit. Attach Form 3800 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
e Total credits. Add lines 41a through 41d 41e
42 Subtract line 41e from line 40 42 9,406.
43 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 43
44 Total tax. Add lines 42 and 43 44 9,406.
45a Payments: A 2015 overpayment credited to 2016 45a 1,000.
b 2016 estimated tax payments 45b
c Tax deposited with Form 8868 45c
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total 45g
46 Total payments. Add lines 45a through 45g 46 1,000.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached [ ] 47 247.
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 8,653.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax Refunded 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [ ] Yes [X] No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. [ ] Yes [X] No
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: EXECUTIVE VP/CFO
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name: LORI S. BURGHAUSER Preparer's signature: LORI S. BURGHAUSER Date: 05/09/18 Check [ ] if self-employed PTIN: P00370694
Firm's name: SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN: 20-5991824
Firm's address: 910 RIDGEBROOK ROAD SPARKS, MD 21152 Phone no.: (410) 403-1500

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1) RENTAL INCOME WITH SERVICES

(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	SEE STATEMENT 5	
(1)	53,969.	10,570.	
(2)			
(3)			
(4)			
Total	0.	Total	53,969.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
53,969.		10,570.	

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property		3. Deductions directly connected with or allocable to debt-financed property	
				(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)					
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		%			
(2)		%			
(3)		%			
(4)		%			
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Total dividends-received deductions included in column 8			0.	0.	

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			102,054.	7,038.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

Form 990-T (2016)

Public Disclosure

**SCHEDULE O  
(Form 1120)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Consent Plan and Apportionment Schedule  
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120).

OMB No. 1545-0123

Name <b>SINAI HOSPITAL OF BALTIMORE, INC.</b>	Employer identification number <b>52-0486540</b>
--	---

**Part I Apportionment Plan Information**

**1** Type of controlled group:

- a  Parent-subsidiary group
- b  Brother-sister group
- c  Combined group
- d  Life insurance companies only

**2** This corporation has been a member of this group:

- a  For the entire year.
- b  From \_\_\_\_\_, until \_\_\_\_\_.

**3** This corporation consents and represents to:

- a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.
- b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending JUNE 30, 2015, and for all succeeding tax years.
- c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.

**4** If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a  Elected by the component members of the group.
- b  Required for the component members of the group.

**5** If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a  No apportionment plan is in effect and none is being adopted.
- b  An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, and for all succeeding tax years.

**6** If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a  Yes.
  - (i)  The statute of limitations for this year will expire on \_\_\_\_\_.
  - (ii)  On \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_.
- b  No. The members may not adopt or amend an apportionment plan.

**7** Required information and elections for component members. Check the applicable box(es) (see instructions).

- a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c  The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

613335 04-01-16 JWA



**Part II Taxable Income Apportionment** (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	SINAI HOSPITAL OF BALTIMORE, INC. 52-0486540	17-06	0.	0.	0.	0.	0.	
2	LIFEBRIDGE INVESTMENTS, INC. & SUBS 52-1483166	17-06	0.	0.	0.	0.	0.	
3	NORTHWEST HOSPITAL CENTER, INC. 52-1372665	17-06	0.	0.	0.	0.	0.	
4	CARROLL COUNTY MED SERVICES, INC. 52-1891102	17-06	0.	0.	0.	0.	0.	
5	CARROLL COUNTY HEALTH SERVICES CORP 52-0691413	17-06	0.	0.	0.	0.	0.	
6	CARROLL HOSPITAL CENTER FOUNDATION, INC. 52-1115038	17-06	0.	0.	0.	0.	0.	
7	CARROLL HOSPITAL CENTER, INC. 52-1452024	17-06	0.	0.	0.	0.	0.	
8	LIFEBRIDGE HEALTH, INC. 52-1402373	17-06	50,000.	25,000.	25,131.		100,131.	
9								
10								
11								
12								
<b>Total</b>			50,000.	25,000.	25,131.		100,131.	

Schedule O (Form 1120) (Rev. 12-2012)

**Part III** Income Tax Apportionment (See instructions)

	(a) Group member's name	Income Tax Apportionment							
		(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))	
1	SINAI HOSPITAL OF BALTIMORE, INC.	0.	0.	0.	0.	0.	0.	0.	
2	LIFEBRIDGE INVESTMENTS, INC. & SUBS	0.	0.	0.	0.	0.	0.	0.	
3	NORTHWEST HOSPITAL CENTER, INC.	0.	0.	0.	0.	0.	0.	0.	
4	CARROLL COUNTY MED SERVICES, INC.	0.	0.	0.	0.	0.	0.	0.	
5	CARROLL COUNTY HEALTH SERVICES CORP	0.	0.	0.	0.	0.	0.	0.	
6	CARROLL HOSPITAL CENTER FOUNDATION, INC.	0.	0.	0.	0.	0.	0.	0.	
7	CARROLL HOSPITAL CENTER, INC.	0.	0.	0.	0.	0.	0.	0.	
8	LIFEBRIDGE HEALTH, INC.	7,500.	6,250.	8,545.	8,545.	7.	22,302.		
9									
10									
11									
12									
<b>Total</b>		7,500.	6,250.	8,545.	8,545.	7.	22,302.		

Schedule O (Form 1120) (Rev. 12-2012)



**Part IV Other Apportionments** (See instructions)

		Other Apportionments			
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 SINAI HOSPITAL OF BALTIMORE, INC.		35,542.			
2 LIFEBRIDGE INVESTMENTS, INC. & SUBS					
3 NORTHWEST HOSPITAL CENTER, INC.		2,380.			
4 CARROLL COUNTY MED SERVICES, INC.					
5 CARROLL COUNTY HEALTH SERVICES CORP					
6 CARROLL HOSPITAL CENTER FOUNDATION, INC.		2,078.			
7 CARROLL HOSPITAL CENTER, INC.					
8 LIFEBRIDGE HEALTH, INC.		0.	150,000.		
9					
10					
11					
12					
<b>Total</b>		40,000.	150,000.		

Schedule O (Form 1120) (Rev. 12-2012)

Public Disclosure

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.  
▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2016**

Name		Employer identification number	
SINAI HOSPITAL OF BALTIMORE, INC.		52-0486540	
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction	1	158,756.
2	<b>Adjustments and preferences:</b>		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	158,756.
4	<b>Adjusted current earnings (ACE) adjustment:</b>		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	158,756.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment.		
	• If line 4b is zero or more, enter the amount from line 4c		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	158,756.
6	Alternative tax net operating loss deduction. See instructions	6	76,182.
7	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	82,574.
8	<b>Exemption phase-out.</b> If line 7 is \$30,000 or more, skip lines 8a and 8b and enter -0- on line 8c:		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0.
b	Multiply line 8a by 25% (0.25)	8b	0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	35,542.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	47,032.
10	Multiply line 9 by 20% (0.20)	10	9,406.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	9,406.
13	Regular tax liability before applying all credits except the foreign tax credit	13	
14	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	9,406.

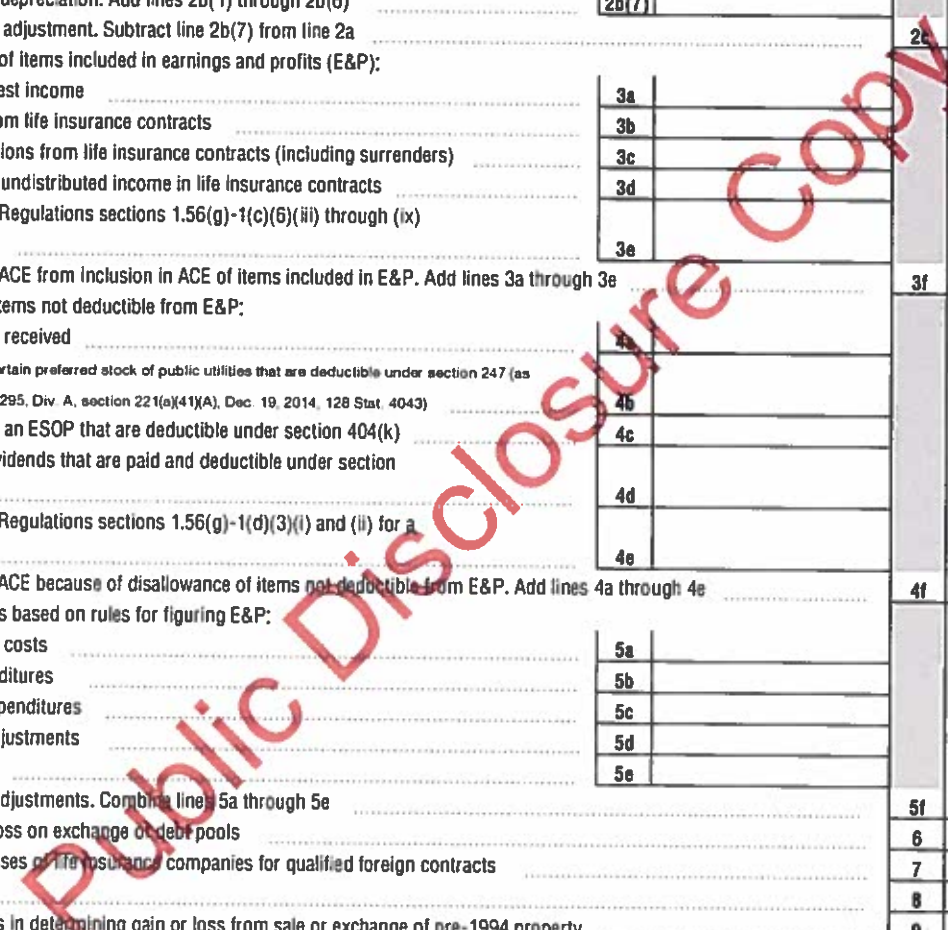
JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

<b>1</b>	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		<b>1</b>	158,756.
<b>2</b>	ACE depreciation adjustment:			
<b>a</b>	AMT depreciation	<b>2a</b>		
<b>b</b>	ACE depreciation:			
	(1) Post-1993 property	<b>2b(1)</b>		
	(2) Post-1989, pre-1994 property	<b>2b(2)</b>		
	(3) Pre-1990 MACRS property	<b>2b(3)</b>		
	(4) Pre-1990 original ACRS property	<b>2b(4)</b>		
	(5) Property described in sections 168(f)(1) through (4)	<b>2b(5)</b>		
	(6) Other property	<b>2b(6)</b>		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	<b>2b(7)</b>		
<b>c</b>	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P):			
<b>a</b>	Tax-exempt interest income	<b>3a</b>		
<b>b</b>	Death benefits from life insurance contracts	<b>3b</b>		
<b>c</b>	All other distributions from life insurance contracts (including surrenders)	<b>3c</b>		
<b>d</b>	Inside buildup of undistributed income in life insurance contracts	<b>3d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(ii) through (ix) for a partial list)	<b>3e</b>		
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P:			
<b>a</b>	Certain dividends received	<b>4a</b>		
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	<b>4b</b>		
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k)	<b>4c</b>		
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c)	<b>4d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	<b>4e</b>		
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P:			
<b>a</b>	Intangible drilling costs	<b>5a</b>		
<b>b</b>	Circulation expenditures	<b>5b</b>		
<b>c</b>	Organizational expenditures	<b>5c</b>		
<b>d</b>	LIFO inventory adjustments	<b>5d</b>		
<b>e</b>	Installment sales	<b>5e</b>		
<b>f</b>	Total other E&P adjustments. Combine lines 5a through 5e		<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools		<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts		<b>7</b>	
<b>8</b>	Depletion		<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		<b>9</b>	
<b>10</b>	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		<b>10</b>	158,756.



FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		1,000.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 2
CORPORATION'S NAME		IDENTIFYING NO
LIFEBRIDGE HEALTH, INC.	52-1402373	

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/01	11,214.	11,214.	0.	0.
06/30/02	5,132.	5,132.	0.	0.
06/30/03	8,879.	8,879.	0.	0.
06/30/04	56,583.	56,583.	0.	0.
06/30/05	81,832.	2,943.	78,889.	78,889.
06/30/06	9,855.	0.	9,855.	9,855.
06/30/07	31,348.	0.	31,348.	31,348.
06/30/09	12,368.	0.	12,368.	12,368.
06/30/13	35,511.	0.	35,511.	35,511.
06/30/14	72,873.	0.	72,873.	72,873.
06/30/15	12,766.	0.	12,766.	12,766.
NOL CARRYOVER AVAILABLE THIS YEAR			253,610.	253,610.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS		STATEMENT 4
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
PREMIER PURCHASING PARTNERS, L.P.	22,341.	0.	22,341.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	22,341.	0.	22,341.

FORM 990-T                      DEDUCTIONS CONNECTED WITH RENTAL INCOME                      STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE		10,570.	
- SUBTOTAL -	1		10,570.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			10,570.

Public Disclosure Copy

FORM 990-T

SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES  
AND RENTS FROM CONTROLLED ORGANIZATIONS

STATEMENT 6

1.	ACTIVITY NUMBER	2. EMPLOYER ID NO.
NAME OF CONTROLLED ORGANIZATION		
LIFEBRIDGE SUBURBAN PHYSICIAN GROUP, LLC	1	45-3858352

EXEMPT CONTROLLED ORGANIZATIONS

3.	4.	5.	6.
NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PAYMENTS MADE	PART OF COL (4) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.	8.	9.	10.	11.
TAXABLE INCOME	NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PMTS	PART OF COL (9) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED
-1,604,694.	-1,604,694.	7,800.	7,800.	7,038.

1.	ACTIVITY NUMBER	2. EMPLOYER ID NO.
NAME OF CONTROLLED ORGANIZATION		
PRACTICE DYNAMICS, INC.	2	52-1960319

EXEMPT CONTROLLED ORGANIZATIONS

3.	4.	5.	6.
NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PAYMENTS MADE	PART OF COL (4) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.	8.	9.	10.	11.
TAXABLE INCOME	NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PMTS	PART OF COL (9) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED
1,287,290.	1,287,290.	94,254.	94,254.	

	ADD COLUMNS 5 AND 10	ADD COLUMNS 6 AND 11
TOTALS TO FORM 990-T, SCHEDULE F	102,054.	7,038.



FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 7  
DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENT EXPENSE		7,038.	
- SUBTOTAL -	1		7,038.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			7,038.

FORM 4626 ALTERNATIVE MINIMUM TAX NOL DEDUCTION STATEMENT 8

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
06/30/14	72,873.	9,457.	63,416.
06/30/15	12,766.	0.	12,766.
AMT NOL CARRYOVER AVAILABLE THIS YEAR			76,182.

Public Disclosure Copy



**Underpayment of Estimated Tax by Corporations**

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-T

**2016**

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name

**SINAI HOSPITAL OF BALTIMORE, INC.**

Employer identification number

**52-0486540**

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions)	1	9,406.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method		
2c	Credit for federal tax paid on fuels (see instructions)		
2d	Total. Add lines 2a through 2c		
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty	3	9,406.
4	Enter the tax shown on the corporation's 2015 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b>	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	9,406.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	10/15/16	12/15/16	03/15/17	06/15/17
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	2,352.	2,351.	2,352.	2,351.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	1,000.			
12	Enter amount, if any, from line 18 of the preceding column				
13	Add lines 11 and 12				
14	Add amounts on lines 16 and 17 of the preceding column		1,352.	3,703.	6,055.
15	Subtract line 14 from line 13. If zero or less, enter -0-	1,000.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		1,352.	3,703.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	1,352.	2,351.	2,352.	2,351.
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2016)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2016 and before 7/1/2016	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 08/30/2016 and before 10/1/2016	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2016 and before 1/1/2017	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2016 and before 4/1/2017	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2017 and before 7/1/2017	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2017 and before 10/1/2017	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2017 and before 1/1/2018	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2017 and before 4/1/2018	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38	\$		247.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SINAI HOSPITAL OF BALTIMORE, INC.</b>	<b>Enter filer's identifying number</b> Employer identification number (EIN) or <b>52-0486540</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2401 WEST BELVEDERE AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BALTIMORE, MD 21215</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5224	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**NANCY KANE**  
**2401 WEST BELVEDERE AVENUE - BALTIMORE, MD 21215**

The books are in the care of ▶ **(410) 601-5653** Telephone No. ▶ **(410) 601-8362** Fax No. ▶

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	<b>SINAI HOSPITAL OF BALTIMORE, INC.</b>	Employer identification number (EIN) or <b>52-0486540</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	<b>2401 WEST BELVEDERE AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>BALTIMORE, MD 21215</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5223	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of ▶ **NANCY KANE**  
 Telephone No. ▶ **(410) 601-5653** Fax No. ▶ **(410) 601-8362**

• If the organization does not have an office or place of business in the United States, check this box  . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,000.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Form **8868**  
(Rev. January 2017)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. <b>SINAI HOSPITAL OF BALTIMORE, INC.</b>	Enter filer's identifying number Employer identification number (EIN) or <b>52-0486540</b>
	File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. <b>2401 WEST BELVEDERE AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BALTIMORE, MD 21215</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**NANCY KANE**

**2401 WEST BELVEDERE AVENUE - BALTIMORE, MD 21215**

- The books are in the care of ► **2401 WEST BELVEDERE AVENUE - BALTIMORE, MD 21215**  
Telephone No. ► **(410) 601-5653** Fax No. ► **(410) 601-8362**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year \_\_\_\_\_ or  
►  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)