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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SINAI HOSPITAL OF BALTIMORE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2401 WEST BELVEDERE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
BALTIMORE, MD 21215

D Employer identification number

52-0486540

E Telephone number

(410) 601-5653

G Gross receipts \$ 970,323,716

F Name and address of principal officer:
DANIEL BLUM
2401 WEST BELVEDERE AVENUE
BALTIMORE, MD 21215

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LIFEBRIDGEHEALTH.ORG/SINAI

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1868

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE QUALITY PATIENT CARE, EDUCATE MEDICAL STUDENTS & RESIDENTS, AND ENGAGE IN MEDICAL RESEARCH TO IMPROVE THE LIVES OF OUR PATIENTS AND OUR COMMUNITY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 46

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 41

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 5,408

6 Total number of volunteers (estimate if necessary) 6 185

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 165,372

7b Net unrelated business taxable income from Form 990-T, line 39 7b 181,103

Revenue

8 Contributions and grants (Part VIII, line 1h) 18,994,966 34,814,442

9 Program service revenue (Part VIII, line 2g) 766,606,162 773,466,103

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,707,037 20,656,289

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24,964,247 24,508,127

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 829,272,412 853,444,961

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 5,000 55,377

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 407,929,817 429,121,091

16a Professional fundraising fees (Part IX, column (A), line 11e) 138,889 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶83,587

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 377,976,209 364,445,193

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 786,049,915 793,621,661

19 Revenue less expenses. Subtract line 18 from line 12 43,222,497 59,823,300

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 552,073,812 634,395,634

21 Total liabilities (Part X, line 26) 428,507,471 525,625,429

22 Net assets or fund balances. Subtract line 21 from line 20 123,566,341 108,770,205

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
DAVID KRAJEWSKI EXECUTIVE VP/CFO
Type or print name and title

2021-05-11
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ SC&H GROUP INC
Firm's address ▶ 910 RIDGEBROOK ROAD
SPARKS, MD 21152

Preparer's signature
Date 2021-05-10
Check ☐ if self-employed
Firm's EIN ▶ 20-5991824
Phone no. (410) 403-1500

PTIN P00370694

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 563,499,639 including grants of \$ 55,377) (Revenue \$ 792,796,280)

See Additional Data

4b (Code:) (Expenses \$ 663,351 including grants of \$) (Revenue \$ 663,351)

See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)**4e Total program service expenses** ▶ 564,162,990

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|-----------|--|-----------|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 739 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 46 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 41 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA , MD**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶NANCY KANE 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 (410) 601-5653

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

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 7,899,839 | 7,468,719 | 1,981,951 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 713

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| METZ CULINARY MANAGEMENT 2 WOODLAND DRIVE DALLAS, PA 18612 | FOOD SERVICES | 5,564,479 |
| CROTHALL HEALTHCARE 1500 LIBERTY RIDGE DRIVE SUITE 210 WAYNE, PA 19087 | CLEANING SERVICES | 2,138,314 |
| LABORATORY CORP OF AMERICA 358 S MAIN STREET BURLINGTON, NC 27215 | LABORATORY SERVICES | 1,433,408 |
| UNIVERSITY OF MARYLAND 22 S GREENE STREET BALTIMORE, MD 21201 | HEALTHCARE SERVICES | 1,271,748 |
| PEDIATRIX OF MARYLAND 3001 HOSPITAL DRIVE CHEVERLY, MD 20785 | PEDIATRIC MEDICINE | 1,066,525 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 71

| | | | | | | |
|--|--|----------------------|---|----------------------------------|---|------------|
| Form 990 (2019) | | Page 9 | | | | |
| Part VIII | | Statement of Revenue | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> | | | | | | |
| | | (A) | (B) | (C) | (D) | |
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | 105,721 | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | 3,830,129 | | | |
| | e Government grants (contributions) | 1e | 21,012,522 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 9,866,070 | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 44,785 | | | |
| | h Total. Add lines 1a-1f ▶ | | 34,814,442 | | | |
| Program Service Revenue | 2a NET PATIENT REVENUE | Business Code | | | | |
| | | 621990 | 773,078,456 | 773,078,456 | | |
| | b LAB REVENUE | 561000 | 387,647 | | 387,647 | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue. | | | | | |
| | g Total. Add lines 2a-2f. ▶ | | 773,466,103 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 9,796,127 | | 56,073 | 9,740,054 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |
| | 6a Gross rents | 6a | (i) Real | (ii) Personal | | |
| | | | 525,170 | | | |
| | b Less: rental expenses | 6b | 310,285 | | | |
| | c Rental income or (loss) | 6c | 214,885 | | | |
| | d Net rental income or (loss) ▶ | | 214,885 | | 109,299 | 105,586 |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | |
| | | | 103,271,628 | 23,547,544 | | |
| | b Less: cost or other basis and sales expenses | 7b | 92,413,615 | 23,545,395 | | |
| | c Gain or (loss) | 7c | 10,858,013 | 2,149 | | |
| | d Net gain or (loss) ▶ | | 10,860,162 | | | 10,860,162 |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| | b Less: direct expenses | 8b | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| | b Less: direct expenses | 9b | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | |
| | 10aGross sales of inventory, less returns and allowances | 10a | 645,120 | | | |
| | b Less: cost of goods sold | 10b | 609,460 | | | |
| | c Net income or (loss) from sales of inventory ▶ | | 35,660 | | | 35,660 |
| Miscellaneous Revenue | Business Code | | | | | |
| 11aMISCELLANEOUS OPERATING REVENUE | 900099 | 19,509,353 | 19,509,353 | | | |
| b CAFETERIA SALES | 722210 | 2,811,145 | | | 2,811,145 | |
| c OTHER OPERATING REVENUE | 900099 | 1,095,060 | 29,798 | | 1,065,262 | |
| d All other revenue | | 842,024 | 842,024 | | | |
| e Total. Add lines 11a-11d ▶ | | 24,257,582 | | | | |
| 12 Total revenue. See instructions ▶ | | 853,444,961 | 793,459,631 | 165,372 | 25,005,516 | |

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 55,377 | 55,377 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,343,467 | 2,353,960 | 905,920 | 83,587 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 28,168 | 28,168 | | |
| 7 Other salaries and wages | 345,771,783 | 256,669,495 | 89,102,288 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 12,589,290 | 10,508,508 | 2,080,782 | |
| 9 Other employee benefits | 43,194,285 | 29,182,926 | 14,011,359 | |
| 10 Payroll taxes | 24,194,098 | 20,196,701 | 3,997,397 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 62,963 | | 62,963 | |
| c Accounting | | | | |
| d Lobbying | 112,045 | | 112,045 | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 831,292 | | 831,292 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 86,597,591 | 53,230,099 | 33,367,492 | |
| 12 Advertising and promotion | 679,343 | 218,095 | 461,248 | |
| 13 Office expenses | 11,702,992 | 2,404,895 | 9,298,097 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 21,014,755 | 11,598,088 | 9,416,667 | |
| 17 Travel | 191,926 | 130,112 | 61,814 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 992,083 | 523,831 | 468,252 | |
| 20 Interest | 11,045,184 | 3,833,260 | 7,211,924 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 41,932,928 | 30,431,711 | 11,501,217 | |
| 23 Insurance | 7,008,481 | 6,494,706 | 513,775 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SUPPLIES | 162,540,977 | 123,158,751 | 39,382,226 | |
| b PROFESSIONAL/TECHNICAL | 18,629,465 | 12,859,707 | 5,769,758 | |
| c DUES & OTHER EXPENSES | 994,325 | 284,600 | 709,725 | |
| d UBI EXPENSE | 108,843 | | 108,843 | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 793,621,661 | 564,162,990 | 229,375,084 | 83,587 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|--|------------------------|--------------------------|-------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 278,076 | 1 | 120,341 |
| | 2 | Savings and temporary cash investments | | 52,173,389 | 2 | 74,590,931 |
| | 3 | Pledges and grants receivable, net | | 6,538,894 | 3 | 6,153,838 |
| | 4 | Accounts receivable, net | | 97,790,585 | 4 | 85,839,197 |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | |
| | 7 | Notes and loans receivable, net | | 5,997 | 7 | 8,663 |
| | 8 | Inventories for sale or use | | 24,010,710 | 8 | 29,557,701 |
| | 9 | Prepaid expenses and deferred charges | | 5,998,342 | 9 | 7,292,920 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 645,646,739 | | | |
| | b | Less: accumulated depreciation | 10b 436,782,925 | 213,798,895 | 10c | 208,863,814 |
| | 11 | Investments—publicly traded securities | | 30,166,428 | 11 | 21,728,424 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 88,811,047 | 12 | 90,056,702 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 32,501,449 | 15 | 110,183,103 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 552,073,812 | 16 | 634,395,634 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 95,117,369 | 17 | 105,391,434 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 26,737,288 | 19 | 97,446,638 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 306,652,814 | 25 | 322,787,357 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 428,507,471 | 26 | 525,625,429 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | |
| | 27 | Net assets without donor restrictions | | 75,517,321 | 27 | 59,974,220 |
| | 28 | Net assets with donor restrictions | | 48,049,020 | 28 | 48,795,985 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| 32 | Total net assets or fund balances | | 123,566,341 | 32 | 108,770,205 | |
| 33 | Total liabilities and net assets/fund balances | | 552,073,812 | 33 | 634,395,634 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 853,444,961 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 793,621,661 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 59,823,300 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 123,566,341 |
| 5 | Net unrealized gains (losses) on investments | 5 | -3,197,248 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -71,422,188 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 108,770,205 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | Yes | |

Additional Data

Software ID:
Software Version:
EIN: 52-0486540
Name: SINAI HOSPITAL OF BALTIMORE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

SINAI HOSPITAL OF BALTIMORE, INC. IS RESPONSIBLE FOR THE MANAGEMENT AND DAY-TO-DAY OPERATIONS OF THE HOSPITAL. THE HOSPITAL OPERATES A 504-BED TERTIARY HOSPITAL THAT IS COMMITTED TO EXCELLENCE IN PATIENT CARE, TEACHING, AND RESEARCH. THE HOSPITAL IS THE LEADING PROVIDER OF INPATIENT AND OUTPATIENT HOSPITAL SERVICES FOR THE RESIDENTS OF NORTHWEST BALTIMORE CITY AND ALSO DRAWS PATIENTS FROM SURROUNDING COMMUNITIES AND AROUND THE REGION AND THE WORLD. THE HOSPITAL HAD MORE THAN 17,000 INPATIENT ADMISSIONS AND MORE THAN 60,000 EMERGENCY ROOM VISITS. THE HOSPITAL HAS A GENEROUS FINANCIAL ASSISTANCE PROGRAM TO ASSIST PATIENTS WHO LACK THE RESOURCES TO PAY FOR THEIR CARE. THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. THE HOSPITAL DOES NOT PURSUE THE COLLECTION OF THESE AMOUNTS.

Form 990, Part III, Line 4b:

LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE LLC PROVIDES CARE TO PATIENTS IN THE HOSPITAL AND IN THE COMMUNITY.

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| GREG ROCHLIN CHAIR | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| JONATHAN DAVIDOV VICE CHAIR | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| DENNIS H WEINMAN SECRETARY | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| JON H LEVINSON TREASURER | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| ALISSA ABRAMSON-DENSKY DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |
| RICHARD M ALTER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| LEONARD ATTMAN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| RICHARD BERMAN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |
| DANIEL BLUM SVP LBH, PRESIDENT AND COO | 3.00 37.00 | X | | X | | | | 0 | 0 | 0 |
| BETH CASPER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| LING-LING CHENG MD DIRECTOR | 40.00 0.00 | X | | | | | | 232,086 | 0 | 50,011 |
| JEFF CHERRY DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH A COOPER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |
| ERIC COWAN ESQ DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DAVID DOPKIN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| RONNIE B FOOTLICK DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |
| LOUIS F FRIEDMAN ESQ DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |
| MICHAEL GAINES DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DAVID GOLDNER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DONALD HIMELFARB DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DANIEL B HIRSCHHORN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MARK R KATLIC MD DIRECTOR | 40.00 0.00 | X | | | | | | 1,338,753 | 0 | 32,823 |
| DAWN KIRSTAETTER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| NOAH KODECK DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MARCY KOLODNY DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DAVID KUNTZ DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |
| ALVIN LAPIDUS DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |
| ANDREW S LEVINE DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AILENE MASH DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |
| BRIAN L MOFFET ESQ DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| YEHUDA NEUBERGER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MARTIN PASSEN MD DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MIKE POSKO DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| JONATHAN RINGO MD SVP LBH, PRESIDENT AND COO (PY) | 40.00 0.00 | X | | X | | | | 0 | 918,856 | 167,557 |
| LESLIE SCHALLER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |
| JAY STEINMETZ DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| BARRY STOLER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| HILLEL TENDLER ESQ DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MARC TERRILL DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MAXWELL THANHOUSER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| HAREL TURKEL DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| FRANK TWORECKE DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 240 | 0 |
| MICHAEL UHLFELDER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER WASSON DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ROBIN WEIMAN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DEBRA S WEINBERG DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MAURY WEINSTEIN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| NEIL MELTZER PRESIDENT/CEO | 1.00 40.00 | | | X | | | | 0 | 2,328,138 | 409,143 |
| DAVID KRAJEWSKI EXEC VP/CFO | 1.00 40.00 | | | X | | | | 0 | 1,261,959 | 390,457 |
| JASON WEINER SVP AND GENERAL COUNSEL | 1.00 40.00 | | | X | | | | 0 | 591,819 | 107,297 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JAMES ROBERGE VP CAPITAL IMPROVEMENTS & SUPPORT SERVICES | 1.00 40.00 | | | | X | | | 0 | 451,914 | 80,062 |
| TERRENCE CARNEY VP SUPPLY CHAIN | 1.00 40.00 | | | | X | | | 0 | 490,953 | 21,068 |
| NANCY KANE VP FINANCIAL REPORTING | 1.00 40.00 | | | | X | | | 0 | 369,837 | 83,548 |
| PHAEDRA STEWART VP HUMAN RESOURCES SINAI | 1.00 40.00 | | | | X | | | 0 | 347,001 | 66,711 |
| LOU DUNAWAY VP BUDGET & CAPITAL PLANNING/CFO LEVINDALE | 1.00 40.00 | | | | X | | | 0 | 300,156 | 71,827 |
| RONALD DELANOIS MD PHYSICIAN | 40.00 0.00 | | | | | X | | 1,431,030 | 0 | 121,652 |
| JAMES NACE DO PHYSICIAN | 40.00 0.00 | | | | | X | | 1,366,788 | 0 | 76,008 |
| PETER CHO MD SURGEON | 40.00 0.00 | | | | | X | | 1,095,473 | 0 | 93,667 |
| ALI TABRIZCHI DO PHYSICIAN | 40.00 0.00 | | | | | X | | 1,135,213 | 0 | 39,083 |
| FOUAD ABBAS MD PHYSICIAN | 40.00 1.00 | | | | | X | | 967,876 | 0 | 170,808 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JOEL SULDAN FORMER SENIOR VP & GENERAL COUNSEL | 1.00 40.00 | | | | | | X | 0 | 405,446 | 229 |
| LEATEEN DIANE JOHNSON FORMER VP PATIENT CARE | 0.00 0.00 | | | | | | X | 332,620 | 0 | 0 |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SINAI HOSPITAL OF BALTIMORE INC

Employer identification number
52-0486540

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|------------|------------|------------|------------|------------|------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 14,466,629 | 13,548,417 | 15,039,203 | 18,994,966 | 34,814,442 | 96,863,657 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | 14,466,629 | 13,548,417 | 15,039,203 | 18,994,966 | 34,814,442 | 96,863,657 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . | | | | | | 1,369,508 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 95,494,149 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|------------|------------|------------|------------|------------|---------------|
| 7 | Amounts from line 4. . . | 14,466,629 | 13,548,417 | 15,039,203 | 18,994,966 | 34,814,442 | 96,863,657 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . | 4,677,110 | 3,410,342 | 8,476,370 | 11,453,012 | 9,845,640 | 37,862,474 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on . . . | | | 14,293 | 153,189 | 181,103 | 348,585 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | 5,684,797 | 5,697,672 | 5,846,675 | 5,659,268 | 4,521,527 | 27,409,939 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 162,484,655 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 3,842,874,634 |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|----------|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 58.770 % |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 54.310 % |

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V

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

1

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

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

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

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

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

| |
|------------------------------|
| Facts And Circumstances Test |
|------------------------------|

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|---|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | CAFETERIA SALES - 2015 AMOUNT: \$ 3,390,440. 2016 AMOUNT: \$ 3,427,529. 2017 AMOUNT: \$ 3,478,150. 2018 AMOUNT: \$ 3,350,263. 2019 AMOUNT: \$ 2,811,145. OTHER REVENUE - 2015 AMOUNT: \$ 2,294,357. 2016 AMOUNT: \$ 2,270,143. 2017 AMOUNT: \$ 1,614,248. 2018 AMOUNT: \$ 1,538,375. 2019 AMOUNT: \$ 1,065,262. GROSS SALES OF INVENTORY - 2017 AMOUNT: \$ 754,277. 2018 AMOUNT: \$ 770,630. 2019 AMOUNT: \$ 645,120. |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

| | |
|---|--|
| Name of the organization SINAI HOSPITAL OF BALTIMORE INC | Employer identification number 52-0486540 |
|---|--|

Part I-A

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

| | | |
|---|---|----|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") | |
| 2 | Political campaign activity expenditures (see instructions) | \$ |
| 3 | Volunteer hours for political campaign activities (see instructions) | |

Part I-B

Complete if the organization is exempt under section 501(c)(3).

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

Part I-C

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | | (a) | | (b) |
|-----------|---|-----|----|---------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | Yes | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 45,121 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 91,409 |
| j | Total. Add lines 1c through 1i | | | 136,530 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|--------------------|--|
| PART II-B, LINE 1: | LOBBYING INCLUDES A PORTION OF THE MARYLAND HOSPITAL ASSOCIATION DUES RELATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HOSPITAL REGARDING COMMUNITY STABILIZATION AND DEVELOPMENT, HEALTH CARE MALPRACTICE, HEALTH CARE FACILITIES AND BUDGETS. |

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SINAI HOSPITAL OF BALTIMORE INC

Employer identification number
52-0486540

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ 0

(ii) Assets included in Form 990, Part X ► \$ 1,029,650

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a☒ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back | |
|----|--|----------------|--------------------|----------------------|---------------------|------------|
| 1a | Beginning of year balance | 12,851,827 | 11,764,046 | 10,795,877 | 10,491,376 | 10,419,920 |
| b | Contributions | 638,229 | 1,086,670 | 966,911 | 301,154 | 76,509 |
| c | Net investment earnings, gains, and losses | -577 | 1,111 | 1,258 | 3,193 | -1,269 |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | 111 | | | -154 | 3,784 |
| f | Administrative expenses | | | | | |
| g | End of year balance | 13,489,368 | 12,851,827 | 11,764,046 | 10,795,877 | 10,491,376 |

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

100.000 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | No |
| 3a(ii) | Yes | |
| 3b | Yes | |

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------|--|---------------------------------|------------------------------|----------------|
| 1a | Land | 11,686,384 | | 11,686,384 |
| b | Buildings | 466,489,299 | 334,264,816 | 132,224,483 |
| c | Leasehold improvements | 2,369,508 | 1,288,306 | 1,081,202 |
| d | Equipment | 150,232,932 | 101,229,803 | 49,003,129 |
| e | Other | 14,868,616 | | 14,868,616 |
| Total. | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | 208,863,814 |

Part VII

Investments—Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) INVESTMENTS IN PREMIER | 9,196,940 | F |
| (B) ECONOMIC INTEREST IN FOUNDATIONS | 80,859,762 | F |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 90,056,702 | |

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) DUE FROM RELATED PARTY ORGANIZATIONS | 105,625,928 |
| (2) CAPITAL ACCUMULATION | 4,557,175 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ | 110,183,103 |

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DEFERRED COMPENSATION | 3,726,519 |
| (3) PROFESSIONAL LIABILITY | 3,124,407 |
| (4) PENSION LIABILITY | 56,566,560 |
| (5) ASSET RETIREMENT OBLIGATION | 1,090,000 |
| (6) DUE TO AFFILIATES BONDS | 248,164,766 |
| (7) OTHER LIABILITIES-OPERATING LEASES | 10,115,105 |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 322,787,357 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 52-0486540
Name: SINAI HOSPITAL OF BALTIMORE INC

Supplemental Information

| Return Reference | Explanation |
|-------------------|--|
| PART III, LINE 4: | THE ORGANIZATION'S COLLECTION INCLUDES SCULPTURES, PRINTS, PAINTINGS AND TAPESTRIES. SINAI HOSPITAL OF BALTIMORE, INC. DISPLAYS THE ART COLLECTION TO BRING HAPPINESS AND JOY TO THE PATIENTS OF SINAI HOSPITAL OF BALTIMORE, INC. |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4: | THE PERMANENTLY ENDOWED FUNDS HELD BY THE RELATED ORGANIZATIONS, THE BALTIMORE JEWISH HEALTH FOUNDATION, INC. AND CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., WERE USED TO SUPPORT THE ACTIVITIES OF SINAI HOSPITAL OF BALTIMORE, INC. |

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SINAI HOSPITAL OF BALTIMORE INC

Employer identification number
52-0486540

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | |
|--|--|-----|-----|
| | | Yes | No |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes |
| b | If "Yes," was it a written policy? | 1b | Yes |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 30000.0000000000 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 50000.0000000000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | 3a | Yes |
| | | 3b | Yes |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | Yes |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | No |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | Yes |
| b | If "Yes," did the organization make it available to the public? | 6b | Yes |
| Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | | | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 5,668,286 | | 5,668,286 | 0.710 % |
| b Medicaid (from Worksheet 3, column a) | | | | | | |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 5,668,286 | | 5,668,286 | 0.710 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 6,228,228 | 1,692,164 | 4,536,064 | 0.570 % |
| f Health professions education (from Worksheet 5) | | | 29,617,128 | 102,000 | 29,515,128 | 3.720 % |
| g Subsidized health services (from Worksheet 6) | | | 33,038,115 | 8,184,510 | 24,853,605 | 3.130 % |
| h Research (from Worksheet 7) | | | 4,547,504 | 594,945 | 3,952,559 | 0.500 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 633,788 | | 633,788 | 0.080 % |
| j Total. Other Benefits | | | 74,064,763 | 10,573,619 | 63,491,144 | 8.000 % |
| k Total. Add lines 7d and 7j | | | 79,733,049 | 10,573,619 | 69,159,430 | 8.710 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | 97,081 | 55,723 | 41,358 | 0.010 % |
| 2 Economic development | | | | | | |
| 3 Community support | | | 652,878 | 456,555 | 196,323 | 0.020 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | 158,861 | 91,638 | 67,223 | 0.010 % |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | 1,092,138 | 268,599 | 823,539 | 0.100 % |
| 9 Other | | | | | | |
| 10 Total | | | 2,000,958 | 872,515 | 1,128,443 | 0.140 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|------------|-----|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | | No |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | | |
| | 33,172,090 | | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | | |
| | 14,590,740 | | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |

Section B. Medicare

| | | |
|---|--|--------------------------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 295,028,544 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 208,577,380 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | 86,451,164 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| 1 | | | | |
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| 13 | | | | |

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | Other (describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|---------------------------|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|-------------------|--------------------------|
| | | | | | | | | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SINAI HOSPITAL OF BALTIMORE INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SINAI HOSPITAL OF BALTIMORE INC

| Name of hospital facility or letter of facility reporting group | | Yes | No |
|--|-----------|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | 13 | Yes | |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.000000000000 % and FPG family income limit for eligibility for discounted care of 500.000000000000 % | | | |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c <input checked="" type="checkbox"/> Asset level | | | |
| d <input checked="" type="checkbox"/> Medical indigency | | | |
| e <input type="checkbox"/> Insurance status | | | |
| f <input type="checkbox"/> Underinsurance discount | | | |
| g <input type="checkbox"/> Residency | | | |
| h <input type="checkbox"/> Other (describe in Section C) | | | |
| 14 Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | 15 | Yes | |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | 16 | Yes | |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V | | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| j <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information (continued)**Billing and Collections**

SINAI HOSPITAL OF BALTIMORE INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SINAI HOSPITAL OF BALTIMORE INC

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | | No |

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **3**

| Name and address | Type of Facility (describe) |
|--|---|
| 1 1 - WILLIAM E KAHLERT REGIONAL CANCER CENTER 291 STONER AVENUE WESTMINSTER, MD 21157 | CANCER CENTER |
| 2 2 - LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE LLC 2700 QUARRY LAKE DRIVE SUITE 220 BALTIMORE, MD 21209 | CARDIOLOGY PRACTICE |
| 3 3 - OTHER PRACTICES MULTIPLE LOCATIONS BALTIMORE, MD 21215 | SINAI-EMPLOYED PHYSICIANS SEE PATIENTS IN APPROX. 55 SITES ON/OFF CAMPUS |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

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.

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 3C: | SINAI HOSPITAL OF BALTIMORE, INC. PROVIDES SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES TO PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY CARE POLICY. IT DOES NOT PURSUE THE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE AND THOSE AMOUNTS ARE NOT REPORTED AS REVENUE. THE CRITERIA CONSIDERS GROSS INCOME AND FAMILY SIZE ACCORDING TO CURRENT FEDERAL POVERTY GUIDELINES. TO QUALIFY, THE PATIENT MUST SHOW PROOF OF INCOME 300% OR LESS OF THE FEDERAL POVERTY GUIDELINES. A SLIDING SCALE IS USED TO DETERMINE ELIGIBILITY FOR THOSE WHOSE INCOME EXCEEDS 300%. ELIGIBILITY IS CALCULATED BASED ON THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD. THE PROGRAM COVERS UNINSURED, UNDER-INSURED AND PATIENT LIABILITY AFTER INSURANCE(S) PAY. APPROVALS ARE GRANTED FOR A TWELVE MONTH PERIOD OF TIME AND PATIENTS ARE ENCOURAGED TO RE-APPLY FOR CONTINUED ELIGIBILITY. |
| PART I, LINE 7: | MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK-OUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. THE COST OF RENDERING SERVICES FOR MEDICAL ASSISTANCE PATIENTS IS APPROXIMATELY EQUAL TO MEDICAID REVENUES IN MARYLAND. THUS, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.PART I, LINE 7A - I:THE FOLLOWING COSTING METHODOLOGIES WERE USED TO CALCULATE LINES 7A THROUGH 7I ON THE COMMUNITY BENEFIT REPORT.OFFSETTING REVENUE - REVENUE FROM THE ACTIVITY DURING THE YEAR THAT OFFSETS THE TOTAL COMMUNITY BENEFIT EXPENSE OF THAT ACTIVITY, IT INCLUDES ANY REVENUE GENERATED BY THE ACTIVITY OR PROGRAM, SUCH AS A PAYMENT OR REIMBURSEMENT FOR SERVICES PROVIDED TO PROGRAM PATIENTS. OFFSETTING REVENUE INCLUDES RESTRICTED GRANTS OR CONTRIBUTIONS USED TO PROVIDE A COMMUNITY BENEFIT, BUT DOES NOT INCLUDE UNRESTRICTED GRANTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE COMMUNITY BENEFIT.DIRECT COSTS - DIRECT COSTS INCLUDE SALARIES, EMPLOYEE BENEFITS, SUPPLIES, INTEREST ON FINANCING, TRAVEL AND OTHER COSTS THAT ARE DIRECTLY ATTRIBUTABLE TO THE SPECIFIC SERVICE AND THAT WOULD NOT EXIST IF THE SERVICE OR EFFORT DID NOT EXIST.INDIRECT COSTS - INDIRECT COSTS ARE COSTS NOT ATTRIBUTED TO PRODUCTS AND/OR SERVICES THAT ARE INCLUDED IN THE CALCULATION OF COSTS FOR COMMUNITY BENEFIT. THESE COULD INCLUDE, BUT ARE NOT LIMITED TO, SALARIES FOR HUMAN RESOURCES AND FINANCE DEPARTMENTS, INSURANCE AND OVERHEAD EXPENSES.PART I, LINE 7G:INCLUDED IN THESE EXPENSES ARE DIRECT AND INDIRECT COSTS ATTRIBUTABLE TO PHYSICIANS CLINICS TOTALING \$4,502,400. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| PART II, COMMUNITY BUILDING ACTIVITIES: | AS A LARGE EMPLOYER AND PROVIDER OF HEALTH SERVICES IN THE NORTHWEST QUADRANT OF BALTIMORE CITY AND PARTS OF SOUTHERN BALTIMORE COUNTY, LIFEBRIDGE HEALTH PROVIDES COMMUNITY BENEFITS THAT ENHANCE THE OVERALL QUALITY OF LIFE IN OUR SURROUNDING COMMUNITIES. THIS IS ACCOMPLISHED THROUGH HOUSING ENHANCEMENT INITIATIVES, BUSINESS DEVELOPMENT AND WORKFORCE DEVELOPMENT.THE COMMUNITY SERVICE CORPS, A GROUP OF EMPLOYEE VOLUNTEERS, STAFFS COMMUNITY SERVICE PROJECTS SUCH AS PAINTING LOCAL SCHOOLS, PARK BEAUTIFICATION, HOME IMPROVEMENT FOR SENIORS, HOLIDAY PARTIES FOR CHILDREN WHOSE MOTHERS ARE IN RESIDENTIAL SUBSTANCE ABUSE TREATMENT AT A NEARBY FACILITY, AND AN ANNUAL THANKSGIVING BASKET DISTRIBUTION TO NEEDY COMMUNITY RESIDENTS.THE BUILDING BRIDGES MENTORING PROGRAM TRAINS LIFEBRIDGE HEALTH STAFF TO SERVE AS ROLE MODELS AND LIFE COACHES FOR STUDENTS IN SELECTED COMMUNITY SCHOOLS. THE MENTORS AND MENTEES MEET REGULARLY TO EXPLORE HEALTHCARE CAREERS AND FOCUS ON THE SKILLS AND ABILITIES FOR SUCCESS AT SCHOOL AND IN THE COMMUNITY.SINAI HOSPITAL PARTNERS WITH HEALTHY NEIGHBORS, INC., AN ORGANIZATION THAT BUILDS STRONG NEIGHBORHOODS IN UNDERVALUED COMMUNITIES, BY OFFERING LOW INTEREST LOANS FOR PURCHASE AND REHAB BY HOMEOWNERS, PROVIDING PROFESSIONAL ADVICE FOR REHABBERS AND FUNDING COMMUNITY PROJECTS THAT SUPPORT POSITIVE IMAGES. SINAI SUPPORTS A STAFF PERSON WHO IMPLEMENTS HEALTHY NEIGHBORHOODS SERVICES IN SINAI'S PERIMETER NEIGHBORHOODS.SINAI HOSPITAL'S VOCATIONAL SERVICES PROGRAM (VSP) OFFERS VOCATIONAL TRAINING SERVICES TO INCREASE EMPLOYMENT OPPORTUNTIES IN HEALTH CARE FIELDS FOR COMMUNITY RESIDENTS, ESPECIALLY IDLE YOUTH. FOR EXAMPLE, THE HEALTHCARE CAREERS ALLIANCE PROVIDES JOB READINESS TRAINING FOR OUT-OF-SCHOOL YOUTH BETWEEN THE AGES OF 18-21 TO PREPARE THEM FOR HEALTHCARE-RELATED CAREERS. |
| PART III, LINE 2: | BAD DEBT EXPENSE IS ESTIMATED BY USING HISTORICAL RATES FOR EACH PAYOR AND THE LENGTH OF TIME THE RECEIVABLE HAS BEEN OUTSTANDING. THESE RATES ARE REVISITED FROM TIME TO TIME AND ADJUSTED WHEN DEEMED APPROPRIATE. ANY ADDITIONAL RESERVES ARE DETERMINED BY THE HOSPITAL'S EXECUTIVES. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART III, LINE 3: | SINAI HOSPITAL OF BALTIMORE, INC. DETERMINES ELIGIBILITY FOR FINANCIAL ASSISTANCE THROUGH OTHER VARIOUS MEANS SUCH AS ELIGIBLE FOR NON-REIMBURSABLE MEDICAID PROGRAMS, ENROLLED IN MEANS-TESTED SOCIAL PROGRAMS, ENROLLED IN STATE OF MARYLAND GRANT FUNDED PROGRAMS WHERE REIMBURSEMENT IS LESS THAN THE CHARGE, ELIGIBLE UNDER THE JEWISH FAMILY CHILDREN'S SERVICES, OUT-OF-STATE MEDICAID PROGRAMS, MARYLAND MEDICAID ELIGIBLE AFTER ADMISSION, MARYLAND MEDICAID 216 AND IF THE PATIENT WAS DENIED MEDICAID FOR NOT MEETING DISABILITY REQUIREMENTS. OF THE REMAINING BAD DEBT EXPENSE, IT IS ESTIMATED THAT \$14,590,740 IN COST MAY BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE. |
| PART III, LINE 4: | ALL PATIENT ACCOUNTS ARE HANDLED CONSISTENTLY AND APPROPRIATELY TO MAXIMIZE CASH FLOW AND TO IDENTIFY BAD DEBT ACCOUNTS TIMELY. ACTIVE ACCOUNTS ARE CONSIDERED BAD DEBT ACCOUNTS WHEN THEY MEET SPECIFIC COLLECTION ACTIVITY GUIDELINES AND/OR ARE REVIEWED BY THE APPROPRIATE MANAGEMENT AND DEEMED TO BE UNCOLLECTIBLE. EVERY EFFORT IS MADE TO IDENTIFY AND PURSUE ALL ACCOUNT BALANCE LIQUIDATION OPTIONS INCLUDING, BUT NOT LIMITED TO THIRD PARTY PAYOR REIMBURSEMENT, PATIENT PAYMENT ARRANGEMENTS, MEDICAID ELIGIBILITY AND FINANCIAL ASSISTANCE. THIRD PARTY RECEIVABLE MANAGEMENT AGENCIES PROVIDE EXTENDED BUSINESS OFFICE SERVICES AND INSURANCE OUTSOURCE SERVICES TO ENSURE MAXIMUM EFFORT IS TAKEN TO RECOVER INSURANCE AND SELF-PAY DOLLARS BEFORE TRANSFER TO BAD DEBT. CONTRACTUAL ARRANGEMENTS WITH THIRD PARTY COLLECTION AGENCIES ARE USED TO ASSIST IN THE RECOVERY OF BAD DEBT DOLLARS AFTER ALL INTERNAL COLLECTION EFFORTS HAVE BEEN EXHAUSTED. IN SO DOING, THE COLLECTION AGENCIES MUST OPERATE CONSISTENTLY WITH SINAI HOSPITAL'S GOAL OF MAXIMUM BAD DEBT RECOVERY AND STRICT ADHERENCE WITH FAIR DEBT COLLECTIONS PRACTICES ACT (FDCPA) RULES AND REGULATIONS, WHILE MAINTAINING POSITIVE PATIENT RELATIONS. SEE AUDITED FINANCIAL STATEMENTS PAGE 17. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 8: | COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS TOTAL REVENUE RECEIVED FROM MEDICARE (DSH & IME) AND MEDICARE ALLOWABLE COSTS ARE DERIVED FROM THE ANNUAL MEDICARE COST REPORT. THE INPATIENT ROUTINE COSTS ARE DERIVED FROM THE STEP-DOWN METHODOLOGY BASED ON ACCEPTED STATISTICAL ALLOCATION WITH A UNIFORM PER DIEM COST FOR EACH PAYOR TYPE. THE ANCILLARY MEDICARE ALLOWABLE COSTS ARE INITIALLY DERIVED FROM THE STEP-DOWN METHODOLOGY BUT ARE ALLOCATED TO THE PAYOR TYPES BASED ON THE RATIO OF COST TO CHARGE FOR EACH PAYOR. |
| PART III, LINE 9B: | PATIENTS CAN BE DETERMINED ELIGIBLE FOR FINANCIAL ASSISTANCE (F.A.) PROSPECTIVELY OR RETROSPECTIVELY. THE F.A. ELIGIBILITY PERIOD EXPIRES ONE YEAR FROM THE MONTH ELIGIBILITY IS APPROVED FOR MEDICALLY NECESSARY SERVICES. THE PATIENT IS ASKED TO PROVIDE THE F.A. APPROVAL LETTER FOR SERVICES PROVIDED WITHIN THE ELIGIBILITY PERIOD. THE HOSPITAL WILL MAKE EVERY EFFORT TO IDENTIFY PATIENTS ELIGIBLE FOR F.A., ALTHOUGH HOSPITAL SYSTEMS DO NOT ALLOW FOR THIS TO BE AUTOMATED. BALANCES APPROVED FOR FINANCIAL ASSISTANCE ARE WRITTEN-OFF TO A ZERO BALANCE AND THEREFORE NOT PURSUED BY INTERNAL COLLECTION PROCESSES OR THIRD PARTY AGENCIES. BALANCES ALREADY PLACED WITH THIRD PARTY AGENCIES ARE WRITTEN-OFF TO A ZERO BALANCE AND THE ACCOUNTS ARE CLOSED AND RETURNED BY THE THIRD PARTY AGENCY. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 2: | <p>SINAI HOSPITAL OF BALTIMORE, INC. IS INVOLVED WITH THE BALTIMORE CITY HEALTH DEPARTMENT'S ACCOUNTABLE HEALTH COMMUNITIES PROJECT, IDENTIFYING AREAS OF SIGNIFICANT SOCIAL NEED AND TARGETING EFFORTS AROUND THESE AREAS. WE ALSO WORK REGULARLY WITH A GROUP OF BALTIMORE CITY HOSPITALS LOOKING CONTINUALLY AT NEEDS OF OUR SURROUNDING COMMUNITIES AND ADDRESSING THOSE NEEDS. THROUGH OUR CARE COORDINATION PROGRAMS, WE USE ASSESSMENTS AND DATA ANALYTICS TO IDENTIFY NEEDS AND DEVELOP TARGETED POPULATION HEALTH PROGRAMS AS WELL AS INDIVIDUAL CARE GOALS. SINAI'S M. PETER MOSER COMMUNITY INITIATIVES DEPARTMENT PROVIDES SERVICES THAT RESPOND TO MORE THAN THE SPECIFIC MEDICAL CONDITION, TAKING INTO ACCOUNT THE SOCIAL DETERMINANTS OF HEALTH THAT MAY CONTRIBUTE TO AN INDIVIDUAL'S OR A COMMUNITY'S POOR HEALTH STATUS. SUCH SERVICES ARE BASED ON AN UNDERSTANDING THAT PERSONS WHO EXPERIENCE AN ACUTE MEDICAL CONDITION MAY WELL HAVE MUCH GREATER OBSTACLES TO POSITIVE HEALTH OUTCOMES THAN THE SPECIFIC DIAGNOSIS, AND THAT THE MEDICAL PRESENTATION MAY HAVE BEEN CAUSED OR AT LEAST EXACERBATED BY THE PERSON'S PSYCHOSOCIAL SITUATION THAT RESULTS FROM POVERTY AND INEQUALITIES THAT EXIST IN THE STRUCTURE OF OUR SOCIETY. THESE PROGRAMS INVOLVE A MEDICAL ASSESSMENT BY THE CTC NURSE AND AN ENROLLMENT ASSESSMENT." BOTH ASSESSMENTS ARE ESSENTIAL TO THE ENROLLMENT PROCESS; THE MEDICAL ASSESSMENT DETERMINES MEDICAL RISK AND ELIGIBILITY ACCORDING TO MEDICAL CRITERIA, AND THE COMMUNITY HEALTH WORKER DETERMINES READINESS AND POTENTIAL FOR BEHAVIOR CHANGE RELATED TO HEALTH BEHAVIORS AND SELF-HELP. WE OFTEN USE INFORMATION GATHERED DURING OUR EDUCATIONAL PROGRAM EVALUATIONS (DONE BY SURVEY AND INFORMAL CONVERSATION) WHICH ASK IF THERE ARE (1) ANY CHANGES SUGGESTED TO THE PROGRAM; AND (2) ANY TOPICS PEOPLE WOULD LIKE TO SEE COVERED THAT WERE NOT COVERED IN THE PROGRAM. WE ALSO WORK IN CLOSE COLLABORATION WITH THE LOCAL HEALTH DEPARTMENTS (BALTIMORE CITY AND COUNTY) WITH REGARD TO THEIR HEALTH INITIATIVES AND STATISTICS, AND ALSO DIRECTLY WITH ORGANIZATIONS TO MEET THEIR REQUESTS FOR SUBJECT MATTER (E.G., ZETA CENTER SENIORS MAY REQUEST AN EVENT SURROUNDING MEMORY ENHANCEMENT). WE ALSO WORK WITH INTERNAL SPECIALTIES IN LBH TO AID IN TARGETED HEALTH EDUCATION AS NEEDED.</p> |
| PART VI, LINE 3: | <p>THE FOLLOWING DESCRIBES MEANS USED AT SINAI HOSPITAL TO INFORM AND ASSIST PATIENTS REGARDING ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER GOVERNMENTAL PROGRAMS AND THE HOSPITAL'S CHARITY CARE PROGRAM. FINANCIAL ASSISTANCE NOTICES, INCLUDING CONTACT INFORMATION, ARE POSTED IN THE BUSINESS OFFICE AND ADMITTING, AS WELL AS POINTS OF ENTRY AND REGISTRATION THROUGHOUT THE HOSPITAL. PATIENT FINANCIAL SERVICES BROCHURE 'FREEDOM TO CARE' IS AVAILABLE TO ALL INPATIENTS. BROCHURES ARE ALSO AVAILABLE IN ALL OUTPATIENT REGISTRATION AND SERVICE AREAS. SINAI HOSPITAL EMPLOYS A FINANCIAL ASSISTANCE LIAISON WHO IS AVAILABLE TO ANSWER QUESTIONS AND TO ASSIST PATIENTS AND FAMILY MEMBERS WITH THE PROCESS OF APPLYING FOR FINANCIAL ASSISTANCE. A PATIENT INFORMATION SHEET IS MADE AVAILABLE TO ALL INPATIENTS PRIOR TO DISCHARGE. SINAI HOSPITAL'S UNINSURED (SELF-PAY) AND UNDER-INSURED (MEDICARE BENEFICIARY WITH NO SECONDARY) MEDICAL ASSISTANCE ELIGIBILITY PROGRAM SCREENS, ASSISTS WITH THE APPLICATION PROCESS AND ULTIMATELY CONVERTS PATIENTS TO VARIOUS MEDICAL ASSISTANCE COVERAGE AND INCLUDES ELIGIBILITY SCREENING AND ASSISTANCE WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AS PART OF THAT PROCESS. SINAI HOSPITAL PARTICIPATES WITH LOCAL ASSOCIATED JEWISH CHARITIES TO PROVIDE FINANCIAL ASSISTANCE ELIGIBILITY FOR QUALIFYING PATIENTS. ALL HOSPITAL STATEMENTS AND ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS INCLUDE A MESSAGE REFERENCING THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT INFORMATION TO DISCUSS SINAI'S FINANCIAL ASSISTANCE PROGRAM. COLLECTION AGENCIES' INITIAL STATEMENT REFERENCES THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT INFORMATION TO DISCUSS SINAI'S FINANCIAL ASSISTANCE PROGRAM. ALL HOSPITAL PATIENT FINANCIAL SERVICES STAFF, ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS, COLLECTION AGENCIES AND MEDICAID ELIGIBILITY VENDORS ARE TRAINED TO IDENTIFY POTENTIAL FINANCIAL ASSISTANCE ELIGIBILITY AND ASSIST PATIENTS WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. FINANCIAL ASSISTANCE APPLICATION AND INSTRUCTIONS COVER SHEET IS AVAILABLE IN RUSSIAN AND SPANISH. SINAI HOSPITAL HOSTS AND PARTICIPATES IN VARIOUS DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND MARYLAND HOSPITAL ASSOCIATION SPONSORED CAMPAIGNS LIKE 'COVER THE UNINSURED WEEK'.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 4: | <p>SINAI HOSPITAL OF BALTIMORE IS LOCATED IN THE NORTHWEST QUADRANT OF BALTIMORE CITY, SERVING BOTH ITS IMMEDIATE NEIGHBORS AND OTHERS FROM THROUGHOUT THE BALTIMORE CITY AND COUNTY REGION. THE NEIGHBORHOODS SURROUNDING SINAI ARE IDENTIFIED BY THE BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE (BNIA) AS SOUTHERN PARK HEIGHTS (SPH) AND PIMLICO/ARLINGTON/HILLTOP (PAH). TOGETHER THEY CONSTITUTE AN AREA THAT IS PREDOMINANTLY AFRICAN AMERICAN WITH A BELOW AVERAGE MEDIAN FAMILY INCOME, BUT ABOVE AVERAGE RATES FOR UNEMPLOYMENT AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH. SPH AND PAH'S MEDIAN HOUSEHOLD INCOME WAS \$26,015 AND \$32,410 RESPECTIVELY. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$41,819. THE PERCENT OF FAMILIES EARNING LESS THAN THE FEDERAL SELF-SUFFICIENCY STANDARD IN SPH WAS 46.4% AND PAH'S INDICATORS WERE 28.4%. THE UNEMPLOYMENT RATE FOR BALTIMORE CITY WAS 13.1%. SPH AND PAH HAD UNEMPLOYMENT RATES OF 23.6% AND 17.1% RESPECTIVELY. THE SEVEN ZIP CODES THAT REPRESENT THE PRIMARY SERVICE AREA IN FISCAL YEAR 2020 WERE 21215, 21207, 21208, 21209, 21216, 21117, AND 21071. THE BALTIMORE CITY HEALTH DEPARTMENT USES COMMUNITY STATISTICAL AREAS (CSAS) WHEN ANALYZING HEALTH OUTCOMES AND RISK FACTORS. THE CSAS REPRESENT CLUSTERS OF NEIGHBORHOODS BASED ON CENSUS TRACT DATA RATHER THAN ZIP CODE AND WERE DEVELOPED BY THE CITY'S PLANNING DEPARTMENT BASED ON RECOGNIZABLE CITY NEIGHBORHOOD PERIMETERS. WE IDENTIFIED CSAS CONTAINED WITHIN THE ZIP CODES OF THE PRIMARY SERVICE AREAS THAT BEST REPRESENT THE COMMUNITIES SERVED BY THE COMMUNITY BENEFIT ACTIVITIES AT SINAI HOSPITAL. ONE ZIP CODE (21207) SPANS CITY/COUNTY LINES. BALTIMORE 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 \$76,263 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.</p> |
| PART VI, LINE 5: | <p>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 HEALTH BEYOND THE ACUTE MEDICAL EPISODE. PSYCHOSOCIAL INTERVENTIONS ARE PROVIDED BY LICENSED SOCIAL WORKERS AND PARA-PROFESSIONAL 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 LUNCHEES 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.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 6: | <p>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 CARE FOR UNINSURED PATIENTS. SINAI HOSPITAL IS A COMPONENT OF LIFEBRIDGE HEALTH, A NONPROFIT HEALTH SYSTEM THAT PROVIDES A WIDE VARIETY OF HEALTH CARE AND RELATED SERVICES TO THE RESIDENTS OF CENTRAL MARYLAND. THE COMPONENTS OF THE LIFEBRIDGE SYSTEM WORK TOGETHER CLOSELY TO ENSURE THAT AS MANY AS POSSIBLE OF THE COMMUNITY'S NEEDS ARE MET IN AN INTEGRATED NONDUPLICATIVE MANNER.</p> |
| PART VI, LINE 7, REPORTS FILED WITH STATES | MD |

Additional Data

Software ID:

Software Version:

EIN: 52-0486540

Name: SINAI HOSPITAL OF BALTIMORE INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | | | | | | | | | | |
| Name, address, primary website address, and state license number | | | | | | | | | | | |
| 1 | SINAI HOSPITAL OF BALTIMORE INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 WWW.LIFEBRIDGEHEALTH.ORG 0012 | X | X | X | X | | X | X | | | |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------------|---|
| SINAI HOSPITAL OF BALTIMORE, INC. | <p>PART V, SECTION B, LINE 5: INPUT FROM REPRESENTATIVES OF THE COMMUNITY DURING THE FY18 CHN A PROCESS THE PROJECT TEAM DEVELOPED A BRIEF SURVEY TOOL THAT ENGAGED COMMUNITY MEMBERS OF THE MOST IMPORTANT INFORMATION RELATED TO THEIR HEALTH. THIS PROCESS RESULTED IN 4,755 SURVEY RESULTS COVERING EVERY ZIP CODE IN BALTIMORE CITY AND SOME OVERLAPPING ZIP CODES IN BALTIMORE COUNTY. IN ADDITION, THE HOSPITALS JOINED TOGETHER WITH THE BALTIMORE CITY HEALTH DEPARTMENT ("BCHD") TO ALIGN THE CHNA PROCESS WITH BCHD'S ACCREDITATION PROCESS. EACH HOSPITAL REACHED OUT TO THEIR RESPECTIVE COMMUNITIES FOR ORGANIZATIONAL SPONSORS AND FOCUS GROUP PARTICIPANTS. THE MAJORITY OF THESE FOCUS GROUPS INVOLVED PARTICIPANTS FROM ACROSS THE CITY AND WERE CO-FACILITATED BY REPRESENTATIVES FROM MULTIPLE HOSPITALS WHICH RESULTED IN 10 SHARED FOCUS GROUPS. THE POPULATIONS THAT MADE UP THESE FOCUS GROUPS AND THE DATES THE MEETINGS WERE HELD ARE LISTED BELOW: -LGBTQ FOCUS GROUP - MEETING HELD NOVEMBER 13, 2017-DISABILITIES (PHYSICAL) FOCUS GROUP - MEETING HELD OCTOBER 27, 2017-OLDER ADULTS FOCUS GROUP 1 - MEETING HELD NOVEMBER 9, 2017-OLDER ADULTS FOCUS GROUP 2 - MEETING HELD NOVEMBER 9, 2017-SINGLE PARENTS FOCUS GROUP - MEETING HELD OCTOBER 31, 2017-SPANISH SPEAKING FOCUS GROUP - MEETING HELD NOVEMBER 9, 2017-CURRENTLY HOMELESS FOCUS GROUP - MEETING HELD DECEMBER 4, 2017-HOMELESS MEN IN TEMPORARY HOUSING FOCUS GROUP - MEETING HELD NOVEMBER 22, 2017-CANCER FOCUS GROUP - NOVEMBER 10, 2017-POPULATION HEALTH FOCUS GROUP - NOVEMBER 16, 2017 THE BELOW ORGANIZATIONS PROVIDED INPUT ON THE FY2018 CHNA: -AMERICAN DIABETES ASSOCIATION, MARYLAND AREA-AMERICAN HEART ASSOCIATION, MID-ATLANTIC AFFILIATE-BALTIMORE CITY HEALTH DEPARTMENT -BALTIMORE MEDICAL SYSTEM, INC.-CHANA-CHASE BREXTON HEALTH CARE-COMPREHENSIVE HOUSING ASSISTANCE, INC.-DISABILITY RIGHTS MARYLAND-GREEN AND HEALTHY HOMES INITIATIVE-JEWISH COMMUNITY SERVICES-JOHNS HOPKINS UNIVERSITY-MEDSTAR CENTER FOR SUCCESSFUL AGING-MEDSTAR TOTAL ELDER CARE-PROMISE HEIGHTS-SINAI HOSPITAL VOCATIONAL SERVICES PROGRAM-UNIVERSITY OF MARYLANDTHE HOSPITALS ALSO COLLABORATED IN COMPILING INVITE LISTS FOR TWO MEETINGS OF LEADERS OF ORGANIZATIONS WHO ARE MAJOR PARTNERS IN HEALTH CARE DELIVERY. ALL HOSPITALS CO-FACILITATED THESE MEETINGS, BRINGING TOGETHER 25 LEADERS TO SHARE THEIR INPUT ABOUT COMMUNITY HEALTH NEEDS. A LIST OF THESE KEY STAKEHOLDERS CAN BE FOUND IN THE CURRENT CHNA. RECOGNIZING THE POTENTIAL BENEFITS FROM ALIGNING CHNA PROCESSES, SINAI AGREED TO SHIFT THE CHNA SCHEDULE BY ONE YEAR AND COLLABORATE WITH OTHER BALTIMORE CITY BASED HOSPITALS IN EXECUTING MAJOR ASPECTS OF THE CHNA PROCESS. A STEERING COMMITTEE GOVERNED COLLABORATION, WHICH WAS LARGELY EXECUTED BY A PROJECT TEAM. THE ACTIVITIES WITHIN THIS COLLABORATIVE INCLUDED: 1. PROCESS PLANNING: A. PUBLIC SURVEY TOOL - THE HOSPITALS COLLABORATED TO DEVELOP A BRIEF SURVEY TOOL THAT WOULD ENGAGE THE COMMUNITY MEMBERS OF THE MOST IMPORTANT INFORMATION RELATED TO THEIR HEALTH. AS A COLLABORATIVE, THE</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------------|---|
| SINAI HOSPITAL OF BALTIMORE, INC. | <p>FOCUS OF THE SURVEY QUESTIONS WERE ON THE RESPONDENTS' OPINIONS ABOUT COMMUNITY HEALTH NEEDS, RATHER THAN THE RESPONDENTS' PERSONAL EXPERIENCES OF HAVING THOSE NEEDS.</p> <p>B. COLLABORATION - IN IDENTIFYING PUBLIC HEALTH INFORMATIONAL NEEDS FROM BALTIMORE CITY HEALTH DEPARTMENT THE HOSPITALS JOINED TOGETHER WITH THE BALTIMORE CITY HEALTH DEPARTMENT TO ALIGN THE CHNA PROCESS WITH BCHD'S ACCREDITATION PROCESS.</p> <p>C. MUTUAL TECHNICAL SUPPORT ON BEST PRACTICES FOR HOSPITAL-SPECIFIC CHNA PROCESSES - THE PROJECT TEAM AND THE OVERARCHING STEERING COMMITTEE MET ON A REGULAR BASIS AND ADVISED EACH OTHER ON BEST PRACTICES IN IMPLEMENTING CHNAs.</p> <p>D. PRIORITIZATION AND IMPLEMENTATION - COMMUNITY HEALTH LEADERS DEVELOPED INVENTORIES OF CURRENT AND POTENTIAL PROGRAMMING, CONVENED EXPERTS AND ACHIEVED AGREEMENT ON DIRECTION FOR A SHARED STRATEGY.</p> <p>2. DATA COLLECTION:</p> <p>A. DISTRIBUTION OF SURVEY TOOL - ALL HOSPITALS WITHIN THE COLLABORATIVE UTILIZED INDIVIDUALIZED METHODS FOR REACHING COMMUNITY MEMBERS TO RESPOND TO PUBLIC SURVEYS.</p> <p>B. FACILITATION OF AFFINITY-BASED FOCUS GROUPS - THE HOSPITALS REACHED OUT TO THEIR RESPECTIVE COMMUNITIES FOR ORGANIZATIONAL SPONSORS AND FOCUS GROUP PARTICIPANTS. AS A RESULT, THE HOSPITALS FORMED 10 SHARED FOCUS GROUPS, INCLUDING MANY POPULATIONS NOT PREVIOUSLY SURVEYED.</p> <p>C. FACILITATION OF STAKEHOLDER INTERVIEWS - THE HOSPITALS COLLABORATED IN COMPILING INVITE LISTS FOR TWO MEETINGS OF LEADERS OF ORGANIZATIONS WHO ARE MAJOR PARTNERS IN HEALTH CARE DELIVERY. ALL THE HOSPITALS CO-FACILITATED THESE MEETINGS, BRINGING TOGETHER 25 LEADERS TO SHARE THEIR INPUT ABOUT COMMUNITY HEALTH NEEDS.</p> <p>3. DATA COLLECTION PROCESS:</p> <p>A. PUBLIC SURVEY TOOL - UNIVERSITY OF MARYLAND MEDICAL SYSTEM HOSTED AN INTERNET-BASED TOOL ON SURVEYMONKEY TO ACCOMMODATE THE SURVEY AND RECORD ALL THE RESPONSES. LIFE BRIDGE HEALTH TEAM MEMBERS UTILIZED A VARIETY OF METHODS TO COLLECT RESPONSES FOR THE SURVEY, I.E. DISTRIBUTION AT COMMUNITY EVENTS; DISTRIBUTION TO INDIVIDUAL CLIENTS AND PATIENTS OF LIFE BRIDGE HEALTH PROGRAMS; DISSEMINATION TO EMAIL LISTS OF PARTNER ORGANIZATIONS; DISSEMINATION TO LIFE BRIDGE HEALTH EMPLOYEE EMAIL LISTS AND COLLECTION OF SURVEYS FROM RELIGIOUS CONGREGATIONS.</p> <p>B. FOCUS GROUPS - THE COLLABORATIVE IDENTIFIED NINE GROUPS AND WORKED WITH PARTNER ORGANIZATIONS TO RECRUIT PARTICIPANTS FOR THE FOCUS GROUPS. IN THE FOCUS GROUPS THE CONVERSATIONS WERE GUIDED BASED ON THE SAME QUESTIONS THAT WERE ASKED IN THE SECOND HALF OF THE SURVEY FOCUSING ON KEY HEALTH AND ENVIRONMENTAL/SOCIAL CONCERNS IN THE COMMUNITY, PROBLEMS WITH ACCESS TO HEALTH CARE, AND GENERAL IDEAS THAT THE PARTICIPANTS HAD FOR COMMUNITY IMPROVEMENT. THE PRIORITY CONCERNS FOR EACH AREA OF INQUIRY WERE SUMMARIZED BASED ON THE AMOUNT OF TIME SPENT ON TOPICS AND THE NUMBER OF PEOPLE EXPRESSING OPINIONS ABOUT THE ISSUES.</p> <p>C. STAKEHOLDER MEETINGS - TWO MEETINGS WERE HELD, WHICH ATTRACTED A TOTAL OF 25 LEADERS FROM PARTNER ORGANIZATIONS. LIKE THE FOCUS GROUPS, THE QUESTIONS FROM THE PUBLIC SURVEY WERE USED TO GUIDE DIS</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------------|--|
| SINAI HOSPITAL OF BALTIMORE, INC. | CUSSIONS AMONG THE STAKEHOLDERS. LEADERS FROM THE PARTICIPATING HOSPITALS LED BREAKOUT GRO UPS DURING THE STAKEHOLDER MEETINGS AND FACILITATED DIALOGUES WITH SUPPORT OF NOTE TAKERS. THE TOP CONCERNS WERE DETERMINED BASED ON THE MOST PROMINENT THEMES IN THE DISCUSSIONS. I N ADDITION, ONE-ON-ONE INTERVIEWS WERE ALSO CONDUCTED WITH STAKEHOLDERS FROM THE THREE LBH HOSPITALS' SERVICE AREAS. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------------|--|
| SINAI HOSPITAL OF BALTIMORE, INC. | PART V, SECTION B, LINE 6A: SINAI HOSPITAL OF BALTIMORE, INC. IS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) OF LIFEBRIDGE HEALTH, INC. LIFEBRIDGE HEALTH, INC.'S CHNA ALSO INCLUDES RELATED HOSPITAL FACILITIES, LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. AND NORTHWEST HOSPITAL CENTER, INC. FOR THE 2017 CHNA THE OTHER BALTIMORE AREA HOSPITALS THAT COLLABORATED WITH SINAI HOSPITAL IN GATHERING DATA FOR THE COMMUNITY NEEDS ASSESSMENT WERE JOHNS HOPKINS HOSPITAL, UNIVERSITY OF MARYLAND, MEDSTAR AND ST. AGNES HOSPITAL. SINAI HOSPITAL OF BALTIMORE, INC.:PART V, SECITON B, LINE 7A: HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY%20HEALTH/SINAI/SINAI.PDF |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------------|--|
| SINAI HOSPITAL OF BALTIMORE, INC. | PART V, SECTION B, LINE 7D: COPIES OF THE CHNA WERE DISTRIBUTED TO KEY COMMUNITY PARTNERS.SINAI HOSPITAL OF BALTIMORE, INC. PART V, SECTION B, LINE 10A: HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY%20HEALTH/SINAI/SINAI.PDF |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------------|--|
| SINAI HOSPITAL OF BALTIMORE, INC. | <p>PART V, SECTION B, LINE 11: THE BUSINESS INTELLIGENCE TEAM IN LIFEBRIDGE HEALTH'S POPULATION HEALTH DEPARTMENT USED THE DATA FROM ALL 4,755 PUBLIC SURVEYS COLLECTED TO PROVIDE SUMMARIES OF INFORMATION FROM THE RESPONDENTS OVERALL. THESE SUMMARIES IDENTIFIED THE TOP FIVE RESPONSES TO EACH OF THE THREE MAJOR QUESTIONS IN THE SURVEY. THE COMPILED PRIORITIZED NEEDS WERE THEN PRESENTED TO LIFEBRIDGE HEALTH'S COMMUNITY MISSION COMMITTEE, AN OFFICIAL COMMITTEE THAT INCLUDES BOARD MEMBERS, EXECUTIVES FROM EACH HOSPITAL, STAFF WITH COMMUNITY-RELATED RESPONSIBILITIES, AND MEMBERS-AT-LARGE FROM PARTNERING COMMUNITY ORGANIZATIONS. THIS GROUP SELECTED 1-3 PRIORITIES PER SURVEY QUESTION FOR EACH HOSPITAL. THE FOLLOWING PRIORITIZED NEEDS WERE IDENTIFIED FOR THE SINAI HOSPITAL COMMUNITY: HEALTH CONCERNS: 1. BEHAVIORAL HEALTH - MENTAL HEALTH AND SUBSTANCE ABUSE: A. IMPLEMENT SBIRT IN THE EMERGENCY DEPARTMENT AND SINAI COMMUNITY CARE, SINAI'S OUTPATIENT PRIMARY CARE CLINIC. THROUGH A STATEWIDE GRANT, SINAI HOSPITAL WILL BE IMPLEMENTING "SCREENING-BRIEF INTERVENTION-REFERRAL TO TREATMENT" (SBIRT) PROTOCOL IN THE EMERGENCY DEPARTMENT AND SINAI COMMUNITY CARE. THIS PROTOCOL IS DESIGNATED TO WORK WITH PATIENTS WHO MAY HAVE SUBSTANCE ABUSE PROBLEMS AND PROVIDE SOME LEVEL OF SUPPORT AND NAVIGATION FOR THEM BEFORE THEY LEAVE THE FACILITY. B. PARTNER, IMPLEMENT AND ADVOCATE FOR A CITYWIDE BEHAVIORAL HEALTH/HOUSING STRATEGY. IN COLLABORATION WITH OTHER CITY HOSPITALS, SINAI DETERMINED THAT A CONSISTENT AND TROUBLING PROBLEM IS THE LACK OF HOUSING OPTIONS FOR PATIENTS WHO ARE DISCHARGED FROM THE EMERGENCY DEPARTMENT AND INPATIENT SETTING. THE HOSPITALS BROUGHT TOGETHER A CITYWIDE MEETING OF LEADERS AND SERVICE PROVIDERS IN THE FIELD OF HOUSING AND HOMELESSNESS AND DECIDED THAT A PERMANENT SUPPORTIVE HOUSING MODEL WOULD BE AN EFFECTIVE AND SUSTAINABLE INITIATIVE FOR PATIENTS ACROSS THE CITY. THE COLLABORATIVE PLANS TO WORK TOGETHER OVER THE NEXT THREE YEARS TO CREATE A STRATEGY AND FUNDING SOURCE FOR THIS TYPE OF PROGRAM, AND BEGIN IMPLEMENTATION. 2. CHRONIC DISEASE D IABETES/HIGH BLOOD SUGAR, OVERWEIGHT/OBESITY AND HEART DISEASE/HIGH BLOOD PRESSURE: A. IMPLEMENT DIABETES WELLNESS SERIES. TO COMPLEMENT THE ARRAY OF DISEASE MANAGEMENT PROGRAMS AND SERVICES THAT SINAI OFFERS, THE HOSPITAL RECOGNIZED THE NEED TO BEGIN ASSISTING PEOPLE WHO ARE AT RISK OF DEVELOPING CHRONIC DISEASES, IN ADDITION TO THOSE WHO LIVE WITH CHRONIC DISEASE ALREADY. A FOUR-PART WELLNESS SERIES TARGETED TOWARDS PRE-DIABETIC AND DIABETIC PEOPLE WILL BE IMPLEMENTED. THE CURRICULUM FOCUSES ON HEALTHY EATING, EXERCISE AND STRESS REDUCTION. B. CONTINUE TO IMPLEMENT CHANGING HEARTS PROGRAM. THE PROGRAM IS FOCUSED ON RISK IDENTIFICATION AND PREVENTION OF HEART DISEASE WITHIN THE PRIMARY SERVICE AREA. STAFF PROVIDES LIVE HEART RISK ASSESSMENTS IN THE COMMUNITY TO IDENTIFY PRE-HYPERTENSIVE PATIENTS (ASSESSMENT INCLUDES CHOLESTEROL, GLUCOSE, BLOOD PRESSURE AND BODY COMPOSITION ANALYSIS). BASED ON THE ASSESSMENT, HEALTH</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------------|---|
| SINAI HOSPITAL OF BALTIMORE, INC. | <p>EDUCATION COUNSELING IS PROVIDED BY A REGISTERED NURSE. PATIENTS RECEIVE ON-GOING SUPPORT FROM STAFF TO FACILITATE LIFESTYLE CHANGES. THIS INCLUDES FOLLOW-UP CALLS AND/OR HOME VISITS BY A CHW WITH A FOCUS ON INDIVIDUALIZED CARE PLANS DEVELOPED WITH PATIENTS, LIFESTYLE CLASSES TO MAINTAIN A LONG-TERM CHANGE, AND EDUCATIONAL MATERIAL AND RESOURCES TO IMPROVE HEALTH.ENVIRONMENTAL/SOCIAL PROBLEMS1. JOB OPPORTUNITIES: A. IMPLEMENT WORKFORCE READINESS TRAININGS FOR EXISTING POPULATION HEALTH PROGRAMS' CLIENTS. SINAI'S WORKFORCE DEVELOPMENT PROGRAM, VSP, PROVIDES WORKFORCE READINESS TRAINING FOR PEOPLE THROUGHOUT BALTIMORE CITY. THE TARGET POPULATION FOR THESE SERVICES ARE PEOPLE WITH DISABILITIES AND OTHER QUALIFICATIONS TO WHICH FUNDING SOURCES ARE ATTACHED. A NEED WAS RECOGNIZED AMONG THE HUNDREDS OF CLIENTS ALREADY SERVED BY THE PROGRAMS WITHIN SINAI'S COMMUNITY INITIATIVES DEPARTMENT TO RECEIVE THE SAME KIND OF SUPPORT AS VSP CLIENTS. FOR INSTANCE, VICTIMS OF DOMESTIC VIOLENCE WHO ARE SERVED BY THE FAMILY VIOLENCE PROGRAM OFTEN HAVE ECONOMIC CONSTRAINTS THAT PREVENT THEM FROM LEAVING THEIR ABUSIVE RELATIONSHIPS, AND THEY COULD BENEFIT FROM WORKFORCE TRAINING AND JOB COUNSELING. PARTICIPANTS OF KUJICHAGULIA CENTER/STREET VIOLENCE INTERVENTION PROGRAM ALREADY RECEIVE SOME LEVEL OF WORKFORCE DEVELOPMENT, BUT THEY COULD BENEFIT GREATLY FROM MORE SUPPORT IN BEING LINKED TO HIRING OPPORTUNITIES INSIDE AND OUTSIDE OF THE ORGANIZATION. SINAI IS ASSESSING OPPORTUNITIES TO EXPEND THE PROGRAMS OF ITS COMMUNITY INITIATIVES DEPARTMENT TO MEET THESE NEEDS.ACCESS TO HEALTH CARE:1. HEALTH EDUCATION/LACK OF KNOWLEDGE ABOUT AVAILABLE RESOURCES: A. ADD PASTORAL OUTREACH COORDINATOR AND COMMUNITY EDUCATOR TO COMMUNITY HEALTH EDUCATION TEAM. THE COMMUNITY HEALTH EDUCATION TEAM HAS GROWN IN PAST YEARS IN RESPONSE TO PAST NEEDS HIGHLIGHTED IN THE CHNA. RECOGNIZING THE MANY DIFFERENT APPROACHES REQUIRED TO REACH COMMUNITY MEMBERS, POSITIONS WERE ADDED AND MOVED TO PROVIDE MORE OUTREACH TO FAITH COMMUNITIES AND OFFER NEW EDUCATIONAL TOPICS SUCH AS SEXUAL HEALTH FOR TEENS.2. INSURANCE SIGNUPS: A. CONTINUE TRAINING APPLICATION COUNSELORS WHO CAN ASSIST PATIENTS WITH INSURANCE SIGNUPS. THROUGH THE MARYLAND HEALTH BENEFIT EXCHANGE, SINAI IS CERTIFIED AS AN ASCE, OR APPLICATION COUNSELOR SPONSORING ENTITY. THIS ALLOWS THE HOSPITAL TO OFFER TRAINING AND ADMINISTRATIVE SUPPORT TO ANY EMPLOYEE TO ASSIST PATIENTS OR CLIENTS IN SIGNING UP FOR INSURANCE. COMMUNITY HEALTH WORKERS AND SOCIAL WORKERS IN THE OUTPATIENT CLINIC AND POPULATION HEALTH PROGRAMS HAVE BEEN TRAINED TO PROVIDE THESE SIGNUPS. THIS OFFER WILL BE EXPANDED TO MEDICAL ASSISTANTS AND WORKERS IN OTHER FACILITIES.NEEDS NOT ADDRESSED:1. NEIGHBORHOOD SAFETY/VIOLENCE: THIS WAS NOT A TOP PRIORITIZATION THIS YEAR SINCE THE STREET VIOLENCE INTERVENTION PROGRAM IS A ROBUST PROGRAM ACTIVELY WORKING WITH VICTIMS OF STREET VIOLENCE.2. HOUSING/HOMELESSNESS: THIS CONCERN WILL BE ADDRESSED THROUGH A COLLABORATIVE WITH OTHER CITY HOSP</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------------|---|
| SINAI HOSPITAL OF BALTIMORE, INC. | ITALS, WHICH IS COMMITTED TO DEVELOPING A HOUSING STRATEGY FOR BEHAVIORAL HEALTH PATIENTS. 3. LACK OF TRANSPORTATION: THROUGH THE CARE MANAGEMENT DEPARTMENT AND OTHER PROGRAMS THAT WORK WITH PEOPLE IN THE COMMUNITY, TRANSPORTATION FUNDING IS PROVIDED FOR MANY PATIENTS WH O NEED HELP IN GETTING TO THEIR DOCTORS' APPOINTMENTS. SINCE PATIENTS AND CLIENTS ARE SERV ED WELL BY THESE RESOURCES, THIS CONCERN WAS NOT PRIORITIZED AS A TARGET FOR FURTHER INVES TMENT.4. INSURANCE TOO EXPENSIVE: IT WAS DETERMINED THIS WAS NOT WITHIN THE PURVIEW OF THE HOSPITAL.5. INSURANCE NOT ACCEPTED: IT WAS DETERMINED THAT THIS PROBLEM WOULD BE BEST ADDRESSED BY THE PHYSICIAN OFFICES.6. LIMITED ACCESS TO HEALTHY FOODS: THIS NEED WAS NOT EXPR ESSED AS A TOP PRIORITY AMONG COMMUNITY MEMBERS.7. POVERTY: SINAI IS FOCUSING ON ADDRESSIN G THE UNDERLYING PROBLEMS (INCLUDING JOB READINESS, TRANSPORTATION) LEADING TO POVERTY.8. SCHOOL DROPOUT/POOR SCHOOLS: KUJICHAGULIA CENTER CURRENTLY IMPLEMENTS A MENTORSHIP PROGRAM FOR MIDDLE SCHOOLERS FOCUSED ON ADDRESSING BULLYING AND VIOLENCE IN THE AFRICAN AMERICAN/ BLACK COMMUNITY.9. WAIT IS TOO LONG FOR CARE: A SYSTEM-WIDE EFFORT IS BEING UNDERTAKEN TO ADDRESS THROUGHPUT IN VARIOUS HOSPITAL SETTINGS. THIS WOULD NOT BE TAKEN ON AS A COMMUNITY BENEFIT PROJECT BUT RATHER THROUGH QUALITY LEADERSHIP AT THE HOSPITAL.10. STIGMA/DISCRIMI NATION: THE CLINICALLY INTEGRATED NETWORK HAS BEGUN ADDRESSING STIGMA AND DISCRIMINATION B Y INSTITUTING AN LGBTQ-FRIENDLY PROVIDER NETWORK. SINAI HOSPITAL'S PATIENT EXPERIENCE DEPA RTMENT HAS ALSO HIRED A PATIENT LIAISON FOR THE LGBTQ COMMUNITY. 11. PHYSICIANS NOT TRUSTW ORTHY: ADDRESSING THIS ISSUE WAS BEYOND THE SCOPE OF THE COMMUNITY BENEFIT INITIATIVE. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|------------------------------------|--|
| SINAI HOSPITAL OF BALTIMORE, INC.: | PART V, SECTION B, LINE 16A: HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/FINANCIALASSISTANCE/SINAI/SINAIIFINANCIALASSISTANCEAPPLICATION.PDF SINAI HOSPITAL OF BALTIMORE, INC.:PART V, SECTION B, LINE 16B: HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/FINANCIALASSISTANCE/SINAI/SINAI COVER LETTER AND APPLICATION.PDF SINAI HOSPITAL OF BALTIMORE, INC.:PART V, SECTION B, LINE 16C: HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/FINANCIALASSISTANCE/SINAI/PLAINLANGUAGESUMMARYSHB.PDF |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|------------------------------------|---|
| SINAI HOSPITAL OF BALTIMORE, INC.: | PART V, SECTION B, LINE 22C: CHARGES FOR ALL HOSPITAL PATIENTS ARE STATE REGULATED. SERVICES ARE CHARGED TO ALL HOSPITAL PATIENTS AT THE SAME RATE. CHARGES FOR INDIVIDUALS FOUND ELIGIBLE FOR FAP BASED ON 300% OR LESS OF THE FEDERAL POVERTY LEVEL (FPL) ARE WRITTEN-OFF IN FULL TO FAP (THERE IS NO PATIENT LIABILITY). CHARGES FOR INDIVIDUALS FOUND ELIGIBLE FOR FAP BASED ON THE HSCRC'S FINANCIAL HARDSHIP CRITERIA OF 301%-500% OF FPL ARE CHARGED 25% OF THE ANNUAL HOUSEHOLD INCOME PER THE HSCRC'S FINANCIAL HARDSHIP CRITERIA. THE DIFFERENCE BETWEEN THE TOTAL CHARGES AND THE CALCULATED 25% OF THE ANNUAL HOUSEHOLD INCOME IS WRITTEN OFF TO FAP. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | SINAI HOSPITAL OF BALTIMORE INC IS A SUBSIDIARY OF THE LIFEBRIDGE HEALTH SYSTEM AND USES THE SAME PROCEDURES FOR MONITORING USE OF THEIR GRANTS: THE LIFEBRIDGE HEALTH SPONSORSHIP COMMITTEE REVIEWS SUBMITTED REQUESTS MONTHLY AND MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF SPONSORSHIPS PROVIDED BY LIFEBRIDGE HEALTH INC. AND ITS SUBSIDIARIES. SELECTION CRITERIA FOR SPONSORSHIPS ARE BASED ON THE SPECIFIC REQUEST OF THE APPLICANT AND ANY PRIOR HISTORY OF SPONSORSHIPS AWARDED BY THE LIFEBRIDGE SYSTEM. MEMBERS OF THE LIFEBRIDGE EXECUTIVE LEADERSHIP REVIEW THE SPONSORSHIP COMMITTEE AWARDS AND PROVIDE RECOMMENDATIONS AS NEEDED. |

Additional Data

Software ID:
Software Version:
EIN: 52-0486540
Name: SINAI HOSPITAL OF BALTIMORE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ASLAN PROJECT INC 2000 MASSACHUSETTS AVE NW WASHINGTON, DC 20036 | 45-5303190 | 501(C)3 | 30,000 | | | | GENERAL SUPPORT |
| BAIS YAAKOV SCHOOL FOR GIRLS 6302 SMITH AVE BALTIMORE, MD 21209 | 52-0613700 | 501(C)3 | 6,000 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HOPE FOR HENRY FOUNDATION 2440 WISCONSIN AVENUE SE 2ND FLOOR WASHINGTON, DC 20007 | 20-0244173 | 501(C)3 | 19,377 | | | | GENERAL SUPPORT |

| | | |
|---|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |
| Name of the organization SINAI HOSPITAL OF BALTIMORE INC | | Employer identification number 52-0486540 |

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

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

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

[illegible]

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.

| Return Reference | Explanation |
|--------------------|---|
| PART I, LINE 1A | ALL BOARD MEMBERS ARE ELIGIBLE FOR COMPLIMENTARY HEALTH CLUB MEMBERSHIPS. THE BOARD MEMBERS WHO SIGN UP AND RECEIVE THE COMPLIMENTARY MEMBERSHIP ARE REPORTED ON PART VII. |
| PART I, LINE 3 | THE COMPENSATION OF SINAI HOSPITAL OF BALTIMORE, INC.'S CEO/EXECUTIVE DIRECTOR IS DETERMINED AT THE PARENT LEVEL BY LIFEBRIDGE HEALTH, INC. THE METHODS USED AT LIFEBRIDGE HEALTH, INC. INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. |
| PART I, LINES 4A-B | DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICIERS RECEIVED A SEVERANCE PAYMENT: LEATEEN (DIANE) JOHNSON \$ 292,864 DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATED IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: NEIL MELTZER \$ 361,442 DAVID KRAJEWSKI \$ 337,265 JONATHAN RINGO, MD \$ 124,042 JAMES NACE, DO \$ 59,594 RONALD DELANOIS, MD \$ 71,956 FOUAD ABBAS, MD \$ 107,026 PETER CHO, MD \$ 48,277 LING-LING CHENG \$ 7,050 PHAEDRA STEWART \$ 31,031 JAMES ROBERGE \$ 40,398 NANCY KANE \$ 31,139 JASON WEINER \$ 68,318 LOU DUNAWAY \$ 25,332 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 \$ 27,615 DAVID KRAJEWSKI \$ 105,878 NEIL MELTZER \$ 428,403 JAMES NACE, DO \$ 75,391 RONALD DELANOIS, MD \$ 79,683 FOUAD ABBAS, MD \$ 146,393 PETER CHO, MD \$ 42,771 LING-LING CHENG \$ 8,072 MARK KATLIC, MD \$ 153,493 JOEL SULDAN \$ 402,248 TERRENCE CARNEY \$ 95,602 JONATHAN RINGO, MD \$ 76,208 JAMES ROBERGE \$ 62,501 NANCY KANE \$ 39,862 COMPENSATION PROVIDED BY ORGANIZATION: JONATHAN RINGO, MD RECEIVED COMPENSATION AS A PRESIDENT AND COO OF SINAI HOSPITAL OF BALTIMORE, INC., NOT AS A DIRECTOR. LING-LING CHENG, MD RECEIVED COMPENSATION AS A PHYSICAL MEDICINE & REHABILITATION SPECIALIST AT SINAI HOSPITAL OF BALTIMORE, INC., NOT AS A DIRECTOR. MARK KATLIC, MD RECEIVED COMPENSATION AS THE CHIEF DEPARTMENT OF SURGERY AT SINAI HOSPITAL OF BALTIMORE, INC., NOT AS A DIRECTOR. |

Additional Data

Software ID:
Software Version:
EIN: 52-0486540
Name: SINAI HOSPITAL OF BALTIMORE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1LING-LING CHENG MD DIRECTOR | (i) | 205,087 | 18,182 | 8,817 | 26,327 | 23,684 | 282,097 | 7,050 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1MARK R KATLIC MD DIRECTOR | (i) | 1,015,118 | 98,378 | 225,257 | 9,954 | 22,869 | 1,371,576 | 76,533 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2JONATHAN RINGO MD SVP LBH, PRESIDENT AND COO (PY) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 595,871 | 225,606 | 97,379 | 136,855 | 30,702 | 1,086,413 | 49,481 |
| 3NEIL MELTZER PRESIDENT/CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 999,827 | 842,880 | 485,431 | 388,916 | 20,227 | 2,737,281 | 357,770 |
| 4DAVID KRAJEWSKI EXEC VP/CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 763,808 | 350,836 | 147,315 | 364,121 | 26,336 | 1,652,416 | 90,169 |
| 5JASON WEINER SVP AND GENERAL COUNSEL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 382,090 | 198,002 | 11,727 | 87,237 | 20,060 | 699,116 | 0 |
| 6JAMES ROBERGE VP CAPITAL IMPROVEMENTS & SUPPORT SE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 278,657 | 84,253 | 89,004 | 56,161 | 23,901 | 531,976 | 26,532 |
| 7TERRENCE CARNEY VP SUPPLY CHAIN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 263,224 | 83,986 | 143,743 | 18,505 | 2,563 | 512,021 | 28,293 |
| 8NANCY KANE VP FINANCIAL REPORTING | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 244,180 | 76,646 | 49,011 | 62,153 | 21,395 | 453,385 | 25,717 |
| 9PHAEDRA STEWART VP HUMAN RESOURCES SINAI | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 256,365 | 76,821 | 13,815 | 42,864 | 23,847 | 413,712 | 0 |
| 10LOU DUNAWAY VP BUDGET & CAPITAL PLANNING/CFO LEV | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 229,776 | 66,662 | 3,718 | 52,376 | 19,451 | 371,983 | 0 |
| 11RONALD DELANOIS MD PHYSICIAN | (i) | 639,003 | 706,380 | 85,647 | 96,675 | 24,977 | 1,552,682 | 67,886 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12JAMES NACE DO PHYSICIAN | (i) | 559,400 | 712,817 | 94,571 | 74,678 | 1,330 | 1,442,796 | 60,869 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13PETER CHO MD SURGEON | (i) | 929,414 | 122,514 | 43,545 | 68,920 | 24,747 | 1,189,140 | 37,062 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14ALI TABRIZCHI DO PHYSICIAN | (i) | 803,328 | 331,615 | 270 | 12,813 | 26,270 | 1,174,296 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15FOUAD ABBAS MD PHYSICIAN | (i) | 728,767 | 74,817 | 164,292 | 132,652 | 38,156 | 1,138,684 | 145,182 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16JOEL SULDAN FORMER SENIOR VP & GENERAL COUNSEL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 2,493 | 0 | 402,953 | 64 | 165 | 405,675 | 117,375 |
| 17LEATEEN DIANE JOHNSON FORMER VP PATIENT CARE | (i) | 12,141 | 0 | 320,479 | 0 | 0 | 332,620 | 27,615 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SINAI HOSPITAL OF BALTIMORE INC

Employer identification number
52-0486540

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
| (1) AMERICAN OFFICE EQUIPMENT CO INC | INDIRECT BUSINESS | 614,880 | SINAI HOSPITAL OF BALTIMORE, INC. AND THE LIFEBRIDGE HEALTH, INC. SUBSIDIARIES PAID APPROXIMATELY \$614,880 FOR 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. | | No |
| (2) KELSEY KRAJEWSKI | FAMILY MEMBER OF DAVID KRAJEWSKI, EXECUTIVE VICE PRESIDENT/CFO | 41,210 | SINAI HOSPITAL OF BALTIMORE, INC. AND LIFEBRIDGE HEALTH, INC. PAID APPROXIMATELY \$28,168 TO KELSEY KRAJEWSKI. KELSEY KRAJEWSKI WORKS FOR SINAI HOSPITAL AS A VOCATIONAL SPECIALIST. HER FATHER, DAVID KRAJEWSKI, IS THE EXECUTIVE VICE PRESIDENT/CFO OF SINAI HOSPITAL. | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SINAI HOSPITAL OF BALTIMORE INC

Employer identification number
52-0486540

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 1 | 44,785 | COST |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► () | | | | |
| 26 Other ► () | | | | |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

| | | | |
|---|--|--|----------------------------------|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | DLN: 93493137044011 |
| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information. | | OMB No. 1545-0047 |
| | | | 2019 |
| Department of the Treasury Internal Revenue Service | | | Open to Public Inspection |
| Name of the organization SINAI HOSPITAL OF BALTIMORE INC | | Employer identification number 52-0486540 | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART III, LINE 1 | <p>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 JEWSH-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 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</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART III, LINE 1 | THE SERVICES DESCRIBED ABOVE. SERVICES ARE FREE TO ELIGIBLE FAMILIES. SINAI STAFF MEMBERS OFFER HOME VISITS, HEALTH SERVICES, EDUCATION, CRISIS INTERVENTION AND OUTREACH SERVICES. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | RONNIE FOOTLICK AND LESLIE SCHALLER HAVE A FAMILY RELATIONSHIP. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| 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 10A: THE POLICIES DESCRIBED IN PART VI, SECTION B, LINES 10A-16B APPLY TO SINAI HOSPITAL OF BALTIMORE, INC. AND ITS AFFILIATES AS LISTED BELOW: SINAI CLINICAL PROFESSIONALS, LLC LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE, LLC SINAI PARKING FACILITY, LLC |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE LIFEBRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY THE ASSISTANT VICE PRESIDENT OF FINANCIAL REPORTING. IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM ALSO REVIEWS ALL THE 990 RETURNS. A FORMAL MEETING IS THEN SCHEDULED WITH THE CHIEF FINANCIAL OFFICER, VICE PRESIDENT OF FINANCIAL REPORTING, GENERAL COUNSEL, AND THE ASSISTANT VICE PRESIDENT OF FINANCIAL REPORTING TO REVIEW IN THEIR ENTIRETY ALL THE LIFEBRIDGE EXEMPT ENTITIES 990'S. MANAGEMENT THEN PROVIDES A COPY OF THE 990'S TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE LIFEBRIDGE BOARD AND TO EACH INDIVIDUAL BOARD DIRECTOR PRIOR TO THE FILING DATE FOR REVIEW. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>ALL DIRECTORS, OFFICERS, EMPLOYEES, MEDICAL STAFF MEMBERS, AND VOLUNTEERS ARE EXPECTED TO RECOGNIZE AND DISCLOSE AT THE EARLIEST POSSIBLE TIME ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL OR A FAMILY MEMBER OF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE HEALTH. ADDITIONAL INFORMATION REGARDING WHAT CONSTITUTES A CONFLICT OF INTEREST AND HOW TO DISCLOSE A CONFLICT IS OUTLINED BELOW. LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES SHALL REQUIRE ALL EMPLOYEES, MEDICAL STAFF, AND MEMBERS OF THE BOARD TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM DELIBERATIONS REGARDING THE 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, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE) WITH ANOTHER ORGANIZATION THAT HAS A SIGNIFICANT INTEREST IN THE MATTER. AN INDIVIDUAL IS CONSIDERED TO HAVE A "FINANCIAL INTEREST" IN A TRANSACTION IF THE INDIVIDUAL, OR THEIR FAMILY MEMBER, (I) IS A PARTY TO THE TRANSACTION, (II) WILL BENEFIT PERSONALLY FROM THE TRANSACTION, OR (III) HAS, DIRECTLY OR INDIRECTLY, A CURRENT OR ANTICIPATED OWNERSHIP OR INVESTMENT IN, OR COMPENSATION ARRANGEMENT WITH, A PARTY TO THE TRANSACTION. AN OWNERSHIP INTEREST OF LESS THAN 5% IN AN ENTITY WILL NOT, IN AND OF ITSELF, GENERALLY BE CONSIDERED A FINANCIAL INTEREST; HOWEVER, TO THE EXTENT THE INDIVIDUAL'S COMPENSATION FROM THE ENTITY IS DIRECTLY LINKED TO THE ENTITY'S BUSINESS WITH LIFEBRIDGE HEALTH, SUCH COMPENSATION WILL CONSTITUTE A FINANCIAL INTEREST. FOR THE PURPOSES OF THIS POLICY, A "FAMILY MEMBER" INCLUDES SPOUSE OR DOMESTIC PARTNER, PARENTS, BROTHERS AND SISTERS, CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDPARENTS, GRANDCHILDREN, GREAT-GRANDCHILDREN, AND IN-LAWS, SPOUSES OF BROTHERS, SISTERS, CHILDREN, GRANDCHILDREN, AND GREAT-GRANDCHILDREN, AND ANY OTHER MEMBER OF A HOUSEHOLD OF THE INDIVIDUAL. CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER DISSEMINATION IS NECESSARY. MEMBERS OF THE MEDICAL STAFF SHOULD REPORT CONFLICTS TO THE CHIEF OF THEIR DEPARTMENT, AND ME</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | MEMBERS OF THE BOARD SHOULD REPORT THEM TO THE CHIEF COMPLIANCE OFFICER. QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS. IF QUESTIONS ARISE OR FURTHER GUIDANCE IS SOUGHT, INDIVIDUALS CAN CONTACT THE CHIEF COMPLIANCE OFFICER (410-601-4832) OR CONFIDENTIAL COMPLIANCE HOTLINE (1-844-732-6233). NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW. |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART IX, LINE 11G | OTHER PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 36,090,266. MANAGEMENT AND GENERAL EXPENSES 4,307,642. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 40,397,908. OPERATING CORPORATE ALLOCATION: PROGRAM SERVICE EXPENSES 10,518,994. MANAGEMENT AND GENERAL EXPENSES 26,912,311. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 37,431,305. PURCHASED TEMP HELP: PROGRAM SERVICE EXPENSES 623,098. MANAGEMENT AND GENERAL EXPENSES 556,817. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,179,915. CONTRACT CLEANING: PROGRAM SERVICE EXPENSES 28,827. MANAGEMENT AND GENERAL EXPENSES 1,578,690. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,607,517. AGENCY NURSES: PROGRAM SERVICE EXPENSES 5,968,914. MANAGEMENT AND GENERAL EXPENSES 12,032. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,980,946. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| DUE TO AFFILIATES - BONDS | <p>ON MARCH 30, 2011, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, GRACE MEDICAL CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$50,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE A CONSTRUCTION AND EXPANSION PROJECT OF LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS AT SINAI HOSPITAL OF BALTIMORE AND NORTHWEST HOSPITAL CENTER. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2011, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A DISCOUNT OF \$55,766, OF WHICH 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. ON MAY 1, 2015 A MAJORITY OF THE SERIES 2011 WAS REFINANCED WITH THE SERIES 2015 BONDS AND REDUCED THE OUTSTANDING AMOUNT BORROWED TO \$4,098,000. AS OF JUNE 30, 2020, \$2,144,657 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$1,426,541 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., GRACE MEDICAL CENTER, THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., AND BRIDGINGLIFE INC. (FORMERLY CARROLL HOSPICE INC). MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR ALL OF THE OUTSTANDING BONDS. THE BONDS INCLUDE THE ONES DETAILED ABOVE AS WELL AS THE BONDS ISSUED ON BEHALF OF CARROLL HOSPITAL CENTER, INC. AND ITS RELATED SUBSIDIARIES. THESE BONDS WERE ISSUED BY THE MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES (MHHEFA) AUTHORITY ON BEHALF OF LIFEBRIDGE HEALTH INC. AND CARROLL HOSPITAL CENTER, INC. AND THEIR RESPECTIVE AFFILIATES, TOGETHER WITH THE OTHER OBLIGATIONS ON PARITY WITH SUCH BONDS. ALL THE BONDS ARE REPORTED ON SCHEDULE K OF THE LIFEBRIDGE HEALTH INC. FORM 990. ON JULY 30, 2015, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., GRACE MEDICAL CENTER, THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CAR</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| DUE TO AFFILIATES - BONDS | <p>ROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., AND BRIDGINGLIFE INC. (FORMER LY CARROLL HOSPICE INC) (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$159,685,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE AN D 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, 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, 2020, \$164,314,903 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$66,827,715, 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., GRACE MEDICAL CENTER, THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., AND BRIDGINGLIFE INC. (FORMERLY CARROLL HOSPICE INC) (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$120,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) 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 30, 2020, \$121,235,201 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$6,805,651, 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 31, 2017, LIFEBRIDGE HEALTH, INC. TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, GRACE MEDICAL CENTER, CHILDREN'S HOSPITAL AT</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| DUE TO AFFILIATES - BONDS | <p>SINAI FOUNDATION, THE BALTIMORE JEWISH HEALTH FOUNDATION, CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., AND BRIDGINGLIFE INC. (FORMERLY CARROLL HOSPICE INC) (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$118, 120,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) WHICH WAS USED TO REFUND THE SERIES 2008 BONDS. THE BONDS WERE ISSUED AT A PREMIUM OF \$ 12,517,982, OF WHICH SINAI'S PORTION IS \$9,225,753, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2020 \$122,182,849 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$90,048,760, APPEARS AS DUE TO LIFE BRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFE BRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART XI, LINE 9: | DECREASE IN MINIMUM PENSION LIABILITY -20,628,592. TRANSFER TO AFFILIATES -51,000,000. DECREASE IN PLEDGE RECEIVABLES -499,537. CHANGE IN NET ASSETS OF SUBSIDIARIES -368,875. PENSION NON SERVICE COSTS 1,074,816. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|---|
| FORM 990, PART XII, LINE 2C: | THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR. |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SINAI HOSPITAL OF BALTIMORE INC

Employer identification number
52-0486540

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) SINAI CLINICAL PROFESSIONALS LLC 515 FAIRMONT AVENUE TOWSON, MD 21286 27-0192555 | HEALTHCARE | MD | 0 | 0 | SINAI HOSPITAL OF BALTIMORE INC |
| (2) LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE LLC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 27-4404331 | HEALTHCARE | MD | 663,243 | 191,790 | SINAI HOSPITAL OF BALTIMORE INC |
| (3) SINAI PARKING FACILITY LLC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 | REAL ESTATE | MD | 0 | 10,486,311 | SINAI HOSPITAL OF BALTIMORE INC |
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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.

See Additional Data Table

| (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 |
| | | | | | | | |
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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.

See Additional Data Table

| (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 | |
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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.

See Additional Data Table

| (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 |
| | | | | | | | | | |
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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

1a Yes

b Gift, grant, or capital contribution to related organization(s)

1b

No

c Gift, grant, or capital contribution from related organization(s)

1c Yes

d Loans or loan guarantees to or for related organization(s)

1d Yes

e Loans or loan guarantees by related organization(s)

1e Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k Yes

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

r Other transfer of cash or property to related organization(s)

1r Yes

s Other transfer of cash or property from related organization(s)

1s Yes

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.

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
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Schedule R (Form 990) 2019

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

[illegible]

Part VII

Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Software ID:
Software Version:
EIN: 52-0486540
Name: SINAI HOSPITAL OF BALTIMORE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|--|--|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 52-0691413 | CHARITY SUPPORT FOR CARROLL HOSPITAL CENTER, INC. | MD | 501(C)(3) | LINE 12B, II | LIFEBRIDGE HEALTH INC | | No |
| 292 STONER AVENUE WESTMINSTER, MD 21157 52-1565870 | HOSPICE | MD | 501(C)(3) | 7 | CARROLL HOSPITAL CENTER INC | | No |
| 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 52-1115038 | CHARITY SUPPORT FOR CARROLL HOSPITAL CENTER, INC. & CARROLL HOSPICE | MD | 501(C)(3) | 12A | CARROLL HOSPITAL CENTER INC | | No |
| 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 52-1452024 | A HOSPITAL COMMITTED TO THE HIGHEST QUALITY HEALTH CARE | MD | 501(C)(3) | 3 | CARROLL COUNTY HEALTH SERVICES CORPORATION | | No |
| 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-2167587 | CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC | MD | 501(C)(3) | 12B | LIFEBRIDGE HEALTH INC | | No |
| 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-0591592 | CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC | MD | 501(C)(3) | 12B | LIFEBRIDGE HEALTH INC | | No |
| 2434 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-0607907 | SKILLED NURSING CARE FOR THE ELDERLY AND DISABLED | MD | 501(C)(9) | 10 | LIFEBRIDGE HEALTH INC | | No |
| 2000 W BALTIMORE STREET BALTIMORE, MD 21223 52-0591555 | ACUTE CARE HOSPITAL | MD | 501(C)(3) | 3 | LIFEBRIDGE HEALTH INC | | No |
| 2434 WEST BELVEDERE AVE BALTIMORE, MD 21215 52-0607913 | GERIATRIC HOSPITAL DEDICATED TO PROVIDING SERVICE TO THE AGED | MD | 501(C)(3) | 3 | LIFEBRIDGE HEALTH INC | | No |
| 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-1402373 | TO SUPPORT THE CHARITABLE MISSIONS OF ITS SUBSIDIARIES. | MD | 501(C)(3) | LINE 12C, III-FI | N/A | | No |
| 5401 OLD COURT ROAD RANDALLSTOWN, MD 21133 52-1372665 | A HOSPITAL ASPIRING TO IMPROVE THE WELLBEING OF THE COMMUNITY IT SERVES | MD | 501(C)(3) | 3 | LIFEBRIDGE HEALTH INC | | No |
| 535 OLD WESTMINSTER PIKE SUITE 102 WESTMINSTER, MD 21157 52-2156892 | HEALTH SERVICE | MD | 501(C)(3) | 7 | CARROLL HOSPITAL CENTER INC | | No |
| 2300 NORTH CHARLES STREET BALTIMORE, MD 21218 52-1681279 | CHILD ABUSE SUPPORT, TREATMENT, AND PREVENTION | MD | 501(C)(3) | 7 | LIFEBRIDGE HEALTH INC | | No |
| 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-2337669 | CHARITY SUPPORT FOR LEVINDALE HEBREW GERIATRIC CENTER HOSPITAL | MD | 501(C)(3) | 12B | LIFEBRIDGE HEALTH INC | | No |
| 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-2111541 | CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC | MD | 501(C)(3) | 12B | LIFEBRIDGE HEALTH INC | | No |
| 2401 W BELVEDERE AVE BALTIMORE, MD 21215 84-3355332 | COMMUNITY RESOURCE CENTER | MD | 501(C)(3) | 7 | LIFEBRIDGE HEALTH INC | | No |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

[illegible]

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|---------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| LIFEBRIDGE INVESTMENTS INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-1483166 | INVESTMENT | MD | N/A | C | | | | | No |
| HEALTHSTAR MEDICAL SERVICES INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-1829098 | HEALTHCARE | MD | N/A | C | | | | | No |
| PRACTICE DYNAMICS INC 124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136 52-1960319 | MANAGEMENT | MD | N/A | C | | | | | No |
| LIFEBRIDGE INSURANCE COMPANY LTD PO BOX 1109 KY1-1102 GRAND CAYMAN CJ 98-0415396 | INSURANCE | CJ | N/A | C | | | | | No |
| LIFEBRIDGE COMMUNITY PHYSICIANS INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 80-0719005 | HEALTHCARE | MD | N/A | C | | | | | No |
| CARROLL COUNTY GENERAL HOSPITAL SOUTH CARROLL MEDICAL CENTER CONDOMINIUM 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 | REAL ESTATE | MD | N/A | C | | | | | No |
| MED-SERVICES HOLDINGS INC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 | MEDICAL SERVICES | MD | N/A | C | | | | | No |
| CARROLL COUNTY MED-SERVICES INC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 52-1891102 | MEDICAL SERVICES | MD | N/A | C | | | | | No |
| CARROLL BILLING SERVICES INC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 30-0026598 | BILLING SERVICES | MD | N/A | C | | | | | No |
| CARROLL HEALTH GROUP LLC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 27-1956453 | HEALTHCARE | MD | N/A | C | | | | | No |
| CARROLL URGENT CARE LLC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 46-5739154 | HEALTHCARE | MD | N/A | C | | | | | No |
| LIFEBRIDGE HEALTH ISRAEL LTD 16 ABBA HILLEL ROAD RAMAT GAN 5250608 IS 51-5804516 | HEALTHCARE CALL CENTER | IS | N/A | C | | | | | No |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|--|-------------------------------|---|
| LIFEBRIDGE COMMUNITY PHYSICIANS INC | A | 74,958 | FMV |
| LIFEBRIDGE INVESTMENTS INC | A | 169,393 | FMV |
| PRACTICE DYNAMICS INC | A | 96,270 | FMV |
| LIFEBRIDGE SUBURBAN PHYSICIAN GROUP LLC | A | 31,834 | FMV |
| LIFEBRIDGE COMMUNITY GASTROENTEROLOGY LLC | A | 3,974 | FMV |
| LIFEBRIDGE NEUROSCIENCES LLC | A | 3,974 | FMV |
| PRACTICE DYNAMICS INC | P | 2,342,468 | FMV |
| PRACTICE DYNAMICS INC | O | 386,322 | FMV |
| BALTIMORE JEWISH HEALTH FOUNDATION INC | C | 2,152,655 | FMV |
| CHILDREN'S HOSPITAL AT SINAI FOUNDATION | C | 1,677,474 | FMV |