Form <b>990-T</b>	Exempt Organ				ax Return	<u> </u>	OMB No 1545-0047		
_		d proxy tax und			TAT 20 202	,	2010		
	For calendar year 2019 or other tax year I			19 , and ending 00 ons and the latest inform		<u>u</u>	2019		
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers					Or 50	pen to Public Inspection for 11(c)(3) Organizations Only		
A Check box if address changed	Name of organization (	_				) Employe	er identification number /ees' trust, see		
B Exempt under section	Print SINAI HOSPIT						-0486540		
X 501(c)(3 ) 408(e) 220(e	Number, street, and room of 2401 WEST BE						ed business activity code tructions )		
408A 530(a		City or town, state or province, country, and ZIP or foreign postal code  BALTIMORE, MD 21215 531120							
Book value of all assets	F Group exemption numbe G Check organization type	r /See instructions )	► agration	501(c) trust	401(a)		Other trust		
	e organization's unrelated trades or but		8		the only (or first) uni		Other trust		
	▶ RENTAL INCOME F						nan one.		
	blank space at the end of the previous				•		=		
business, then complet									
	s the corporation a subsidiary in an aff		nt-subsi	diary controlled group?	STMT 2► [	X Yes	L No		
	and identifying number of the parent of NANCY KANE	corporation.		Talenh	one number 🕨 (	410)	601-5653		
	ed Trade or Business Inco	me		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sa	···	<del></del>	Ι .				D2527 775276		
b Less returns and all		c Balance	1c						
2 Cost of goods sold			2		MERCHANICAN.		THE LICE TO THE		
·	ct line 2 from line 1c		3	·	HATTE				
4 a Capital gain net inco			4a						
	m 4797, Part II, lune 17) (attach Form 4	1797)	4 <u>b</u>		CONTRACTOR OF THE PARTY OF THE				
c Capital loss deduction	_		4c		MARKET ETTE				
• •	a partnership or an S corperation (atta	ch statement)	5		Mary market of Contracting or	<u>Lealist</u>			
6 Rent income (Sched	nced income (Schedule E)		7						
	oyalties, and rents from a controlled org	apization (Schedule F)	8	31,834.	51,1	44.	-19,310.		
	of a section 501(c)(7), (9), or (17) orga	•	9	52/0010	32,2				
	tivity income (Schedule I)		10		-				
11 Advertising income	- '		11						
12 Other income (See i	nstructions; attach schedule)		12		Mark Core				
13 Total. Combine line	s 3 through 12		13	31,834.	51,1	44.	-19,310.		
Part II Deduction	ons Not Taken Elsewhere is must be directly connected with	(See instructions fo	r limita ess inc	ations on deductions.)					
<del></del>	fficers, directors, and trustees (Schedu			Direc,	<del></del>	14			
15 Salaries and wages	· · · · · · · · · · · · · · · · · · ·				-	15			
16 Repairs and mainte		RECEI	VE	)		16	<del></del>		
17 Bad debts		9		一覧 /		17			
	nedule) (see instructions)	9 MAY <b>2</b> 4	202	RS-OSC		18			
19 Taxes and licenses				SS /		19			
20 Depreciation (attac	h Form 4562)	OGDEN	JII	7 20	$\Delta$	F.3			
21 Less depreciation of	claimed on Schedule A and elsewhere of	n return	1, 0	21a		21b			
22 Depletion						_22			
	ferred compensation plans				\ \	23			
24 Employee benefit p					1	24	<del></del>		
25 Excess exempt exp					H	25			
26 Excess readership (				SEE STAT	יבאבאים 1	$\overline{}$	800.		
25 Excess exempt exp 26 Excess readership of 27 Other deductions (2 28 Total deductions 2 29 Unrelated business	Add lines 14 through 27			SHE SIMI		27	800.		
29 [[prelated hissings	taxable income before net operating lo	nss deduction. Subtract	line 28	from line 13	<u> </u>	129	20,110.		
30 Deduction for net o	perating loss arising in tax years begin				ţ	123	7-3,220.		
(see instructions)	paraming tood at loning in tan years begin	5 5 5 54	, ., 20	-	}	30	\ 0.		
•	taxable income. Subtract line 30 from	line 29				31	-20,110.		
	or Paperwork Reduction Act Notice, s						Form <b>990-T</b> (2019)		
		1				932			
50511 769024	LIF240.2	2019	.050	94 SINAI HO	SPITAL OF	BAL	TIMO LIF24		
							``		

Par	90-T (2019	Total Unrelated Business Taxable Income	52-0	486340 Page 2
				100 100
32		of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	_32	182,103.
33		nts paid for disallowed fringes	33	
34	Charita	able contributions (see instructions for limitation rules)	34	0.
35	Total u	Inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	182,103.
36	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	182,103.
38		ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
			7	1,0000
39		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		101 102
En :	<del></del>	the smaller of zero or line 37	39	<u>181,103.</u>
Part	<del></del>	Tax Computation	<u> </u>	<del></del>
40	Organi	izations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	38,032.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	1	Fax rate schedule or Schedule D (Form 1041)	4₹	
42	Proxv	tax. See instructions	42	
43	-	ative minimum tax (trusts only)	43	
44		n Noncompliant Facility Income. See Instructions	44	
				20 022
, Parl		Add lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments	45	38,032.
\ —	$\overline{}$			<del></del>
\\ 46a		n tax credit (corporations attach Form 1118; trusts attach Form 1116)	' .	
b	Other of	credits (see instructions)		
C	Genera	al business credit. Attach Form 3800		
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)		
е	Total o	credits. Add lines 46a through 46d	46e	
47	Subtra	ct line 46e from line 45	47	38,032.
48		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
		ax. Add lines 47 and 48 (see instructions)	49	38,032.
49		· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	50	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	<u> </u>
51 a			∛	
b	2019 e	stimated tax payments $QV = 5$ tb $18,000$ .		
6	Tax de	posited with Form 8868 (2C 5tc 22,000.		
d	Foreigi	n organizations: Tax paid or withheld at source (see instructions) 5fid		
е	Backup	o withholding (see instructions) 5fie	[	
f	Credit	for small employer health insurance premiums (attach Form 8941)		
		credits, adjustments, and payments: Form 2439		
ъ		form 4136 Other Total		
52		payments. Add lines 51a through 51g	<b>5</b> 2	55,000.
				33,000.
53		ted tax penalty (see instructions). Check if Form 2220 is attached	53	<del></del>
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	15 050
55	-	ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	\$5	16,968.
56		he amount of line 55 you want: Credited to 2020 estimated tax   16,968. Refunded	56	0.
\\ <u>P</u> art	· VI	Statements Regarding Certain Activities and Other Information (see instructions)	1	
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		.  .
	here	<b>&gt;</b>		x
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<u> </u>
JU		see instructions for other forms the organization may have to file.		
EΛ				;
59			e and heller	ıt ıs true
Sign	60	nder penalties of perjury, I declare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledg prrect, and complete Declaration of preparer (other than taxpayer) is pased on all information of which preparer has any knowledge	,- and Daliel,	
Here		May		uss this return with
		Company of Many		wn below (see
-		T T T T T T T T T T T T T T T T T T T	_	X Yes No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paid	l	self- employed	1	
	arer	LORI S. BURGHAUSER LORI S. BURGHAUSER 05/10/21		370694
-	Only	Firm's name ► SC&H GROUP, INC. Firm's EIN ►	20-	5991824
-550	y	910 RIDGEBROOK ROAD	<del></del> _	
		le i ii b gpapyg ap 01150	1101	400 1500
		Firm's address ► SPARKS, MD 21152 Phone no. (4	FTO) 4	403-1500

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory valu	ation ► N/A	<del></del> -				
1 Inventory at beginning of year	1		6 In	ventory at end of yea	 iГ		6		
2 Purchases	2		7.	ost of goods sold. St		ine 6	gas.		
3 Cost of labor	3			om line 5. Enter here					
4a Additional section 263A costs			7	ne 2		•	7		
(attach schedule)	4a		1	o the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b		7	operty produced or a		·		FS.	1557
5 Total. Add lines 1 through 4b	5		7	e organization?		та так-тау арргу та		15 24. 3	X
Schedule C - Rent Income (I (see instructions)		Property and			ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)				<del></del>					
	2. Rent receiv	ed or accrued				1			
(a) From personal property (if the percorent for personal property is more to 10% but not more than 50%)	entage of	of rent for p	ersonal pro	perty (if the percentage perty exceeds 50% or if n profit or income)	ge	3(a) Deductions directly columns 2(a) a	y connected nd 2(b) (atta	d with the income i ach schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<b></b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Debt	t-Financed	Income (see	instruction	ons)					
				Gross income from allocable to debt-		3. Deductions directly con to debt-finance	ced proper	ty	
1. Description of debt-fine	nced property			nanced property	(a)	Straight line depreciation (attach schedule)	(	b) Other deductio (attach schedule)	
(1)							1		
(2)									
(3)			†						
(4)			<b>†</b>						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6. 0	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduction 6 x total of co 3(a) and 3(b))	
(1)				%				- ·	
(2)		<del>_</del> ··		%					
(3)				%			1		
(4)				%					,
			·			nter here and on page 1, art I, line 7, column (A)		er here and on pag rt I, line 7, column	
Totals						0			0.
Total dividends-received deductions Inc	luded in column	8					<u> </u>		0.
. J.G. GITIOUNGO 10001TGG GOGGGGGGIONO		<u> </u>							<del></del>

Schedule F - Interest	, Annuitie	s, Royaltı	es, and					itions	(see ins	tructions	<u> </u>
		1		Exempt	Controlled O	rganızat	ions				
1. Name of controlled organ	ization	2. Emple identifica numbe	ition		related income e instructions)	4. To pay	otal of specified ments made	include	of column 4 t d in the contr tion's gross ii	olling	Deductions directly connected with income in column 5
(1) LIFEBRIDGE		<del></del>									<u>-</u>
(2) SUBURBAN PHY	SICIAN						·				
(3) GROUP, LLC		45-385	8352		<u>-</u>						
(4)				-				<u> </u>			<del></del> ,
Nonexempt Controlled Orga	anizations			L							
7. Taxable Income		inrelated income	(loss)	0 Total	of specified payr	nents	10. Part of colur	mn 9 that i	is included	11 Dec	luctions directly connected
7. 12.20.		see instructions)	()	<b>3.</b> (5.a.)	made		in the controll	ing organiz s income	zation's	with	ATEMENT 3
(1)	<del></del>										
(2)	·								-		
(3) $-261,363$		-261,	363.		31.	834.		31.	834.		51,144.
(4)	<del>`</del>						<u> </u>				
(F)	<del></del>						Add colum Enter here and line 8, c		I, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, une 8, column (B)
Totals						_		31	834.		51,144.
Schedule G - Investn	oont Incor	no of a Sc	oction	501/6)/7	7) (Q) or (	17) Or	l		034.		31,144.
	nstructions)	ne or a se	CHOIL	301(0)(1	), ( <del>3</del> ), 01 (	17) 01	ganization				
	escription of inco	me		<del></del>	2. Amount of	ıncome	3. Deduction directly connected (attach sched	cted	4. Set-a		5. Total deductions and set-asides
(1)						-	(attach sched	idie)			(col 3 plus col 4)
(2)											<del> </del>
(3)								<del>-</del>			<del>                                     </del>
(4)					-		<del> </del>				<del> </del>
Totals					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploite	d Exempt	Activity I	ncome	, Other	Than Adv	ertisir	ng Income		<del></del>		<u> </u>
(see ins	structions)					_					
Description of exploited activity	unrelated incom	Gross business le from business	3. Exp directly or with pro of unre business	duction elated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Expe attributa colum	ible to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)										-	
(3)											
(4)											
Totals	Enter her page 1 line 10,		Enter here page 1, line 10,	Part I,							Enter here and on page 1, Part II, line 25
Schedule J - Adverti	sing Incor		struction								·
Part II Income Fron					solidated	Basis	· .	_			
14.2. 1.2.		•									
1. Name of periodical		2. Gross advertising income		. Direct rtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput		lon	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<del></del>		+		STRUM	15775136	3			- l	THE
(2)			$\top$				<u> </u>		<u> </u>		
(3)			<del> </del>				<b>á</b>	$\neg +$			
(4)			+		一种多数	<b>BEE</b>	2				<b>江江江江</b>
		<del></del>	1.		Address Career St.	روانهاي ما معسا	<del>-</del>			*	and a series and a series of transcriberty
Totals (carry to Part II, line (5))	<b>&gt;</b>	0		0		_					0 . Form <b>990-T</b> (2019)

Form 990-T (2019) SINAI HOSPITAL OF BALTIMORE, INC. 52-04865
| Part III 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 pe	nodical	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)							
Totals from Part I	<b></b>	0.	0.	<b>斯斯特斯斯斯</b>	444671444		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5	<b>&gt;</b>	0.	0.				0.

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

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		800.
TOTAL TO FORM 990-T, PAGE 1, I	INE 27	800.

FORM 990-T SCHEDULE F - DEDUCTION DIRECTLY CONNECTE			STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENT EXPENSE OPERATING EXPENSES		46,662. 4,482.	
- SUBTO	TAL - 3	1,102.	51,144.
TOTAL OF FORM 990-T, SCHEDULE F, CO	LUMN 11		51,144.

# Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

OMB No 1545-0047

\_\_\_\_\_\_

1

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning  $\underline{JUL}$  1,  $\underline{2019}$ , and ending  $\underline{JUN}$  30,  $\underline{2020}$ 

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Open to Public Inspection for 5501(c)(3) Organizations Only

III (Carino	Do not enter SSN numbers on this form as it	may b	e made public it your organ			350 I(c)(3) Organizations Only
Name	of the organization SINAI HOSPITAL OF BALTII		E, INC.	Employer ide 52-04		
Ĺ	Inrelated Business Activity Code (see instructions) > 52300					
	Describe the unrelated trade or business PARTNERSH	IP	INVESTMENTS			······································
Pai	तुः। Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance >	1c		TALL MENT ALL	<b>新亚岛</b>	
2	Cost of goods sold (Schedule A, line 7)	2	ļ	数正型新建位		MANAGEMENT OF THE
3	Gross profit. Subtract line 2 from line 1c	3_		SECTION OF STREET		
	Capital gain net income (attach Schedule D)	4a		MENAL CENT		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		DESCRIPTION OF THE PROPERTY OF		
С	Capital loss deduction for trusts .	4c		SECTION S	AT N	
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 4	5	56,073.			56,073.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
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 1	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12		ZINCH TENENT	Territoria.	
13	Total. Combine lines 3 through 12	13	56,073.			56,073.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ductions.) (De		ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	<u> </u>
15	Salaries and wages		•	•	15	
16	Repairs and maintenance				16	
17	Bad debts		•	•	17	
18	Interest (attach schedule) (see instructions)			•	18	2 640
19	Taxes and licenses		1 5.1		19	3,640.
20	Depreciation (attach Form 4562)		. 20	<del></del>	333	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	<del></del>	21b	
22	Depletion				22	
23	Contributions to deferred compensation plans			• • • •	23	<del></del>
24	Employee benefit programs			•	24	
25	Excess exempt expenses (Schedule I)	•			25	
26	Excess readership costs (Schedule J)			COLUMN C	26	1 400
27	Other deductions (attach schedule) .		SEE STAT	EMENT 5	27	1,400.
28	Total deductions. Add lines 14 through 27		· · · · · · · · · · · · · · · · · · ·		28	5,040.
29	Unrelated business taxable income before net operating loss deduc			13	29	51,033.
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see		門社	_
	instructions)				30	51 022
<u>31</u>	Unrelated business taxable income. Subtract line 30 from line 29		<del></del>		31	51,033.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION		NET INCOME OR (LOSS)
PREMIER HEALTHCARE INCOME (LOSS)	ALLIANCE, L.P ORDINARY BUSINESS	56,073.
TOTAL INCLUDED ON S	SCHEDULE M, PART I, LINE 5	56,073.
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
····	OTHER DEDUCTIONS	STATEMENT 5  AMOUNT
FORM 990-T (M)  DESCRIPTION  TAX PREPARATION FER		

# Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

OMB No 1545-0047

2

2010

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning <u>JUL 1, 2019</u>, and ending <u>JUN 30, 2020</u>

Go to www.irs.gov/Form990T for instructions and the latest information.

2019

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

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

Name	of the organization SINAI HOSPITAL OF BALTII	MOD I	E, INC.		Employer id		
			3, <u>111C.</u>	<u> </u>		4003	40
	Unrelated Business Activity Code (see instructions) ► <u>56149</u> Describe the unrelated trade or business ► RENTAL IN		THAT	INCLU	DES SERVI	CES	
	ក៏ ន្រើ Unrelated Trade or Business Income		(A) Inc		(B) Expens		(C) Net
1 a	Gross receipts or sales				LA VIEW	<b>非國際</b>	
þ	Less returns and allowances c Balance ▶	1c			PROPERTY IN	ni Ka	是对于4520年1894以
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit. Subtract line 2 from line 1c	3			The state of the s	32 P. S.	ļ. —
4 a	Capital gain net income (attach Schedule D)	4a			77.		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			Carling March		
C	Capital loss deduction for trusts	4c			EMP IN IN	n legi	
5	Income (loss) from a partnership or an S corporation (attach				No.		
	statement)	5		0 600	10	200	2 600
6	Rent income (Schedule C)	6	<u></u>	0,600.	13,	288.	-2,688.
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8			ļ		<del> </del>
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9	<del></del>		ļ		<del></del>
10	Exploited exempt activity income (Schedule I)	10		<u></u>			<del>  , -</del>
11	Advertising income (Schedule J)	11	<del></del>		DATE OF THE STATE	11 17178 -2	<del></del>
12	Other income (See instructions, attach schedule)	12		0 600			
13	Total. Combine lines 3 through 12	13		0,600.		288.	
.P.äi	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ons on de	ductions.) (De	eduction	ons must be
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) (see instructions)				•	18	
19	Taxes and licenses .					19	
20	Depreciation (attach Form 4562)			20			
21	Less depreciation claimed on Schedule A and elsewhere on return		{	21a		21b_	
22	Depletion					22	<u> </u>
23	Contributions to deferred compensation plans .					23	
24	Employee benefit programs .					24	ļ
25	Excess exempt expenses (Schedule I)				•	25	
26	Excess readership costs (Schedule J)				_	26	
27	Other deductions (attach schedule)		SE	E STAT	EMENT 6	27	800.
28	Total deductions. Add lines 14 through 27					28	800.
29	Unrelated business taxable income before net operating loss deduce	ction S	Subtract line	28 from line	13	29	-3,488.
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2	018 (see		ET.	_
	instructions)					30_	0.
31_	Unrelated business taxable income. Subtract line 30 from line 29					31	-3,488.
LHA	For Paperwork Reduction Act Notice, see instructions.				;	Schedu	le M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		TRUOMA
TAX PREPARATION FEES		800.
TOTAL TO SCHEDULE M, PART	II, LINE 27	800

SINAI HOS	PITAL OF	BALTIMO	RE, INC.		52-0486	5540
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation			
<ol> <li>Inventory at beginning of year</li> </ol>	1		6 Inventory at end of year	ar	L	6
2 Purchases	2		7 Cost of goods sold. S	ubtract i	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	(*) 4 · 1
4a Additional section 263A costs			line 2		Ĺ	7
(attach schedule)	4a		8 Do the rules of section	1 263A (\	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	الإنجابية الراج الراجية الإنجابية المنطقة المن
5 Total. Add lines 1 through 4b	5		the organization?		<del></del>	
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property L	_ease	d With Real Prope	erty)
Description of property		<u></u>				
(1) RENTAL INCOME WI	TH SERVI	CES				
(2)					·· <del>-</del>	
(3)						
(4)						
		ed or accrued			0(-) 0-44444	
rent for personal property is more than of rent for p			and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	columns 2(a) and	connected with the income in d 2(b) (attach schedule)  EMENT 12
(1)	0.		10,6	00.		13,288.
(2)						·· <u>-</u>
(3)						
(4)	-					
Total	0.	Total	10,6	00.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter	10,6	00.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>1</b> 3,288.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)			<del></del>
					3. Deductions directly conn	
			<ol><li>Gross income from or allocable to debt-</li></ol>	(2)	to debt-finance Straight line depreciation	(b) Other deductions
Description of debt-fi	nanced property		financed property	(4)	(attach schedule)	(attach schedule)
(1)						_
(2)						
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to illocable to ill	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)	8. Aliocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	1		%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals	والمعامر المعامرات	0	•	L		<del> </del> -
Total dividends-received deductions in	iciuaea in column	0				Form 000 T (0040)
						Form <b>990-T</b> (2019)

FORM 990-T (M)	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 12
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXP	PENSE	- SUBTOTA	L - 1	12. 13,276.	13,288.
TOTAL TO FORM 99	00-T, SCHEDUI	LE C, COLUI	MIN 3		13,288.

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENTITY

OMB No 1545-0047

3

Department of the Treasury

For calendar year 2019 or other tax year beginning JUL~1, 2019, and ending JUN~30, 2020

Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Name	of the organization SINAI HOSPITAL OF BALTII	MODE	E, INC.		Employer ider 52-04		
			i, INC.		1_32-04	803	40
	Inrelated Business Activity Code (see instructions)   53112 Describe the unrelated trade or business  RENTAL IN		E FROM	CONTR	OLLED ORG		
	Unrelated Trade or Business Income		(A) Inc	ome	(B) Expenses	s	(C) Net
	Gross receipts or sales					33	Para de la constante de la con
b	Less returns and allowances c Balance >	1c			ESTAC TELESCOPE	ed a kilosof Video Port	DATE AND
2	Cost of goods sold (Schedule A, line 7)	2			E WAS THE TOTAL	AND CO	表示22.47表表: 安全中心发展7.34C()
3	Gross profit. Subtract line 2 from line 1c	3			Printed at the Party of the Control	STATE	
4 a	Capital gain net income (attach Schedule D)	4a			STERLING STREET, STREE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			ENGLISHED WITH SAME	AND THE	
С	Capital loss deduction for trusts	4c		<del> </del>	THE PROPERTY OF THE PROPERTY OF THE PARTY OF	*C1:43	
5	Income (loss) from a partnership or an S corporation (attach					2	
	statement) .	5			Minth Carling	XV2,TX	<del></del>
6	Rent income (Schedule C)	6			<u> </u>		
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled	[ [		S 6 H 4		^ ^	F 54.0
	organization (Schedule F)	8	·	3,974.	9,6	93.	-5,719.
9	Investment income of a section 501(c)(7), (9), or (17)	] ]			1		
	organization (Schedule G)	9					<u></u>
10	Exploited exempt activity income (Schedule I)	10			<del></del>		ļ <u></u>
11	Advertising income (Schedule J)	11					
12	Other income (See instructions; attach schedule)	12			RULLEL KEIL		
<u>13</u>	Total, Combine lines 3 through 12	13		3,974.	9,6	<u>93.</u>	-5,719.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in the connected with the connected			ons on de	ductions.) (Ded	14	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				•	15	
15	Salaries and wages						<u> </u>
16	Repairs and maintenance .					16	
17	Bad debts				•	17	<del></del>
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses	•	1	00		19 [登]	
20	Depreciation (attach Form 4562)		}	20			
21	Less depreciation claimed on Schedule A and elsewhere on return		ſ	21a		21b	-
22	Depletion .				}	22	
23	Contributions to deferred compensation plans		•			23	<del></del>
24	Employee benefit programs				ĺ	24	
25	Excess exempt expenses (Schedule I)	•		•		25_	
26	Excess readership costs (Schedule J)		a ro	ta caman	TEMENTO 7	26	900
27	Other deductions (attach schedule)		SE	E STAI	EMENT 7	27	800.
28	Total deductions. Add lines 14 through 27	_				28	800.
29	Unrelated business taxable income before net operating loss deduce					29	-6,519.
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2	U18 (see	ļ		^
	instructions)					30	0.
<u>31</u>	Unrelated business taxable income. Subtract line 30 from line 29			*****		31_	-6,519.
LHA	For Paperwork Reduction Act Notice, see instructions.				Sc	hedul	le M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		800.
TOTAL TO SCHEDULE M, PART II,	LINE 27	800.

2-	0	4	8	6	5	4	0	

Schedule F - Interest, A				Controlled O					tructions	·
Name of controlled organizat	identif	nployer Tcation nber	3. Net un (loss) (se	related income e instructions)		ital of specified ments made	include	t of column 4 t ed in the contr ation's gross li	olling	6. Deductions directly connected with Income in column 5
(1) LIFEBRIDGE										
(2) COMMUNITY										
(3) GASTROENTEROL	OGY,									
(4) LLC	46-28	63298								
Nonexempt Controlled Organia										
7. Taxable Income	Net unrelated incor (see instruction		9. Total	l of specified pays made	nents	10. Part of colur in the controlli gross	mn 9 that ing organ s income	is included ization's	with	uctions directly connected noome in column 10
(1)										
(2)	<del></del>									<del></del>
(3) $(4)$ $-84,128.$	9.1	,128.		3	974.	<del></del>	3	,974.		9,693.
(4) $-84,128.$	-04	,120.			<i>J</i> / 4 •	<del></del>				3,033.
						Add colum Enter here and (ine 8, c		1, Part I,	Enter he	l columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
Totals					•		3	,974.		9,693.
Schedule G - Investme		Section 8	501(c)(7	7), (9), or (	17) Or	ganization		<u>, , , , , , , , , , , , , , , , , , , </u>		
	ription of income			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col. 4)
(1)				-		(4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	,			(60) 6 pied 60), 4)
(2)				<del></del>						
(3)				<del> </del>				<del></del>		<del>                                     </del>
(4)				<del> </del>		<del></del>				<del> </del>
				Enter here and o Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals Schedule I - Exploited	-	Income	, Other	Than Adv	ertisir	ig Income	11 <u>183 (1941)</u>	مواعله الموال و أواع <mark>ها</mark>	<u> </u>	<u>'</u>
(see Instru 1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expo directly co with prod of unre business	nnected luction lated	4. Net incomfrom unrelated business (cominus column gain, compute through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				i						
(2)										
(3)				†						
(4)				· · · · · · · · · · · · · · · · · · ·						<del>                                     </del>
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 25
Schedule J - Advertisir	ig Income (see i	nstructions	s)	- Proceedings					THE PARTY OF	1
Part Income From F				solidated	Basis					
1. Name of periodical	2. Gross advertising income		. Direct	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus in, comput	5. Circulati	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		<del>-  </del>		Service a	F. Barrie	<u>.</u>	$\dashv$		F	ESP-TEN SELVICE
					100	3			<del> </del> }	2000年1000年1000年1000年100日
(2)				-	為非常	3 <del> </del>		····		
(3)	<del></del>	<del></del>				3				EF-126-1927
(4)				PATE AND AND	145 X 5 145	12			-  2	THE PERSON NAMED IN THE PE
Totals (carry to Part II, line (5))	<b>•</b>									
										Form 990-T (2019)

FORM 990-T (M)	SCHEDULE F - DEDUCTION ORGANIZATIONS DIRECTLY COLUMN 10 IN	CONNECTED		STATEMENT 13
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSE	ES		524. 9,169.	
	- SUBTOTAL -	4	2,221	9,693.
TOTAL OF FORM 99	)-T, SCHEDULE F, COLUMN	11		9,693.

### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENTITY

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL~1, 2019 and ending JUN~30, 2020

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

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Employer identification number Name of the organization 52-0486540 SINAI HOSPITAL OF BALTIMORE, INC. Unrelated Business Activity Code (see instructions) 531120 ► RENTAL INCOME FROM CONTROLLED ORG Describe the unrelated trade or business Part'13 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net **网络双足的现在分**别 1a Gross receipts or sales **计学工程的**2011 c Balance b Less returns and allowances 10 DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE 2 Cost of goods sold (Schedule A, line 7) 2 NOTE THE PARTY OF THE PARTY. 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a era a caracia b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 至了。在经验了这个理论,因 c Capital loss deduction for trusts 4c MERKER Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from a controlled 3,974. 9,693 -5,719. organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 12 3,974. 9.693. -5,719. 13 Total, Combine lines 3 through 12 13 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 19 Taxes and licenses 7 Depreciation (attach Form 4562) 20

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Employee benefit programs

Less depreciation claimed on Schedule A and elsewhere on return

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

800.

800.

-6,519.

21b

22

23

24

25

26

**2**7

28

29

30

31

21

22

23 24

25

26

27

28

29

30

Depletion

instructions)

SEE STATEMENT 8

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		TRUOMA
TAX PREPARATION FEES		800.
TOTAL TO SCHEDULE M, PART II,	LINE 27	800.

•											ENTITY	4
orm 990-T (2019) SINAI	HOSPI'	TAL OF	BAL	PIMOR	E, INC.				52-04			Page 4
Schedule F - Interest, <i>F</i>	Annuitie	s, Royalt	es, and	Rents	From Co	ntrolle	d Organiza	ations	see ins	truction	is)	
				Exempt	Controlled O	rganızat	ions					
Name of controlled organization	on	2. Emp identific numb	ation		related income e instructions)		otal of specified Iments made	includ	rt of column 4 t led in the contr lation's gross i	rolling	6. Deductions directly connected with income in column 5	
(1) LIFEBRIDGE								<del>                                     </del>				
(2) NEUROSCIENCES	T.T.C	45-071	9598					<del>                                     </del>				
	, 1110	13 0 / 1	7370					<del>                                     </del>				
(3)							<del></del>	+				
(4) Nonexempt Controlled Organia	zatione							<u> </u>				
7. Taxable Income	8. Net u	nrelated income ee instructions)		9. Total	l of specified payn made	nents	10 Part of colu in the control gros	ımn 9 tha ling organ is income	t is included nization's	with	eductions directly co	10
(1)												
(2) $-2,461,288.$	_	2,461,	288.		3,	974.		3	,974.		9,0	693.
(3)												
(4)												
							Add colu Enter here and Jine 8,		1, Part I,	Enter h	dd columns 6 and 11 here and on page 1, line 8, column (B)	
otals						<b>&gt;</b>		3	,974.		9,6	693.
Schedule G - Investme	nt Incon	ne of a S	ection	501(c)(7	7), (9), or ( <sup>-</sup>	17) Org	ganization		<u></u>			
(see instr	uctions)				,		г					
1. Descr	ription of incor	me			2. Amount of	income	3. Deduction directly connuctation (attach scheme)	ected	4. Set-a (attach s		5 Total ded and set-a (col 3 plus	sides
(1)												
(2)												
(3)												_
(4)												
					Enter here and o Part I, line 9, col				A STATE		Enter here and o Part I, line 9, col	
otals Schedule I - Exploited I	Evampt	A otivity I	ncomo	Othor	Than Adv	orticir	la prome	( a i	در عکده سافت بگ مع سعدر خد	المحدد و عدالته	۸]	
(see instru		Activity		, Other	Tilati Adv	ei iisii	r					
1. Description of exploited activity	2. G unrelated income trade or t	business e from	3. Exp directly co with pro- of unre business	onnected duction elated	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross incompressing from activity is not unrelated business incompressing from the second	that ted	6. Exp attributa colun	able to	7. Excess ex expenses (co 6 minus column 4 column 4	olumn mn 5, than
(1)												
(2)												
(3)												
(4)												
otals ►	Enter here page 1, line 10,	Part I,	Enter here page 1, line 10, o	Part I,							Enter here on page Part II, line	1,
Schedule J - Advertisin	g Incon	ne (see in:	structions	3)				7-4-				
Part 12 Income From F					solidated	Basis					<del></del> , <del></del> ,	
1. Name of periodical		2, Gross advertising income		. Direct	4. Adverti or (loss) (co col 3) If a ga cols 5 thi	l 2 minus in, comput	5. Circula income		6. Reade		7. Excess reade costs (column 6 column 5, but no than column	minus t more
(1)			+		PROPERTY.	1 7 A 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3				ENTER TERM	TEN STEP
(2)			$\top$		一世の記念は	a feet new	;; <del> </del>					* 12.1
(3)			<del> </del>				4				是那種美	
(4)			+		一位的	الم جنوعي فير. معامعات المائي	<u> </u>					18
\ ' <i>I</i>					Later Age to the Age		·- I				الملااه مورد الهار الإمام المسادر المارية	-

Form 990-T (2019)

Totals (carry to Part II, line (5))

FORM 990-T (M)	SCHEDULE F - DEDUCTION ORGANIZATIONS DIRECTLY COLUMN 10 IN	CONNECTED		STATEMENT 14
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSE DEPRECIATION	S - SUBTOTAL -	5	524. 9,169.	9,693.
TOTAL OF FORM 990	O-T, SCHEDULE F, COLUMN	_		9,693.

### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

ENTITY

5

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

501(c)(3) Organizations Only

ivame	SINAI HOSPITAL OF BALTIN	MORE	E, INC.	52-04865	
	Unrelated Business Activity Code (see instructions)   53112				
		COM	E FROM CONTR	OLLED ORG	
	t।  Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			WEST TO THE	
b	Less returns and allowances c Balance ▶	1c		<b>作证证证证证证证证证</b>	Research Park
2	Cost of goods sold (Schedule A, line 7)	2		NAME OF THE PARTY	STEED WEIGHT STATE
3	Gross profit, Subtract line 2 from line 1c	3		THE PROPERTY OF THE PARTY OF TH	
4 a	Capital gain net income (attach Schedule D)	4a		BE US OF SECRETARY	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		ETER PERSONNELSER	
	Capital loss deduction for trusts	4c		ELSZEWSKY SIN	
5	Income (loss) from a partnership or an S corporation (attach				1
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8	74,958.	39,613.	35,345.
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		THE A LEEP SHOW	
13	Total. Combine lines 3 through 12	13	74,958.	39,613.	35,345.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income			ductions.) (Deduction	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salanes and wages .			15	<u></u>
16	Repairs and maintenance .			. 16	
17	Bad debts .			. 17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			. 19	2,294.
20	Depreciation (attach Form 4562)		20	<u></u>	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b	
22	Depletion			. 22	
23	Contributions to deferred compensation plans .			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

800.

3,094.

32,251.

26

27

28

29

30

26

27

28

29

30

SEE STATEMENT 9

instructions)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 9
DESCRIPTION		TUUOMA
TAX PREPARATION FEES		800.
TOTAL TO SCHEDULE M, PART II,	LINE 27	800.

4	86	54	0		Page	4
_=			_			

	1		Exempt	Controlled Or	ganizat	ions				· · · · · · · · · · · · · · · · · · ·	
Name of controlled organizati	ion	2. Employer identification number	3. Net uni (loss) (see	3. Net unrelated income (loss) (see instructions)		otal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1) LIFEBRIDGE			<del>                                     </del>							<del></del>	
(2) COMMUNITY											
(3) PHYSICIANS, II	NC. 8	80-071900	5			_					
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income		related income (loss) e instructions)	9. Total	of specified paym made	ents	10 Part of column in the controll gross	mn 9 that i ing organiz s income	s included ation's	with i	uctions directly connected income in column 10	
(1)											
(2)											
(3) $-2,985,510$ .	-2	2,985,510.		74,9	958.		74,	958.		39,613.	
(4)											
		- "				Enter here and	nns 5 and I on page 1 column (A)		Enter her	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals					<b>&gt;</b>	{	74,	958.		39,613.	
Schedule G - Investme (see instr		e of a Section	1 501(c)(7	7), (9), or (1	7) Or	ganization	-				
1. Descr	ription of incom	ne		2. Amount of	ncome	3. Deductio directly conne (attach sched	ected	4. Set-a (attach sc		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)		<u></u>									
(4)											
				Enter here and o	n page 1,	[1] [1] [1] [1]		TEET, WILL		Enter here and on page 1,	
Totals			<b>&gt;</b>	Part I, line 9, coli	ımn (A)					Part I, line 9, column (B)	
Schedule I - Exploited I	_	Activity Incom	► le, Other			ng Income				Part I, line 9, column (B)	
Schedule I - Exploited I (see instru	_	oss 3. E. directly with pustiness from of ur	xpenses connected roduction nrelated ss Income		ertisir  (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity is not university usiness inco	that ted	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
Schedule I - Exploited I (see instru  1. Description of	2. Greunrelated b	oss 3. E. directly with pustiness from of ur	expenses connected roduction nrelated	4. Net incomfrom unrelated business (col minus column gain, compute	ertisir  (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat	that ted	attributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than	
Schedule I - Exploited I (see instru 1. Description of exploited activity	2. Greunrelated b	oss 3. E. directly with pustiness from of ur	expenses connected roduction nrelated	4. Net incomfrom unrelated business (col minus column gain, compute	ertisir  (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat	that ted	attributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than	
Schedule I - Exploited I (see instru  1. Description of exploited activity  (1)	2. Greunrelated b	oss 3. E. directly with pustiness from of ur	expenses connected roduction nrelated	4. Net incomfrom unrelated business (col minus column gain, compute	ertisir  (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat	that ted	attributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than	
1. Description of exploited activity  (1) (2) (3) (4)	2. Greunrelated b	and on Enter hi	expenses connected roduction nrelated	4. Net incomfrom unrelated business (col minus column gain, compute	ertisir  (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat	that ted	attributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than	
1. Description of exploited activity  (1) (2) (3) (4)	2. Grunrelated be income trade or bu	and on Part I, ool (A) Insent	ere and on 1, Part I, 0, col (B)	4. Net incomfrom unrelated business (col minus column gain, compute	ertisir  (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat	that ted	attributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1,	
Schedule I - Exploited I (see instru  1. Description of exploited activity  (1) (2) (3)	2. Grunrelated bincome trade or bu	and on Part I, old (A) line 10	ere and on 1, Part I, 0, col (B)	4. Net incomfrom unrelated business (col minus column gain, compute through	ertisir a (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat	that ted	attributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1,	
1. Description of exploited activity  (1) (2) (3) (4)  Totals  Schedule J - Advertisin	Enter here page 1, fune 10, com	and on Part I, page line 10 lis Reported o	ere and on 1, Part I, 0, col (B)	4. Net incomfrom unrelated business (col minus column gain, compute through	ertisir a (loss) trade or umn 2 3) If a cols 5	5. Gross inco	that led me	attributa	ble to in 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1,	
1. Description of exploited activity  1. Description of exploited activity  (1) (2) (3) (4)  Totals  Schedule J - Advertisin Part 1: Income From F	Enter here page 1, fune 10, com	and on Part I, page Inne 10  18 (See Instruction Is Reported or advertising added to the search of t	ere and on 1, Part I, 0, col (B)  ns)  3. Direct	4. Net incomfrom unrelated business (col minus column gain, compute through	ertisir a (loss) trade or umn 2 3) If a cols 5	5. Gross inco	that led me	attributa colum	ble to in 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1, Part II, line 25	
1. Description of exploited activity  1. Description of exploited activity  (1) (2) (3) (4)  Fotals  Schedule J - Advertisin Part 1. Income From F	Enter here page 1, fune 10, com	and on Part I, page Inne 10  18 (See Instruction Is Reported or advertising added to the search of t	ere and on 1, Part I, 0, col (B)  ns)  3. Direct	4. Net incomfrom unrelated business (col minus column gain, compute through	ertisir a (loss) trade or umn 2 3) If a cols 5	5. Gross inco	that led me	attributa colum	ble to in 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1, Part II, line 25	
1. Description of exploited activity  1. Description of exploited activity  (1) (2) (3) (4)  Totals  Schedule J - Advertisin Part 1: Income From F	Enter here page 1, fune 10, com	and on Part I, page Inne 10  18 (See Instruction Is Reported or advertising added to the search of t	ere and on 1, Part I, 0, col (B)  ns)  3. Direct	4. Net incomfrom unrelated business (col minus column gain, compute through	ertisir a (loss) trade or umn 2 3) If a cols 5	5. Gross inco	that led me	attributa colum	ble to in 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1, Part II, line 25	

FORM 990-T (M) SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS DIRECTLY CONNECTED WITH COLUMN 10 INCOME									
DESCRIPTION	ACTIVITY NUMBER AMOUNT TOTAL								
OPERATING EXPENSES RENT EXPENSE DEPRECIATION	524. 38,829. 260.								
- SUBT	TAL - 6 39	,613.							
TOTAL OF FORM 990-T, SCHEDULE F, C	LUMN 11 39	,613.							

### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

ENTITY

6

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

➤ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

——— Name	of the organization		made palme in your enga	Employer ide	ntıfıcati	
	SINAI HOSPITAL OF BALTII		, INC.	52-04	<u> 1865</u>	40
ι	Inrelated Business Activity Code (see instructions) > 53112					
	Describe the unrelated trade or business RENTAL IN	COME	FROM CONTR	OLLED ORG		
ιŖãι	੯ I∜ Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales			Land Will		ZES SINGRE
b	Less returns and allowances c Balance ▶	1c		MARKET ALLEMAN	Land Hotel	The state of the s
2	Cost of goods sold (Schedule A, line 7)	2		WELL TO THE	_	DITTO VIEW TO THE SECOND
3	Gross profit. Subtract line 2 from line 1c	3			EARL	
4 a	Capital gain net income (attach Schedule D)	4a		Executive Agency	251123	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		LESSES TON	13.10	
С	Capital loss deduction for trusts .	4c		PLANT TO A		
5	Income (loss) from a partnership or an S corporation (attach					
	statement) .	5		THE PERMIT	2.123	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	169,393.	158,2	73.	11,120.
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		MENTS THE CE		
13	Total. Combine lines 3 through 12	13	169,393.	158,2	73.	11,120.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income.			eductions.) (De		ons must be
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) (see instructions)	•			18	
19	Taxes and licenses		1 1	•	19	722.
20	Depreciation (attach Form 4562)		20	<del></del>	7.2	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion .				22	<u>-</u>
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)		•		25	
26	Excess readership costs (Schedule J)				26_	
27	Other deductions (attach schedule)		SEE STA	PEMENT 10	27_	800.
28	Total deductions. Add lines 14 through 27				28_	1,522.
29	Unrelated business taxable income before net operating loss deduc	tion. S	ubtract line 28 from lin	e 13	29_	9,598.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

30

instructions)

30

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 10
DESCRIPTION		TRUOMA
TAX PREPARATION FEES	`	800.
TOTAL TO SCHEDULE M, PART II,	LINE 27	800.

Form 990-T (2019) SINAI Schedule F - Interest, A	HOSPI	TAL OF	BAL'	rimor.	E, INC.	ntrolle	d Organiza		52-04	86540 tructions		Page 4
Bonedaic 1 - Interest, 7	- Intaltic	J, Hoyana	co, and		Controlled O				(See ins	tructions	<u> </u>	
Name of controlled organization     C. Emploidentification     number		ation	3. Net unrelated income (loss) (see instructions)		4. To	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) LIFEBRIDGE												
<del></del>	INC.	52-148	3166				·····				-	
(3)												
(4)		1										
Nonexempt Controlled Organi	zations											
7. Taxable Income		nrelated income see instructions)	(loss)	9. Total	of specified payn made	nents	10. Part of coluin the controllingross	mn 9 that ing organ s income	ization's	with	fuctions directly connincome in column 10	ected
(1)		· · · · · · · · · · · · · · · · · · ·										
(2) 539,750.		539,	750.		169,	393.		169	,393.		158,2	73.
(3)									,			
(4)	- <del>-</del>											
	•						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 re and on page 1, Pa ine 8, column (B)	rt I,
Totals								169	,393.		158,2	73.
Schedule G - Investme	nt Incor	ne of a So	ection	501(c)/7	7) (9) or (	7) Or		107	, 333.		130,2	<u>, , , , , , , , , , , , , , , , , , , </u>
(see instr		iic oi a oi	CCHOII.	001(0)(1	), (J), Oi (	., Οι	gamzadon					
1. Desc	ription of inco	me		-	2. Amount of	ncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deduction and set-asid (col. 3 plus col.	les
(1)								·			<u> </u>	
(2)			_									
(3)												
(4)			·									
Totals					Enter here and o Part I, line 9, col						Enter here and on p Part I, line 9, colum	
Schedule I - Exploited (see instru	-	Activity I	ncome	, Other	Than Adv	ertisir	ng Income	3423	THE PLEASE	- 10 min.		
Description of exploited activity	unrelated	e from	3. Exp directly co with pro- of unre- business	onnected duction elated	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Expe attributa colum	ble to	7. Excess exer expenses (colu 6 minus column but not more th column 4)	mn 15,
(1)												
(2)				· · · · · ·								
(3)												
(4)		T										
otals <b>&gt;</b>	Enter her page 1 line 10,	, Part I, col (A)	Enter here page 1, line 10, c	Parti, col (B)							Enter here an on page 1, Part II, line 25	
Schedule J - Advertisir												
Part II Income From F	Periodic	als Repo	rted on	a Cons	solidated I	Basis						
			-γ				<del>. ,</del>					
1. Name of periodical		2. Gross advertising income		. Direct rtising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput	5. Circulati e income		6. Reader		Excess readers costs (column 6 mill column 5, but not m than column 4)	nus
(1)					SEPRO	17. A.W.	3					V-7634
(2)		<del></del>									<b>第二十八十</b>	37
(3)											是是 第12章	
(4)			1		Physical Property of the Party		3	$\neg \neg$				
·· <u> </u>		<del></del>	1				1	$\neg$		<del>-  </del>		
otals (carry to Part II line (5))	▶				1							

Form **990-T** (2019)

FORM 990-T (M)	SCHEDULE F - DEDUCTION ORGANIZATIONS DIRECTLY COLUMN 10 IN	CONNECTED	-	STATEMENT 16
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING EXPENSI	ES - SUBTOTAL -	7	38,789. 119,484.	158,273.
TOTAL OF FORM 990	)-T, SCHEDULE F, COLUMN	11		158,273.

### Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY 7

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.
 Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Employer identification number Name of the organization SINAI HOSPITAL OF BALTIMORE, INC. 52-0486540 531120 Unrelated Business Activity Code (see instructions) ▶ RENTAL INCOME FROM CONTROLLED ORG Describe the unrelated trade or business Part 13 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance POSTERIOR PER MENTE PROPERTY. 2 2 Cost of goods sold (Schedule A, line 7) Gross profit, Subtract line 2 from line 1c 3 3 FAR THE SESSE 4a Capital gain net income (attach Schedule D) 4a RECEDIBLISHED WAS b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b WELLEY ENGLES Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled 8 96,270. 96,270. organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 RATES TOTAL 12 12 Other income (See instructions; attach schedule) 96,270. 96,270. Total. Combine lines 3 through 12 13 Part II. Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 Repairs and maintenance 16 17 **Bad debts** 17 18 Interest (attach schedule) (see instructions) 18 6,249 Taxes and licenses 19 19 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 22 23 23 Contributions to deferred compensation plans 24 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 SEE STATEMENT 800. 27 27 Other deductions (attach schedule) 049 Total deductions, Add lines 14 through 27 28 28

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

29

30

29

30

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 11
DESCRIPTION		TUUOMA
TAX PREPARATION FEES		800.
TOTAL TO SCHEDULE M, PART II,	LINE 27	800.

Schedule F - Interest,	Annuitie	s, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	tions	(see instruc	tions)		
				Exempt	Controlled O	rganızat	ions		· · · · · · · · · · · · · · · · · · ·			
1. Name of controlled organiz	Name of controlled organization						ments made include		Part of column 4 that is cluded in the controlling anization's gross income		6. Deductions directly connected with income in column 5	
(1) PRACTICE DYNA	AMICS.	<del> </del>						<del>                                     </del>		1		
(2) INC.		52-196	0319							<del> </del>		
(3)	-							-		<del> </del>		
(4)		<del>                                     </del>						<del> </del>		+		
Nonexempt Controlled Organ	nizations				·							
7. Taxable Income		inrelated income	e (loss)	9 Total	of specified payr	nents	10 Part of colu	mn 9 that is i	included 11	Dedu	ctions directly connected	
		see instructions)		0.	made		10 Part of coluing in the controlling gross	ing organizat s income	tion's		come in calumn 10	
(1)_												
(2) 302,567.	•	302,	567.		96,	270.		96,2	270.		0.	
(3)												
(4)					·							
							Enter here and	on page 1, F column (A)	ı	iter here	columns 6 and 11 and on page 1, Part I, e 8, column (B)	
Totals						<b>•</b>		96,2	270.		0.	
Schedule G - Investme	ent Incor	ne of a S	ection	501(c)(7	'), (9), or (	17) Org	ganization	· · · ·				
1. Des	scription of inco	me			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-asides (attach schedu		<ol> <li>Total deductions and set-asides (col 3 plus col 4)</li> </ol>	
(1)												
(2)												
(3)												
(4)								L				
Totals				<b>&gt;</b>	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited	•	Activity	ncome	, Other	Than Adv	ertisir	ng Income				* ************************************	
Description of exploited activity	2. C unrelated	Gross business ie from business	3. Exp directly co with pro- of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											_	
(2)												
(3)	T									I	· <del></del>	
(4)												
		re and on , Part I, col (A)	Enter here page 1, line 10, c	Part I,						200	Enter here and on page 1, Part II, line 25	
Totals Schedule J - Advertisi	ing Incor	ne (see in	structions	s)	- ALMANIAN		AL THES 174		Yat Male			
Part I Income From				·	solidated	Basis						
Name of periodical		2. Gross advertising income		Direct	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 mlnus ın, comput	5. Circulati e income	ion	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	· —					A) TON	P S			di.	WAS THE STATE	
(2)			Ţ <u> </u>		司為法院							
(3)					1880年		ij -				AL PANTONS I	
(4)							ž –				<b>在《国家》</b> 《经验》	
··			$\top$		1		<u> </u>			7		
Totals (carry to Part II, line (5))	<b>&gt;</b>			-17			1			F	orm <b>990-T</b> (2019)	