

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>SINAI HOSPITAL OF BALTIMORE, INC.</u>			D Employer identification number <u>52-0486540</u>
	Doing business as			E Telephone number <u>(410) 601-5653</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ <u>1,047,893,832.</u>
	<u>2401 WEST BELVEDERE AVENUE</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>BALTIMORE, MD 21215</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
F Name and address of principal officer: <u>DANIEL BLUM</u> <u>SAME AS C ABOVE</u>				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶
J Website: ▶ <u>WWW.LIFEBRIDGEHEALTH.ORG/SINAI</u>				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: <u>1868</u> M State of legal domicile: <u>MD</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE QUALITY PATIENT CARE, EDUCATE MEDICAL STUDENTS & RESIDENTS, AND ENGAGE IN MEDICAL RESEARCH TO IMPROVE THE LIVES OF OUR PATIENTS AND OUR COMMUNITY.</u>		
	2 Check this box <input type="checkbox"/> 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	<u>46.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>41.</u>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	<u>5,304.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>165.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>90,918.</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>107,584.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>34,814,442.</u>	<u>28,706,192.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>773,466,103.</u>	<u>877,126,517.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>20,656,289.</u>	<u>28,197,966.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>24,508,127.</u>	<u>2,746,595.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>853,444,961.</u>	<u>936,777,270.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>55,377.</u>	<u>50,000.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0.</u>	<u>0.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>429,121,091.</u>	<u>455,012,936.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>	<u>0.</u>	<u>0.</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>364,445,193.</u>	<u>399,617,878.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>793,621,661.</u>	<u>854,680,814.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>59,823,300.</u>	<u>82,096,456.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>634,395,634.</u>	<u>642,141,254.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>525,625,429.</u>	<u>513,246,039.</u>
		<u>108,770,205.</u>	<u>128,895,215.</u>

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	Date			
	<u>DAVID KRAJEWSKI</u> Type or print name and title	<u>EXECUTIVE VP/CFO</u>			
Paid Preparer Use Only	Print/Type preparer's name <u>MARC BERGER</u>	Preparer's signature 	Date <u>5/11/2022</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01871563</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>		Phone no. <u>703-893-0600</u>	
	Firm's address ▶ <u>8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102</u>				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] 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 [X] 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 \$ 606,713,714. including grants of \$ 50,000.) (Revenue \$ 876,469,677.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 649,777. including grants of \$ 0.) (Revenue \$ 703,309.)

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

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

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

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

4e Total program service expenses 607,363,491.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
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? <i>If "Yes," complete Schedule C, Part II.</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

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>		X
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>	X	
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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.		
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>		X
25b 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>		X
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>		X
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>		X
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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c 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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), descriptions of questions, and Yes/No columns. Includes questions about voting members, independent members, family relationships, control delegation, governance changes, asset diversions, members/stockholders, governance decisions, meeting documentation, and officer reachability.

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

Table with columns for line numbers (10a-16b), descriptions of policies, and Yes/No columns. Includes questions about local chapters, written policies, Form 990 distribution, conflict of interest policies, whistleblower policies, document retention, compensation review, and joint venture investments.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, MD,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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

Part VII 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 X

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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.

(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			
(1) NEIL MELTZER PRESIDENT/CEO	1.00 40.00	X		X				0.	3,250,231.	742,174.
(2) DAVID KRAJEWSKI EXEC VP/CFO, PRES. LBH	1.00 40.00			X				0.	1,637,764.	349,999.
(3) RONALD DELANOIS, MD PHYSICIAN	40.00 0.					X		1,474,154.	0.	129,131.
(4) JAMES NACE, DO PHYSICIAN	40.00 0.					X		1,432,227.	0.	95,282.
(5) MARK R. KATLIC, MD CHIEF - DEPT OF SURGERY	40.00 0.					X		1,297,736.	0.	48,159.
(6) FOUAD ABBAS, MD PHYSICIAN	40.00 0.					X		977,585.	0.	170,465.
(7) PETER CHO, MD SURGEON	40.00 0.					X		988,226.	0.	130,631.
(8) JEANETTE LINDER, MD (THRU 6/4/ DIRECTOR, MED. STAFF PRES.	1.00 40.00	X						0.	959,584.	131,705.
(9) OMAR ZALATIMO, MD DIRECTOR, MED. STAFF PRES.	1.00 40.00	X						0.	993,582.	32,042.
(10) JASON WEINER SVP AND GENERAL COUNSEL	1.00 40.00			X				0.	875,971.	149,573.
(11) DONALD ABRAMS, MD DIRECTOR, CHAIR - MEC	1.00 40.00	X						0.	853,385.	145,834.
(12) DANIEL BLUM PRESIDENT, COO SINAI & GRACE	1.00 40.00	X		X				0.	830,406.	72,847.
(13) JONATHAN RINGO, MD (THRU 7/20) SVP LBH, PRESIDENT AND COO	1.00 40.00	X		X				0.	760,694.	29,415.
(14) JAMES ROBERGE VP CAPITAL IMP. & SUPPORT SVCS	1.00 40.00				X			0.	566,977.	83,753.

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			
(15) NANCY KANE ----- VP FINANCIAL REPORTING	1.00 40.00				X			0.	409,523.	93,200.
(16) TERRENCE CARNEY ----- VP SUPPLY CHAIN	1.00 40.00				X			0.	467,021.	19,689.
(17) PHAEDRA STEWART ----- VP HUMAN RESOURCES SINAI	1.00 40.00				X			0.	391,131.	66,406.
(18) LOU DUNAWAY ----- VP BUDGET & CAPITAL PLANNING	1.00 40.00				X			0.	337,134.	78,944.
(19) RICHARD BERMAN ----- DIRECTOR	1.00 0.	X						0.	240.	0.
(20) DAVID KUNTZ ----- DIRECTOR	1.00 0.	X						0.	240.	0.
(21) BRIAN L. MOFFET, ESQ. ----- DIRECTOR	1.00 0.	X						0.	240.	0.
(22) LESLIE SCHALLER ----- DIRECTOR	1.00 0.	X						0.	240.	0.
(23) JONATHAN DAVIDOV ----- CHAIR	1.00 1.00	X		X				0.	0.	0.
(24) DONALD HIMELFARB ----- VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(25) DAVID GOLDNER ----- TREASURER	1.00 0.	X		X				0.	0.	0.
1b Sub-total								6,169,928.	12,334,363.	2,569,249.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								6,169,928.	12,334,363.	2,569,249.

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 ▶ 770

	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>		X
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>	X	
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>		X

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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 62

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			
(26) DENNIS H. WEINMAN SECRETARY	1.00 0.	X		X				0.	0.	0.
(27) ALISSA ABRAMSON-DENSKY DIRECTOR	1.00 0.	X						0.	0.	0.
(28) RICHARD M. ALTER DIRECTOR	1.00 0.	X						0.	0.	0.
(29) JONATHAN ATTMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(30) BETH CASPER DIRECTOR	1.00 0.	X						0.	0.	0.
(31) JEFF CHERRY DIRECTOR	1.00 0.	X						0.	0.	0.
(32) ERIC COWAN, ESQ DIRECTOR	1.00 0.	X						0.	0.	0.
(33) CHIMA DIKE DIRECTOR	1.00 0.	X						0.	0.	0.
(34) MICHAEL GAINES DIRECTOR/ASSISTANT SECRETARY	1.00 0.	X		X				0.	0.	0.
(35) BETH GOLDSMITH DIRECTOR	1.00 1.00	X						0.	0.	0.
(36) JONATHAN HAVENS DIRECTOR	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **770**

	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>		X
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>	X	
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>		X

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

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

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			
(37) DANIEL B. HIRSCHHORN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(38) VENROY JULY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(39) JESSICA KAHN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(40) DAWN KIRSTAETTER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(41) NOAH KODECK ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(42) JILL KOLODNER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(43) MARCY KOLODNY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(44) ELIZABETH LENROW ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(45) ANDREW S. LEVINE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(46) JON H. LEVINSON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(47) AILENE MASH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶ 770**

	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>		X
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>	X	
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>		X

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

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

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			
(48) GREG ROCHLIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(49) TORREY SMITH ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(50) JAY STEINMETZ ----- ASSISTANT TREASURER	1.00 ----- 0.	X		X				0.	0.	0.
(51) HILLEL TENDLER, ESQ. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(52) MARC TERRILL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(53) MAXWELL THANHOUSER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(54) HAREL TURKEL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(55) MICHAEL UHLFELDER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(56) CHRISTOPHER WASSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(57) ROBIN WEIMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(58) MAURY WEINSTEIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 770

	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>		X
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>	X	
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>		X

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

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

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			
(59) BRETT WEISS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(60) MELANIE CARTER WILLIAMS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.

1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶ 770**

	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>		X
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>	X	
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>		X

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 5,645.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d 3,831,425.					
	e	Government grants (contributions) . .	1e 15,592,673.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 9,276,449.					
	g	Noncash contributions included in lines 1a-1f.	1g \$ 60,882.					
	h	Total. Add lines 1a-1f ▶		28,706,192.				
	Program Service Revenue				Business Code			
2a		NET PATIENT REVENUE	621990	854,988,304.	854,988,304.			
b		LAB REVENUE	561000	301,423.			301,423.	
c		OPERATING REVENUE	900099	21,836,790.	21,389,075.		447,715.	
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		877,126,517.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		13,994,376.			13,994,376.	
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties ▶		0.				
	6a	Gross rents	(i) Real					
			6a	282,910.				
			b	Less: rental expenses 6b 37,430.				
			c	Rental income or (loss) 6c 245,480.				
		d	Net rental income or (loss) ▶		245,480.		90,918.	154,562.
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			7a	117,299,178.				
			(ii) Other	7,513,487.				
			7b	Less: cost or other basis and sales expenses . . 7b 103,101,810.				
		c	Gain or (loss) 7c 14,197,368.	6,222.				
		d	Net gain or (loss) ▶		14,203,590.			14,203,590.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0.				
b			Less: direct expenses 8b	0.				
c			Net income or (loss) from fundraising events. ▶		0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
		b	Less: direct expenses 9b	0.				
		c	Net income or (loss) from gaming activities. ▶		0.			
10a	Gross sales of inventory, less returns and allowances	10a	479,881.					
		b	Less: cost of goods sold 10b	470,057.				
		c	Net income or (loss) from sales of inventory. ▶		9,824.			9,824.
Miscellaneous Revenue				Business Code				
	11a	CAFETERIA SALES	722210	1,695,684.			1,695,684.	
	b	ALL OTHER REVENUE	900099	795,607.	795,607.			
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶		2,491,291.				
12	Total revenue. See instructions ▶			936,777,270.	877,172,986.	90,918.	30,807,174.	

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 X

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	50,000.	50,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	353,903,706.	262,685,116.	91,218,590.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,407,686.	12,111,416.	2,296,270.	
9 Other employee benefits	60,027,305.	43,503,944.	16,523,361.	
10 Payroll taxes	26,674,239.	22,424,172.	4,250,067.	
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	133,681.	55,534.	78,147.	
c Accounting	0.			
d Lobbying	101,513.		101,513.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	1,077,646.		1,077,646.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). ATCH 2	104,486,540.	61,037,552.	43,448,988.	
12 Advertising and promotion	505,186.	203,249.	301,937.	
13 Office expenses	13,577,058.	2,529,476.	11,047,582.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	21,950,908.	11,770,492.	10,180,416.	
17 Travel	32,770.	23,752.	9,018.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	453,514.	253,350.	200,164.	
20 Interest	10,494,262.	3,294,416.	7,199,846.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	42,321,135.	30,886,826.	11,434,309.	
23 Insurance	6,799,830.	6,314,689.	485,141.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	179,788,936.	135,388,469.	44,400,467.	
b PROFESSIONAL/TECHNICAL	16,834,279.	14,436,415.	2,397,864.	
c DUES & OTHER EXPENSES	1,060,620.	394,623.	665,997.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	854,680,814.	607,363,491.	247,317,323.	
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)	0.			

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	120,341.	1	126,989.	
	2 Savings and temporary cash investments	74,590,931.	2	56,567,521.	
	3 Pledges and grants receivable, net	6,153,838.	3	5,876,922.	
	4 Accounts receivable, net.	85,839,197.	4	96,696,495.	
	5 Loans and other receivables from 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	0.	5	0.	
	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).	0.	6	0.	
	7 Notes and loans receivable, net	8,663.	7	7,270,648.	
	8 Inventories for sale or use	29,557,701.	8	36,995,252.	
	9 Prepaid expenses and deferred charges	7,292,920.	9	5,571,064.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 673,891,496.			
	b Less: accumulated depreciation.	10b 455,947,393.			
			208,863,814.	10c	217,944,103.
	11 Investments - publicly traded securities.	21,728,424.	11	20,939,171.	
	12 Investments - other securities. See Part IV, line 11.	90,056,702.	12	100,964,760.	
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.	
	14 Intangible assets	0.	14	0.	
15 Other assets. See Part IV, line 11	110,183,103.	15	93,188,329.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	634,395,634.	16	642,141,254.		
Liabilities	17 Accounts payable and accrued expenses	105,391,434.	17	132,091,247.	
	18 Grants payable	0.	18	0.	
	19 Deferred revenue.	97,446,638.	19	87,648,339.	
	20 Tax-exempt bond liabilities.	0.	20	0.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.	
	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	0.	22	0.	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.	
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.	
	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	322,787,357.	25	293,506,453.	
	26 Total liabilities. Add lines 17 through 25.	525,625,429.	26	513,246,039.	
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	59,974,220.	27	71,871,969.	
	28 Net assets with donor restrictions.	48,795,985.	28	57,023,246.	
	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	108,770,205.	32	128,895,215.	
33 Total liabilities and net assets/fund balances	634,395,634.	33	642,141,254.		

Part XI Reconciliation of Net Assets

Check 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	936,777,270.
2	Total expenses (must equal Part IX, column (A), line 25)	2	854,680,814.
3	Revenue less expenses. Subtract line 2 from line 1	3	82,096,456.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	108,770,205.
5	Net unrealized gains (losses) on investments	5	48,456,696.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-110,428,142.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	128,895,215.

Part XII Financial Statements and Reporting

Check 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		X
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	X	
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 on Schedule O.	X	
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?	X	
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 on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (60.25%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (58.77%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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>		
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>		

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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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 line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No," 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):		
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 (<i>explain in detail in Part VI</i>):	1e	
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 0.015 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 0.035.	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 0.85 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).		

Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
CAFETERIA SALES	3,427,529.	3,478,150.	3,350,263.	2,811,145.	1,695,684.	14,762,771.
OTHER REVENUE	2,270,143.	1,614,248.	1,538,375.	1,065,262.		6,488,028.
GROSS SALES OF INVENTORY		754,277.	770,630.	645,120.	479,881.	2,649,908.
TOTALS	<u>5,697,672.</u>	<u>5,846,675.</u>	<u>5,659,268.</u>	<u>4,521,527.</u>	<u>2,175,565.</u>	<u>23,900,707.</u>

Schedule of Contributors

2020

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **SINAI HOSPITAL OF BALTIMORE, INC.**

Employer identification number
52-0486540

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEALTH & HUMAN SRVCS 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$ 14,251,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BALTIMORE JEWISH HEALTH FOUNDATION 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	\$ 2,115,713.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHILDREN'S HOSPITAL AT SINAI FOUNDATION 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	\$ 1,715,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MAYOR AND CITY COUNCIL OF BALTIMORE 100 N. HOLLIDAY STREET, SUITE 400 BALTIMORE, MD 21202	\$ 1,304,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **SINAI HOSPITAL OF BALTIMORE, INC.**

Employer identification number

52-0486540

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number
52-0486540

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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 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? Yes No
- 4a Was a correction made? Yes 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? Yes 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)				

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

Schedule C (Form 990 or 990-EZ) 2020

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 (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		45,770.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		80,839.
j Total. Add lines 1c through 1i			126,609.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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, HEALTHCARE FACILITIES AND BUDGETS.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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. (ii) Assets included in Form 990, Part X. 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 FASB 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.

Schedule D (Form 990) 2020

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 make 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 program
- 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 Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, 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 on 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	13,489,368.	12,851,827.	11,764,046.	10,795,877.	10,491,376.
b Contributions	667,597.	638,229.	1,086,670.	966,911.	301,154.
c Net investment earnings, gains, and losses	1,813.	-577.	1,111.	1,258.	3,193.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,645.	111.			-154.
f Administrative expenses					
g End of year balance	14,151,133.	13,489,368.	12,851,827.	11,764,046.	10,795,877.

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

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 100.0000 %
- c** Term endowment _____ %

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:

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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		1,200,072.		1,200,072.
b Buildings		469,232,482.	348,596,377.	120,636,105.
c Leasehold improvements		2,369,508.	1,392,322.	977,186.
d Equipment		152,797,924.	105,958,694.	46,839,230.
e Other		48,291,510.		48,291,510.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				217,944,103.

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) ECONOMIC INTEREST IN FNDTNS	100,964,760.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	100,964,760.	

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 PARTIES	83,440,684.
(2) CAPITAL ACCUMULATION	5,658,055.
(3) RIGHT OF USE ASSETS	4,089,590.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	93,188,329.

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) DUE TO AFFILIATES BONDS	261,443,199.
(3) PENSION LIABILITY	20,777,754.
(4) DEFERRED COMPENSATION	4,725,326.
(5) PROFESSIONAL LIABILITY	3,124,407.
(6) OTHER LIABILITIES-OPERATING LEASES	2,345,767.
(7) ASSET RETIREMENT OBLIGATION	1,090,000.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	293,506,453.

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

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.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

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.

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.

PART X, LINE 2:

LIFEBRIDGE AND ITS NOT-FOR-PROFIT SUBSIDIARIES HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

LIFEBRIDGE'S INCORPORATED FOR-PROFIT SUBSIDIARIES ACCOUNT FOR INCOME TAXES IN ACCORDANCE WITH FASB ASC TOPIC 740, INCOME TAXES. INCOME TAXES ARE ACCOUNTED FOR UNDER THE ASSET AND LIABILITY METHOD. DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS

Part XIII Supplemental Information *(continued)*

AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE. ANY CHANGES TO THE VALUATION ALLOWANCE ON THE DEFERRED TAX ASSET ARE REFLECTED IN THE YEAR OF THE CHANGE. THE CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC TOPIC 740.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	X	
1b If "Yes," was it a written policy?	X	
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 <i>free</i> 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 <u>300.0000</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 <u>500.0000</u> %	X	
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.		
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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)			1,575,741.		1,575,741.	.18
b Medicaid (from Worksheet 3, column a)			1,405,838.		1,405,838.	.16
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			2,981,579.		2,981,579.	.34
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,701,706.	1,681,282.	3,020,424.	.35
f Health professions education (from Worksheet 5)			36,541,894.	102,000.	36,439,894.	4.26
g Subsidized health services (from Worksheet 6)			34,903,414.	8,860,372.	26,043,042.	3.05
h Research (from Worksheet 7)			3,012,999.	559,261.	2,453,738.	.29
i Cash and in-kind contributions for community benefit (from Worksheet 8)			970,248.		970,248.	.11
j Total. Other Benefits			80,130,261.	11,202,915.	68,927,346.	8.06
k Total. Add lines 7d and 7j			83,111,840.	11,202,915.	71,908,925.	8.40

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			56,406.	50,277.	6,129.	
2 Economic development						
3 Community support			977,615.	860,087.	117,528.	.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			28,000.	23,139.	4,861.	
7 Community health improvement advocacy						
8 Workforce development			969,163.	520,107.	449,056.	.05
9 Other			160,000.		160,000.	.02
10 Total			2,191,184.	1,453,610.	737,574.	.08

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?		X
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.		
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		
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	314,706,540.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	203,557,023.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	111,149,517.
8 Describe in Part VI the extent to which any shortfall reported on 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	X
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	X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

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

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)

1 SINAI HOSPITAL OF BALTIMORE, INC
 2401 WEST BELVEDERE AVENUE
 BALTIMORE MD 21215
 WWW.LIFEBRIDGEHEALTH.ORG
 0012

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
X	X	X	X		X	X			

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)

Name of hospital facility or letter of facility reporting group SINAI HOSPITAL OF BALTIMORE, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
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?		X
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		X
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):	X	
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>20</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	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b	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		X
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):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</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	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to 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)

Name of hospital facility or letter of facility reporting group SINAI HOSPITAL OF BALTIMORE, INC.

		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:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
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 status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
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):	X	
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):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
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 Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group SINAI HOSPITAL OF BALTIMORE, INC.

	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?	X	
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?		X
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

	Yes	No
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?	X	
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)

Name of hospital facility or letter of facility reporting group SINAI HOSPITAL OF BALTIMORE, INC.

		Yes	No
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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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.		X
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.		X

Part V Facility Information (continued)

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.

PART V, SECTION B, LINE 5:

SINAI USED A WORK GROUP (TEAM) TO COMPLETE THE CHNA TO ENSURE THAT THE CHNA WAS CONDUCTED IN A WAY THAT BEST IDENTIFIES THE HEALTH NEEDS OF ITS SERVICE AREA AND MEETS THE IRS CHNA REQUIREMENTS FOR NOT-FOR-PROFIT HOSPITALS.

THE CHNA TEAM, WHICH HAD REPRESENTATION FROM THE LIFEBRIDGE HEALTH POPULATION HEALTH DEPARTMENT, PARTNERED WITH HEALTH SYSTEMS ACROSS BALTIMORE CITY IN DISSEMINATION OF A COMMUNITY SURVEY (3,170 SURVEY RESULTS) AS WELL AS STAKEHOLDER INTERVIEWS AND FOCUS GROUPS.

AS PART OF THE CHNA METHODOLOGY TO IDENTIFY COMMUNITY HEALTH NEEDS, THE TEAM COLLECTED AND ANALYZED BOTH QUALITATIVE AND QUANTITATIVE DATA VIA COMMUNITY INPUT AND REVIEW OF SECONDARY DATA SOURCES. QUANTITATIVE DATA WAS PROVIDED BY THE BALTIMORE CITY HEALTH DEPARTMENT AS WELL AS BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE - JACOB FRANCE INSTITUTE (BNIA), AND THE CENTERS FOR DISEASE CONTROL. QUALITATIVE DATA COLLECTION METHODOLOGIES INCLUDED STAKEHOLDER INTERVIEWS, FOCUS GROUPS, AND A SURVEY. IN ADDITION TO SOLICITING PUBLIC INPUT VIA SOCIAL MEDIA THE CHNA TEAM CONTACTED COMMUNITY PARTNERS AND ASSOCIATION LEADERS, FAITH ORGANIZATIONS, AND SENIOR HOUSING FACILITIES IN THE SERVICE AREA. STAKEHOLDER INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED BETWEEN AUGUST 2020 AND NOVEMBER 2020. THE STAKEHOLDERS WERE SELECTED BECAUSE THEY HAD SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH OR REPRESENTED THE BROAD INTEREST OF THE COMMUNITY SERVED BY SINAI, INCLUDING THE INTERESTS OF MEDICALLY

Part V Facility Information (continued)

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.

UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WITH CHRONIC DISEASE NEEDS.

ALL DATA COLLECTION EFFORTS WERE SIGNIFICANTLY IMPAIRED BY THE COVID-19 VIRUS. HEALTH DEPARTMENT OFFICIALS WERE FOCUSED ON PANDEMIC VIRUS RESPONSES AND UNABLE TO UPDATE THE 2017 NEIGHBORHOOD HEALTH PROFILE REPORTS. AVAILABILITY OF STAFF FOR INTERVIEWS WAS LIMITED. OUTREACH TO POTENTIAL PARTICIPANTS WAS SUBSTANTIALLY CONSTRAINED AND LIMITED TO ELECTRONIC VENUES AND MATERIALS.

METHODS WERE BASED ON THE INTENDED TARGET AUDIENCE AND INFORMATION NEEDS.

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, CARROLL HOSPITAL CENTER, INC., GRACE MEDICAL CENTER, LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. AND NORTHWEST HOSPITAL CENTER, INC. FOR THE 2020 CHNA THE OTHER BALTIMORE AREA HOSPITALS AND HEALTH SYSTEMS THAT COLLABORATED WITH SINAI HOSPITAL IN GATHERING DATA FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT WERE JOHNS HOPKINS HOSPITAL, UNIVERSITY OF MARYLAND, MEDSTAR HEALTH, ST. AGNES HOSPITAL, MERCY AND MT WASHINGTON PEDIATRIC HOSPITAL.

Part V Facility Information (continued)

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.

PART V, SECTION B, LINE 7A:

[HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/POPULATION%20HEALTH/SINAI%20CHNA_FINAL%206%2001%2021.PDF](https://www.lifebridgehealth.org/uploads/public/documents/population%20health/sinai%20chna_final%206%2001%2021.pdf)

PART V, SECTION B, LINE 7D:

COPIES OF THE CHNA WERE DISTRIBUTED TO KEY COMMUNITY PARTNERS.

PART V, SECTION B, LINE 10A:

[HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY%20HEALTH/SINAI/SINAI.PDF](http://www.lifebridgehealth.org/uploads/public/documents/community%20health/sinai/sinai.pdf)

PART V, SECTION B, LINE 11:

THE BUSINESS INTELLIGENCE TEAM IN LIFEBRIDGE HEALTH'S POPULATION HEALTH DEPARTMENT USED THE DATA FROM ALL 3,170 PUBLIC SURVEYS COLLECTED TO PROVIDE SUMMARIES OF INFORMATION FROM THE RESPONDENTS OVERALL. THESE SUMMARIES IDENTIFIED THE TOP RESPONSES TO EACH OF THE THREE MAJOR QUESTIONS IN THE SURVEY.

THE COMPILED PRIORITIZED NEEDS WERE THEN PRESENTED TO THE SINAI HOSPITAL BOARD, LEADERSHIP TEAM, KEY COMMUNITY STAKEHOLDERS AND THE LIFEBRIDGE HEALTH COMMUNITY MISSION COMMITTEE ON MARCH 19, 2021 TO PRIORITIZE THE IDENTIFIED NEEDS. FOLLOWING REVIEW OF SECONDARY AND SURVEY DATA, AS WELL AS FINDINGS OF THE INTERVIEWS AND CONDUCTED FOCUS GROUPS, THE PARTICIPANTS WERE ASKED TO SELECT THOSE IDENTIFIED NEEDS FOR WHICH THERE WAS "HIGH NEED" (SIGNIFICANCE AND PREVALENCE) AND "HIGH FEASIBILITY"

Part V Facility Information (continued)

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.

(ABILITY TO IMPACT).

THE FOLLOWING PRIORITIZED NEEDS WERE IDENTIFIED FOR THE SINAI HOSPITAL COMMUNITY:

HEALTH CONCERNS:

1. BEHAVIORAL HEALTH:

THE OFFICE OF COMMUNITY HEALTH IMPROVEMENT IMPLEMENTED THE SCREENING AND BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT) PROTOCOL IN THE SINAI EMERGENCY DEPARTMENT. THIS PROTOCOL IS DESIGNED 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. SINAI HOSPITAL PARTNERED WITH MOSAIC TO TRAIN SUPPORT WORKERS WHO PROVIDE THE INTERVENTIONS AND EMERGENCY DEPARTMENT STAFF WHO COMPLETE THE SCREENING AND TREAT THE PATIENT BEFORE REFERRAL. SINCE NOVEMBER 2019, OF THE 43,342 ED REGISTRATIONS, 35,304 SCREENINGS WERE COMPLETED AND 4,560 OF THOSE PATIENTS SCREENED WERE POSITIVE FOR SUBSTANCE ABUSE. SBIRT STAFF COMPLETED 1,262 BRIEF INTERVENTIONS, 286 REFERRALS TO TREATMENT WERE MADE AND 137 REFERRAL APPOINTMENTS MADE WERE KEPT.

2. CHRONIC DISEASE - DIABETES:

IN RESPONSE TO THE PRIORITIZED NEED OF CHRONIC DISEASE, THE OFFICE OF COMMUNITY HEALTH IMPROVEMENT IMPLEMENTED THE DIABETES WELLNESS SERIES. THIS EDUCATION OFFERED EDUCATION ON THE TREATMENT STRATEGIES AND

Part V Facility Information (continued)

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.

SELF-MANAGEMENT OF DIABETES FOR PATIENTS AND FAMILY MEMBERS. ALSO INCLUDED IN THE CURRICULUM IS INFORMATION ON PRE-DIABETES, MEDICATION MANAGEMENT, FOOD, PHYSICAL ACTIVITY AND HEALTHY LIFESTYLE CHOICES. WE PARTNERED WITH VARIOUS COMMUNITY ORGANIZATIONS, AMERICAN DIABETES ASSOCIATION, MARYLAND DEPARTMENT OF HEALTH, BALTIMORE CITY HEALTH DEPARTMENT, SINAI HOSPITAL'S DIABETES RESOURCE CENTER, AND MANY OTHERS. BETWEEN JULY 2017 AND MARCH 2020, THERE WERE 38 IN-PERSON CLASSES OFFERED SERVING 167 PEOPLE. 93% OF ATTENDEES SURVEYED INDICATED THAT THEY WOULD INSTITUTE LIFESTYLE CHANGES AND BEHAVIORAL CHANGE BASED ON THE INFORMATION HEARD AND RECEIVED DURING EVENTS.

3. CHRONIC DISEASE - HEART DISEASE:

IN RESPONSE TO THE PRIORITIZED NEED OF CHRONIC DISEASE, THE OFFICE OF COMMUNITY HEALTH IMPROVEMENT CONTINUED THE CHANGING HEARTS PROGRAM (THROUGH JUNE 2019) TO MAINTAIN AND IMPROVE BEHAVIORAL AND BIOMETRIC OUTCOMES CONNECTED TO HEART DISEASE. VARIOUS ASPECTS OF THE PROGRAM CONTINUED AFTER JUNE 2019 THROUGH MARCH 2020. COMPONENTS INCLUDED BUT WERE NOT LIMITED TO PROVIDING ON-GOING SUPPORT TO FACILITATE LIFESTYLE CHANGE; IMPROVE QUALITY OF LIFE, SMOKING STATUS, HEALTHY EATING PRACTICES AND PHYSICAL ACTIVITY. THE PROGRAM ALSO HELD REGULAR EDUCATION SESSIONS AND SHARED MATERIALS TO IMPROVE BIOMETRIC ELEMENTS SUCH AS BLOOD PRESSURE, FASTING BLOOD SUGAR, BODY MASS INDEX, AND CHOLESTEROL LEVELS. WE PARTNERED WITH MANY ORGANIZATIONS THROUGHOUT THE COMMUNITIES INCLUDING THE AMERICAN HEART ASSOCIATION, BALTIMORE CITY HEALTH DEPARTMENT CARDIOVASCULAR DISPARITIES TASK FORCE, AND THE PARK HEIGHTS COMMUNITY

Part V Facility Information (continued)

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.

HEALTH ALLIANCE.

ACCESS TO HEALTH CARE:

1. COMMUNITY HEALTH AND WELLNESS EDUCATION:

IN RESPONSE TO THE PRIORITIZED NEEDS OF HEALTH EDUCATION AND THE KNOWLEDGE OF AVAILABLE RESOURCES THE OFFICE OF COMMUNITY HEALTH IMPROVEMENT INCREASED STAFF TO EXPAND REACH INTO SURROUNDING COMMUNITIES. THE ADDITION OF THE COMMUNITY PASTORAL OUTREACH COORDINATOR (NOVEMBER 2017) AND ADDITIONAL HEALTH EDUCATORS (JULY 2017 - JUNE 2019 AND JANUARY 2020 TO PRESENT) ALLOWED FOR THE INCREASE IN HEALTH EVENTS AND EXPANSION OF TOPICS. IN ADDITION TO ILLNESS PREVENTION RELATED TOPICS, INFORMATION WAS ADDED ON THE CONNECTION BETWEEN FAITH AND HEALTH; AND THE INCLUSION OF MORE INFORMATION ON COMMUNITY RESOURCES FACILITATED MORE ACCESS.

2. MEDICAL INSURANCE:

ACCESS TO HEALTH CARE IMPACTS OUR OVERALL PHYSICAL, SOCIAL, AND MENTAL HEALTH STATUS AND QUALITY OF LIFE. HEALTH INSURANCE COVERAGE HELPS PATIENTS ENTER THE HEALTH CARE SYSTEM. UNINSURED OR UNDERINSURED INDIVIDUALS ARE MORE LIKELY TO DELAY HEALTHCARE AND TO GO WITHOUT THE NECESSARY HEALTHCARE OR MEDICATION THEY SHOULD HAVE BEEN PRESCRIBED. TRAINING STAFF TO ASSIST PATIENTS WITH NAVIGATING AND APPLYING FOR MEDICAID HEALTH INSURANCE HAS BEEN THE FOCUS OF ONE COMMUNITY HEALTH WORKER'S WORK.

Part V Facility Information (continued)

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.

NEEDS NOT ADDRESSED BY THE IMPLEMENTATION PLAN:

THE FOLLOWING NEEDS WERE IDENTIFIED EITHER AS PRIORITIES BY POPULATIONS OR CONVERSATIONS, BUT ULTIMATELY WERE NOT CHOSEN PRIORITIES FOR IMPLEMENTATION AS THE HOSPITAL DOES NOT HAVE SUFFICIENT RESOURCES OR OTHER ORGANIZATIONS ARE MORE CAPABLE OF MEETING.

A. LACK OF TRANSPORTATION - LACK OF TRANSPORTATION AROSE IN THE SURVEYS AS AN IMPORTANT REASON FOR WHY PEOPLE DO NOT GET HEALTH CARE. THROUGH THE CARE MANAGEMENT DEPARTMENT AND OTHER PROGRAMS THAT WORK WITH PEOPLE IN THE COMMUNITY, TRANSPORTATION FUNDING IS PROVIDED FOR MANY PATIENTS WHO NEED HELP IN GETTING TO THEIR DOCTORS' APPOINTMENTS. SINCE PATIENTS AND CLIENTS ARE SERVED WELL BY THESE RESOURCES, THIS CONCERN WAS NOT PRIORITIZED FOR FURTHER INVESTMENTS.

B. ACCESS TO INSURANCE - SINAI HOSPITAL PROVIDES SIGN-UP ASSISTANCE TO PATIENTS WITHOUT INSURANCE WHEN THEY PRESENT AT THE HOSPITAL. A STAFF PERSON OVERSEES THIS FUNCTION.

C. WORKFORCE DEVELOPMENT - SINAI HOSPITAL REFERS RESIDENTS AND PATIENTS WITHOUT EMPLOYMENT TO PARTNER ORGANIZATIONS, PARTICULARLY BON SECOURS COMMUNITY WORKS IN SOUTH AND WEST BALTIMORE, TO ADDRESS THIS PRESSING SOCIAL NEED. SINAI HOSPITAL ALSO SUPPORTS VARIOUS AGENCIES IN ADDRESSING UNDERLYING FACTORS, E.G. FINANCIAL LITERACY AND EDUCATION TO MITIGATE CONDITIONS OF POVERTY.

Part V Facility Information (continued)

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.

D. ACCESS TO PHYSICIANS - A SYSTEM-WIDE EFFORT HAS BEEN DEVELOPED SINCE THE 2018 CHNA TO ADDRESS NEEDS OF VARIOUS PATIENTS. SPECIALISTS ARE READILY IDENTIFIED AND REFERRALS ARE APPROPRIATELY MADE. DEPARTMENTS AND TEAM MEMBERS CONTINUE IN EFFORTS TO REDUCE APPOINTMENT WAIT TIMES FOR HEALTH CARE SERVICES LACKING COMMUNITY CAPACITY SUCH AS MENTAL HEALTH THERAPY.

E. COORDINATION ACROSS SERVICES - SINCE THE LAST CHNA SINAI HOSPITAL DEPARTMENTS, INCLUDING SOCIAL SERVICES AND CARE MANAGEMENT, HAVE WORKED MORE CLOSELY BOTH INTERNALLY AS WELL AS WITH COMMUNITY RESOURCES TO ENABLE PATIENTS TO ACCESS NECESSARY AND VALUABLE RESOURCES IN AS TIMELY A MANNER AS POSSIBLE. INCLUSION OF SOCIAL RESOURCES IN COORDINATION IS INTENDED TO REDUCE REOCCURRENCE OF ACUTE HEALTH EPISODES THAT REQUIRE HOSPITALIZATIONS.

F. LANGUAGE BARRIERS - SINAI HOSPITAL HAS INTERPRETIVE SERVICES AVAILABLE AND SIGNS IN MULTIPLE LANGUAGES ARE POSTED IN ER AS WELL AS HARD COPY FORMS IN THE WELCOME PACKET PATIENTS RECEIVE. FORMS ARE AVAILABLE IN SPANISH AS WELL AS OTHER LANGUAGES, E.G. RUSSIAN. CONSENT FORMS ARE TRANSLATED INTO SEVERAL LANGUAGES AS WELL.

PART V, SECTION B, LINE 16A:

WWW.LIFEBRIDGEHEALTH.ORG/SINAI/BILLINGANDFINANCIALCONSIDERATIONS.ASPX

Part V Facility Information (continued)

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.

PART V, SECTION B, LINE 16B:

WWW.LIFEBRIDGEHEALTH.ORG

PART V, SECTION B, LINE 16C:

WWW.LIFEBRIDGEHEALTH.ORG

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 NO MORE THAN 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.

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 WILLIAM E KAHLERT REGIONAL CANCER CENTER 291 STONER AVENUE WESTMINSTER MD 21157	CANCER CENTER
2 LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE 2700 QUARRY LAKE DRIVE, SUITE 260 BALTIMORE MD 21209	CARDIOLOGY PRACTICE
3 OTHER PRACTICES MULTIPLE LOCATIONS BALTIMORE MD 21215	SINAI-EMPLOYED PHYSICIANS SEE PATIENTS IN APPROX. 55 LO- CATIONS BOTH 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.

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 HAVE 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

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.
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- 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.

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. 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

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.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 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.

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 \$3,826,708.

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.
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- 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.

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

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.
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- 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.

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 OPPORTUNITIES 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 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.
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- 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.

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.

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 AND 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 \$13,416,383 IN COST MAY BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE. AS DESCRIBED ELSEWHERE, THE HOSPITAL ENGAGES IN MULTIPLE EFFORTS TO

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.
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- 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.

INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND CHARITY CARE. THIS \$13,416,383 WAS BILLED TO PATIENTS ONLY BECAUSE THEY, DESPITE THE HOSPITAL'S EFFORTS, DID NOT REQUEST, OR DID NOT COOPERATE WITH THE HOSPITAL'S EFFORTS TO PROVIDE THEM WITH, THE AVAILABLE FINANCIAL ASSISTANCE.

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.

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.
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- 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.

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.

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 VI Supplemental Information

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- 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.
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- 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.

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. BY UPDATING A USER-DEFINED FIELD IN CERNER TO IDENTIFY PATIENTS RETURNING FOR SERVICE WHO ARE ALREADY QUALIFIED FOR FINANCIAL ASSISTANCE. 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.

PART VI, LINE 2:

SINAI HOSPITAL OF BALTIMORE, INC. IS INVOLVED WITH THE BALTIMORE CITY HEALTH DEPARTMENT'S ACCOUNTABLE HEALTH COMMUNITIES PROJECT, IDENTIFYING

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.

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

Part VI Supplemental Information

Provide the following information.

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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.

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.
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- 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.

PART VI, LINE 3:

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

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.
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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

Part VI Supplemental Information

Provide the following information.

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- 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.

MARYLAND HOSPITAL ASSOCIATION SPONSORED CAMPAIGNS LIKE 'COVER THE UNINSURED WEEK'.

PART VI, LINE 4:

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 PERCENTAGE OF FAMILIES EARNING LESS THAN THE FEDERAL SELF-SUFFICIENCY STANDARD IN SPH WAS 46.4% AND IN PAH 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

Part VI Supplemental Information

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- 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.

THAT REPRESENT THE PRIMARY SERVICE AREA IN FISCAL YEAR 2021 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

Part VI Supplemental Information

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PREDOMINANTLY (65.8%) WHITE.

PART VI, LINE 5:

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

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

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.

PART VI, LINE 6:

AS A TEACHING HOSPITAL WITH ITS OWN ACCREDITED, NON-UNIVERSITY-AFFILIATED RESIDENCY TRAINING PROGRAMS, SINAI HOSPITAL EMPLOYS A FACULTY OF 140 PHYSICIANS IN NUMEROUS SPECIALTIES INCLUDING THE PRIMARY CARE FIELDS OF 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

Part VI Supplemental Information

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- 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.

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 MANY SPECIALTIES IN WHICH THE HOSPITAL DOES NOT HAVE A FACULTY, SUCH AS DENTISTRY, OTOLARYNGOLOGY, AND VASCULAR, 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.

Part VI Supplemental Information

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- 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.
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- 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.

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

MD

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

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

► Attach to Form 990.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

52-0486540

Part I General Information on Grants and Assistance

- 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
- 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.

1 (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
(1) HOPE FOR HENRY FOUNDATION 2440 WISCONSIN AVE SE, 2ND FL	20-0244173	501 (C) (3)	50,000.				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.
- Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) 2020

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

Part I Questions Regarding Compensation

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 indemnification 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 (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III.

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 aren't 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.

(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				
1 JONATHAN RINGO, MD (THR) SVP LEB, PRESIDENT AND COO	0.	0.	0.	0.	0.	0.	0.
NEIL MELTZER PRESIDENT/CEO	440,637.	204,554.	115,503.	9,164.	20,251.	790,109.	0.
2 DANIEL BLUM PRESIDENT, COO SINAI & GRACE	1,250,601.	1,531,535.	468,095.	717,490.	24,684.	3,992,405.	370,304.
3 DONALD ABRAMS, MD DIRECTOR, CHAIR - MEC	478,292.	295,000.	57,114.	54,600.	18,247.	903,253.	0.
4 JEANETTE LINDER, MD (TH) DIRECTOR, MED. STAFF PRES.	664,331.	60,295.	128,759.	134,244.	11,590.	999,219.	0.
5 OMAR ZALATIMO, MD DIRECTOR, MED. STAFF PRES.	757,714.	77,625.	124,245.	118,259.	13,446.	1,091,289.	0.
6 DAVID KRAJEWSKI EXEC VP/CFO, PRES. LEB	762,770.	230,650.	162.	2,096.	29,946.	1,025,624.	0.
7 JASON WEINER SVP AND GENERAL COUNSEL	860,277.	546,969.	230,518.	316,293.	33,706.	1,987,763.	188,569.
8 TERENCE CARNEY VP SUPPLY CHAIN	483,984.	362,377.	29,610.	124,233.	25,340.	1,025,544.	0.
9 JAMES ROBERGE VP CAPITAL IMP. & SUPPORT SVCS	307,803.	81,367.	77,851.	18,469.	1,220.	486,710.	30,624.
10 NANCY KANE VP FINANCIAL REPORTING	314,316.	184,434.	68,227.	55,003.	28,750.	650,730.	33,854.
11 LOU DUNAWAY VP BUDGET & CAPITAL PLANNING	299,669.	66,353.	43,501.	67,592.	25,608.	502,723.	29,204.
12 PHAEDRA STEWART VP HUMAN RESOURCES SINAI	276,709.	58,377.	2,048.	54,939.	24,005.	416,078.	0.
13 RONALD DELANOIS, MD PHYSICIAN	224,178.	71,241.	95,712.	48,033.	18,373.	457,537.	0.
14 JAMES NACE, DO PHYSICIAN	709,528.	645,264.	119,362.	99,255.	29,876.	1,603,285.	84,890.
15 PETER CHO, MD SURGEON	610,258.	718,896.	103,073.	93,952.	1,330.	1,527,509.	71,779.
16	855,607.	81,800.	50,819.	98,242.	32,389.	1,118,857.	37,268.
	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 aren't 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.

(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				
1 FOUAD ABBAS, MD PHYSICIAN	(i)	752,982.	54,878.	141,799.	28,666.	1,148,050.	117,748.
	(ii)	0.	0.	0.	0.	0.	0.
2 MARK R. KATLIC, MD CHIEF - DEPT OF SURGERY	(i)	1,075,226.	84,892.	23,969.	24,190.	1,345,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 1A:

ALL BOARD MEMBERS ARE ELIGIBLE FOR COMPLIMENTARY HEALTH CLUB MEMBERSHIPS. THE BOARD MEMBERS WHO SIGNED 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 OFFICERS RECEIVED A SEVERANCE PAYMENT:

PHAEDRA STEWART \$88,187

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.

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATED IN A

LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

NEIL MELTZER \$685,526

DAVID KRAJEWSKI \$279,355

JASON WEINER \$105,764

DANIEL BLUM \$ 54,600

JAMES ROBERGE \$ 40,501

NANCY KANE \$ 35,641

LOU DUNWAY \$ 29,001

PHAEDRA STEWART \$ 34,567

RONALD DELANOIS, MD \$ 68,802

JAMES NACE, DO \$ 71,694

PETER CHO, MD \$ 68,595

FOUAD ABBAS, MD \$102,861

DONALD ABRAMS, MD \$123,244

JEANETTE LINDER, MD \$ 99,790

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.

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS RECEIVED PAYMENTS

AS PART OF THEIR PARTICIPATION IN A LIFEBRIDGE HEALTH SPONSORED

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

NEIL MELTZER	\$ 425,633
DAVID KRAJEWSKI	\$ 193,756
JONATHAN RINGO, MD	\$ 101,164
TERRENCE CARNEY	\$ 38,830
JAMES ROBERGE	\$ 41,265
NANCY KANE	\$ 37,094
RONALD DELANOIS, MD	\$ 98,626
JAMES NACE, DO	\$ 83,394
PETER CHO, MD	\$ 42,977
FOUAD ABBAS, MD	\$ 140,928
MARK KATLIC, MD	\$ 119,106
DONALD ABRAMS, MD	\$ 113,522

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.

JEANETTE LINDER, MD \$104,745

COMPENSATION PROVIDED BY ORGANIZATION:

MR. RINGO RECEIVED COMPENSATION AS SENIOR VICE PRESIDENT OF LIFEBRIDGE HEALTH, INC., AND PRESIDENT AND CHIEF OPERATING OFFICER OF SINAI HOSPITAL OF BALTIMORE, INC., NOT AS A DIRECTOR.

MR. MELTZER RECEIVED COMPENSATION AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR.

MR. BLUM RECEIVED COMPENSATION AS A SENIOR VICE PRESIDENT OF LIFEBRIDGE HEALTH, INC./PRESIDENT OF SINAI HOSPITAL OF BALTIMORE, INC. & GRACE MEDICAL CENTER, NOT AS A DIRECTOR.

DR. ABRAMS RECEIVED COMPENSATION AS AN EMPLOYEE OF LIFEBRIDGE HEALTH, INC./CHAIR OF MEC, NOT AS A DIRECTOR.

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.

DR. LINDER RECEIVED COMPENSATION AS THE MEDICAL STAFF PRESIDENT OF
LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR.

DR. ZALATIMO RECEIVED COMPENSATION AS THE MEDICAL STAFF PRESIDENT OF
LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 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.

1	(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
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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
ATTACHMENT 1					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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

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

(D) DESCRIPTION OF TRANSACTION: SINAI HOSPITAL OF BALTIMORE, INC. AND THE LIFEBRIDGE HEALTH, INC. SUBSIDIARIES PAID APPROXIMATELY \$1,580,617 FOR OFFICE FURNITURE FROM AMERICAN OFFICE. MR. KUNTZ IS A DIRECTOR OF SINAI HOSPITAL AND IS PRESIDENT OF THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: KELSEY KRAJEWSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF DAVID KRAJEWSKI, EXECUTIVE VICE PRESIDENT/CFO

(D) DESCRIPTION OF TRANSACTION: SINAI HOSPITAL OF BALTIMORE, INC. AND LIFEBRIDGE HEALTH, INC. PAID APPROXIMATELY \$37,734 TO KELSEY KRAJEWSKI. KELSEY KRAJEWSKI WORKS FOR SINAI HOSPITAL AS A VOCATIONAL SPECIALIST. HER FATHER, DAVID KRAJEWSKI, IS THE EXECUTIVE VICE PRESIDENT/CFO OF LIFEBRIDGE HEALTH.

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON AMERICAN OFFICE EQUIPMENT CO., INC.
 (B) RELATIONSHIP INDIRECT BUSINESS
 (C) AMOUNT 1,580,617.
 (D) DESCRIPTION OF TRANSACTION SEE PART V
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON
 (B) RELATIONSHIP FAMILY MEMBER OF DAVID KRAJEWSKI
 (C) AMOUNT 37,734.
 (D) DESCRIPTION OF TRANSACTION SEE PART V
 (E) SHARING ORGANIZATION REVENUE? YES X NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

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	2.	60,882.	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 V, Donee Acknowledgement **29**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2020

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.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

FORM 990, PART III, LINE 1:

SINAI HOSPITAL OF BALTIMORE HAS A LONGSTANDING MISSION TO PROVIDE QUALITY PATIENT CARE, EDUCATE MEDICAL STUDENTS AND RESIDENTS WHO WILL BECOME PHYSICIANS IN OUR COMMUNITY AND BEYOND, AND ENGAGE IN MEDICAL RESEARCH TO IMPROVE THE LIVES OF OUR PATIENTS AND OUR COMMUNITY. WE HAVE FOCUSED OUR ATTENTION ON QUALITY PATIENT CARE FOR MORE THAN 140 YEARS. THOUGH A JEWISH-SPONSORED HEALTH CARE ORGANIZATION, SINAI HOSPITAL'S DOORS HAVE BEEN OPEN TO CARE FOR THE SICK AND NEEDY REGARDLESS OF RACE, RELIGION OR ABILITY TO PAY. LOCATED IN NORTHWEST BALTIMORE CITY, SINAI HOSPITAL MEETS THE HEALTH CARE NEEDS OF AN EVER EXPANDING AND CULTURALLY DIVERSE POPULATION, MANY OF WHOM DO NOT HAVE ACCESS TO PRIMARY HEALTH CARE. SIGNIFICANT PORTIONS OF OUR SURROUNDING COMMUNITY FREQUENT SINAI'S 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

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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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 LIFEBRIDGE HEALTH EVALUATES THE HEALTH CARE NEEDS OF THE COMMUNITY, REVIEWS EXISTING PROGRAMS AND DEVELOPS NEW SERVICES TO MEET THE NEEDS OF THE COMMUNITY. ONE OF THOSE SERVICES IS SINAI'S NEW BRIDGES TO IMPROVED CHILD HEALTH PROGRAM. THE MISSION OF NEW BRIDGES IS TO ASSIST YOUNG FAMILIES LIVING IN POVERTY TO EFFECTIVELY USE HEALTH AND SOCIAL SERVICES IN ORDER TO MAINTAIN AND ENHANCE THE HEALTH OF THEIR CHILDREN. PROGRAM SERVICES INCLUDE CASE MANAGEMENT, HEALTH EDUCATION, OUTREACH AND ADVOCACY SERVICES TO FAMILIES WITH CHILDREN FROM BIRTH TO SIX YEARS OF AGE. THE PROGRAM ALSO ADDRESSES THE NEEDS OF FATHERS THROUGH THE SERVICES DESCRIBED ABOVE. SERVICES ARE FREE TO ELIGIBLE FAMILIES. SINAI STAFF MEMBERS OFFER HOME VISITS, HEALTH SERVICES, EDUCATION, CRISIS INTERVENTION AND OUTREACH SERVICES.

FORM 990, PART III - PROGRAM SERVICE, LINE 4A:

SINAI HOSPITAL OF BALTIMORE, INC. IS RESPONSIBLE FOR THE MANAGEMENT AND DAY-TO-DAY OPERATIONS OF THE HOSPITAL. THE HOSPITAL OPERATES A 483-BED

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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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 53,000 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 VI, SECTION A, LINE 6:

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

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

THE MEMBER SHALL HAVE THE EXCLUSIVE POWER AND AUTHORITY TO TAKE THE FOLLOWING ACTIONS: (1) EXCEPT FOR EX OFFICIO DIRECTORS AS PROVIDED FOR IN THE BYLAWS, TO NOMINATE, ELECT, AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE CORPORATION; (2) TO APPOINT THE PRESIDENT OF THE CORPORATION WITH THE ADVICE AND CONSENT OF THE BOARD OF DIRECTORS; (3) TO NOMINATE AND ELECT THE CORPORATION'S CHAIR, VICE CHAIR, SECRETARY, AND TREASURER; AND (4) TO REMOVE EACH OF THE ABOVE-NAMED OFFICERS (WITH OR WITHOUT CAUSE), PROVIDED THAT THE BOARD OF DIRECTORS OF THE CORPORATION

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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SHALL ALSO HAVE THE POWER TO REMOVE ANY OFFICER OF THE CORPORATION.

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

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

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

THE LIFEBRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY THE 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.

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

ALL DIRECTORS, OFFICERS, EMPLOYEES, MEDICAL STAFF MEMBERS, AND VOLUNTEERS ARE EXPECTED TO RECOGNIZE AND DISCLOSE AT THE EARLIEST POSSIBLE TIME ACTUAL AND POTENTIAL CONFLICTS OF INTEREST.

AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF 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

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

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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(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 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

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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THE CHIEF COMPLIANCE OFFICER OR CONFIDENTIAL COMPLIANCE HOTLINE.

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

FORM 990, PART VI, SECTION 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.

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

TRANSFER TO AFFILIATES	-\$167,824,094
CHANGE IN MINIMUM PENSION LIABILITY	\$ 35,703,780
CHANGE IN NET ASSETS OF SUBSIDIARIES	\$ 20,108,970
UBIT NETTED WITH CORPORATE ALLOCATION	-\$ 81,430
PLEDGE RECEIVABLE	-\$ 515,294
ADOPTION OF ASC 842 LEASES	\$ 1,930,527
PENSION NON SERVICE COSTS	\$ 247,735
OTHER CHANGES IN NET ASSETS	\$ 1,664
TOTAL OTHER CHANGES IN NET ASSETS	-\$110,428,142

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
METZ CULINARY MANAGEMENT 2 WOODLAND DRIVE DALLAS, PA 18612	FOOD SERVICES	4,647,103.
CROTHALL HEALTHCARE 1500 LIBERTY RIDGE DRIVE, SUITE 210 WAYNE, PA 19087	CONTRACT CLEANING	2,105,531.
FLEXWISE HEALTH, INC. 320 SEVEN SPRINGS WAY, SUITE 250 BRENTWOOD, TN 37027	TEMPORARY LABOR	2,084,533.
UNIVERSITY OF MARYLAND 22 S. GREENE STREET BALTIMORE, MD 21201	HEALTHCARE SERVICES	1,524,446.
PEDIATRIX OF MARYLAND 3001 HOSPITAL DRIVE CHEVERLY, MD 20785	PEDIATRIC MEDICINE	1,201,060.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
OTHER PURCHASED SERVICES	46,165,541.	34,856,955.	11,308,586.	0.
OPERATING CORPORATE ALLOCATION	41,297,748.	11,598,820.	29,698,928.	0.
AGENCY NURSES	14,214,283.	14,162,718.	51,565.	0.
PURCHASED TEMP HELP	2,488,993.	382,662.	2,106,331.	0.
CONTRACT CLEANING	319,975.	36,397.	283,578.	0.
TOTALS	<u>104,486,540.</u>	<u>61,037,552.</u>	<u>43,448,988.</u>	<u>0.</u>

**SCHEDULER
(Form 990)**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

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

Employer identification number

52-0486540

Open to Public
Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SINAI CLINICAL PROFESSIONALS, LLC 27-0192555 515 FAIRMONT AVENUE TOWSON, MD 21286	HEALTHCARE	MD	0.	0.	SHB INC.
(2) LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE 27-4404331 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	703,309.	232,669.	SHB INC.
(3) SINAI PARKING FACILITY, LLC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	REAL ESTATE	MD	0.	10,486,311.	SHB INC.
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CARROLL HOSPITAL CENTER, INC 52-1452024 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HOSPITAL	MD	501 (C) (3)	3	CCHS		X
(2) BRIDGLINGLIFE, INC 52-1565870 292 STONER AVENUE WESTMINSTER, MD 21157	HOSPICE	MD	501 (C) (3)	7	CHC		X
(3) CARROLL HOSPITAL CENTER FOUNDATION, INC 52-1115038 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	FOUNDATION	MD	501 (C) (3)	12A, I	CHC		X
(4) PARTNERSHIP FOR A HEALTHIER CARROLL CITY 52-2156892 535 OLD WESTMINSTER PIKE, # 10 WESTMINSTER, MD 21157	HEALTH SVCS	MD	501 (C) (3)	7	CHC		X
(5) LEVINDALE HEBREW GERIATRIC CENTER HOSP. 52-0607913 2434 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HOSPITAL	MD	501 (C) (3)	3	LBH		X
(6) SINAI HOSPITAL OF BALTIMORE INC 52-0486540 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HOSPITAL	MD	501 (C) (3)	3	LBH		X
(7) COURTLAND GARDENS NURSING AND REHAB CTR 52-0607907 2434 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	NURSING	MD	501 (C) (3)	10	LBH		X

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

Schedule R (Form 990) 2020

**SCHEDULE R
(Form 990)**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

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

Employer identification number

52-0486540

Open to Public Inspection

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NORTHWEST HOSPITAL CENTER INC 5401 OLD COURT ROAD RANDALLSTOWN, MD 21133 52-1372665	HOSPITAL	MD	501 (C) (3)	3	LBH		X
(2)	CHILDRENS HOSPITAL OF BALTIMORE CITY INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-0591592	HOSPITAL SUPP	MD	501 (C) (3)	12B, II	LBH		X
(3)	THE BALTIMORE JEWISH HEALTH FDN, INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-2111541	HOSPITAL SUPP	MD	501 (C) (3)	12B, II	LBH		X
(4)	CHILDRENS HOSPITAL AT SINAI FOUNDATION 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-2167587	HOSPITAL SUPP	MD	501 (C) (3)	12B, II	LBH		X
(5)	THE BALTIMORE JEWISH ELDERCARE FDN 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-2337669	HOSPITAL SUPP	MD	501 (C) (3)	12B, II	LBH		X
(6)	LIFEBRIDGE HEALTH, INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-1402373	SUPPORT	MD	501 (C) (3)	12C, III	N/A		X
(7)	CENTER FOR HOPE, INC. 2300 NORTH CHARLES STREET BALTIMORE, MD 21218 52-1681279	CHILD SVCS	MD	501 (C) (3)	7	LBH		X

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

Schedule R (Form 990) 2020

**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.

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.

(1)	(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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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.

(1)	(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
(1)	GRACE MEDICAL CENTER, INC 2000 W BALTIMORE STREET BALTIMORE, MD 21223 52-0591555	HOSPITAL	MD	501 (C) (3)	3	LBH		X
(2)	WEST BALTIMORE RENAISSANCE FDN, INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 84-3355332	COMMUNITY CTR	MD	501 (C) (3)	7	LBH		X
(3)	CARROLL COUNTY HEALTH SERVICES CORP 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 52-0691413	HOSPITAL SUPP	MD	501 (C) (3)	12B, II	LBH		X
(4)	LIFEBRIDGE CENTER FOR HOPE, LLC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 85-3920012	REAL ESTATE	MD	501 (C) (3)	12A, I	SHB	X	
(5)	GOTTSCHALK FOUNDATION 3910 KESWICK RD STE S 4300D BALTIMORE, MD 21211 52-6034000	HOSPITAL SUPP	MD	501 (C) (3)	12A, II	N/A		X
(6)								
(7)								

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CARROLL COUNTY RADIOLOGY, LLC 7253 AMBASSADOR ROAD BALTIMORE	RADIOLOGY	MD	N/A	N/A	0.	0.		X	0.		X	
(2) CARROLL OCCUPATIONAL HEALTH, L 7001 CORPORATE CENTER COURT WE	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(3) CARDIOVASCULAR ASSOCIATES OF M 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(4) LIFEFRIDGE RADIOLOGY OF PARKV 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(5) LIFEFRIDGE COMMUNITY GASTROENT 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(6) LIFEFRIDGE COMMUNITY PEDIATRIC 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(7) LIFEFRIDGE COMMUNITY PULMONOLO 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CARROLL COUNTY MED-SERVICES, INC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	C CORP	0.	0.	0.		X
(2) LIFEFRIDGE INVESTMENTS, INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	INVESTMENT	MD	N/A	C CORP	0.	0.	0.		X
(3) HEALTHSTAR MEDICAL SERVICES, INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	0.	0.	0.		X
(4) PRACTICE DYNAMICS, INC 124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136	MANAGEMENT	MD	N/A	C CORP	0.	0.	0.		X
(5) LIFEFRIDGE INSURANCE COMPANY, LTD PO BOX 1109 GRAND CAYMAN, CJ KY1-1102	INSURANCE	CJ	N/A	C CORP	0.	0.	0.		X
(6) LIFEFRIDGE COMMUNITY PHYSICIANS, INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	0.	0.	0.		X
(7) CARROLL BILLING SERVICES, INC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HEALTHCARE	MD	N/A	C CORP	0.	0.	0.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LIFEFRIDGE GYNECOLOGY OF PIKES 2401 WEST BELVEDERE AVENUE BAL MEDICAL SERVICES MD N/A		MD	N/A	N/A	0.	0.		X	0.		X	
(2) LIFEFRIDGE MEDICAL ASSOCIATES, 2401 WEST BELVEDERE AVENUE BAL MEDICAL SERVICES MD N/A		MD	N/A	N/A	0.	0.		X	0.		X	
(3) LIFEFRIDGE NEUROSCIENCES, LLC 2401 WEST BELVEDERE AVENUE BAL MEDICAL SERVICES MD N/A		MD	N/A	N/A	0.	0.		X	0.		X	
(4) LIFEFRIDGE PRIMARY CARE OF ELD 2401 WEST BELVEDERE AVENUE BAL MEDICAL SERVICES MD N/A		MD	N/A	N/A	0.	0.		X	0.		X	
(5) LIFEFRIDGE PRIMARY CARE OF NOR 2401 WEST BELVEDERE AVENUE BAL MEDICAL SERVICES MD N/A		MD	N/A	N/A	0.	0.		X	0.		X	
(6) HOMECARE MARYLAND, LLC 26-1378 8028 RITCHIE HIGHWAY, SUITE 21 HOME HEALTH SRVC MD N/A		MD	N/A	N/A	0.	0.		X	0.		X	
(7) LIFEFRIDGE REHABILITATION SERV 2401 WEST BELVEDERE AVENUE BAL REHAB SERVICES MD N/A		MD	N/A	N/A	0.	0.		X	0.		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CARROLL COUNTY GEN. HOSP. SOUTH CARROLL 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	REAL ESTATE	MD	N/A	C CORP	0.	0.	0.		X
(2) MED-SERVICES HOLDINGS, INC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	C CORP	0.	0.	0.		X
(3) CARROLL URGENT CARE, LLC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HEALTHCARE	MD	N/A	C CORP	0.	0.	0.		X
(4) CARROLL HEALTH GROUP, LLC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HEALTHCARE	MD	N/A	C CORP	0.	0.	0.		X
(5) LIFEFRIDGE HEALTH ISRAEL, LTD 16 ABBA HILLEL ROAD RAHMAT GAN, IS 5250608	HEALTHCARE	IS	N/A	C CORP	0.	0.	0.		X
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ELLICOTT CITY ASC MANAGEMENT, 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(2) SURGCENTER OF BALTIMORE, LLC 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(3) MOUNT AIRY MED-SERVICES, LLC 4 200 MEMORIAL AVENUE WESTMINSTE	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(4) SPRINGWELL PARTNERS, LLC 27-19 2200 PINE HILL FARMS LANE HUNT	ASSISTED LIVING	MD	N/A	N/A	0.	0.		X	0.		X	
(5) LIFEBRIDGE SUBURBAN PHYSICIAN 5401 OLD COURT ROAD RANDALLSTO	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(6) LIFEBRIDGE LAB MANAGEMENT, LLC 2401 WEST BELVEDERE AVENUE BAL	LAB SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(7) LIFEBRIDGE METROPOLITAN PHYSIC 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LIFEBRIDGE MULTI-SPECIALTY, LL 41 MAGNA WAY, SUITE 100 WESTMI	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(2) ELLICOTT CITY AMBULATORY SURGE 2850 N RIDGE ROAD ELLICOTT CIT	MEDICAL SERVICES	MD	N/A	N/A	0.	0.		X	0.		X	
(3) OAK FARM SOLUTIONS, LLC 47-494 1122 KENILWORTH DRIVE, SUITE 3	HOME HEALTH SRVC	MD	N/A	N/A	0.	0.		X	0.		X	
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	PRACTICE DYNAMICS, INC	O	366,583.	FMV		X
(2)	PRACTICE DYNAMICS, INC	P	4,846,234.	FMV		X
(3)	LIFEBRIDGE CENTER FOR HOPE, INC.	R	2,559,124.	FMV		X
(4)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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



LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Financial Statements and
Supplementary Financial Information

June 30, 2021 and 2020

(With Independent Auditors' Report Thereon)

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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KPMG LLP
750 East Pratt Street, 18th Floor
Baltimore, MD 21202

Independent Auditors' Report

The Board of Directors
LifeBridge Health, Inc. and Subsidiaries:

We have audited the accompanying consolidated financial statements of LifeBridge Health, Inc. and subsidiaries, which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of LifeBridge Health, Inc. and subsidiaries as of June 30, 2021 and 2020, and the results of their operations and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Emphasis of Matter

As discussed in note 2(x) to the consolidated financial statements, the Corporation adopted Accounting Standards Update (ASU) No. 2016-02, Leases (Topic 842), on July 1, 2020. Our opinion is not modified with respect to this matter.



Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in Schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Baltimore, Maryland
October 25, 2021

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

June 30, 2021 and 2020

(Dollars in thousands)

Assets	2021	2020
Current assets:		
Cash and cash equivalents	\$ 310,153	251,832
Investments	436,122	470,176
Assets limited as to use, current portion	59,894	81,346
Patient service receivables	170,800	151,707
Other receivables	4,707	10,253
Inventory	49,268	44,020
Prepaid expenses	21,210	22,683
Pledges receivable, current portion	3,895	3,386
Total current assets	1,056,049	1,035,403
Board-designated investments	169,680	191,964
Long-term investments	583,950	398,330
Donor-restricted investments	70,320	58,174
Reinsurance recovery receivable	16,980	11,138
Assets limited as to use, net of current portion	94,976	68,743
Pledges receivable, net of current portion	5,882	7,681
Property and equipment, net	764,121	714,010
Prepaid pension asset	16,898	—
Beneficial interest in split-interest agreement	5,294	4,792
Investment in unconsolidated affiliates	47,293	41,450
Operating lease right-of-use assets, net	39,520	—
Other assets, net	96,243	82,816
Total assets	\$ 2,967,206	2,614,501

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

June 30, 2021 and 2020

(Dollars in thousands)

Liabilities and Net Assets	2021	2020
Current liabilities:		
Accounts payable and accrued liabilities	\$ 152,067	115,082
Accrued salaries, wages and benefits	124,972	110,853
Advances from third-party payors	217,528	235,588
Current portion of long-term debt and finance lease obligations, net	28,009	24,501
Current portion of operating lease liabilities	10,266	—
Other current liabilities	39,545	41,129
Total current liabilities	572,387	527,153
Other long-term liabilities	126,291	178,107
Operating lease liabilities	29,507	—
Long-term debt and finance lease obligations, net	619,481	592,211
Total liabilities	1,347,666	1,297,471
Net assets:		
Net assets without donor restrictions	1,514,159	1,222,796
Noncontrolling interest in consolidated subsidiaries	19,990	20,201
Total net assets without donor restrictions	1,534,149	1,242,997
Net assets with donor restrictions	85,391	74,033
Total net assets	1,619,540	1,317,030
Total liabilities and net assets	\$ 2,967,206	2,614,501

See accompanying notes to consolidated financial statements.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Operations

Years ended June 30, 2021 and 2020

(Dollars in thousands)

	2021	2020
Unrestricted revenues, gains and other support:		
Patient service revenue	\$ 1,651,021	1,532,608
Net assets released from restrictions used for operations	3,989	3,955
Other operating revenue	144,150	125,642
Total operating revenues	1,799,160	1,662,205
Expenses:		
Salaries and employee benefits	980,002	928,375
Supplies	300,543	263,453
Purchased services	316,487	286,696
Depreciation and amortization	98,115	89,160
Repairs and maintenance	34,605	31,660
Interest	23,092	25,430
Total expenses	1,752,844	1,624,774
Operating income	46,316	37,431
Other income (loss), net:		
Investment income	185,606	37,815
Other	39	6,684
Loss on refinancing of debt	(1,289)	(2,954)
Total other income, net	184,356	41,545
Excess of revenues over expenses	230,672	78,976
Net assets released from restrictions used for the purchases of property and equipment	3,051	1,647
Net change in value of beneficial interest in split-interest agreement	51	210
Adjustment to pension liability	58,753	(26,795)
Change in accounting principle	1,449	—
Other	(2,824)	(1,664)
Increase in unrestricted net assets	\$ 291,152	52,374

See accompanying notes to consolidated financial statements.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2021 and 2020

(Dollars in thousands)

	<u>Without donor restrictions</u>	<u>With donor restrictions</u>	<u>Total net assets</u>
Net assets at June 30, 2019	\$ 1,190,623	71,913	1,262,536
Excess of revenues over expenses	78,976	—	78,976
Unrealized gain on investments	—	476	476
Net assets released from restrictions used for the purchase of property and equipment	1,647	(1,647)	—
Restricted gifts and bequests	—	7,384	7,384
Net assets released from restrictions used for operations	—	(3,955)	(3,955)
Net change in value of beneficial interest in split-interest agreement	210	(187)	23
Adjustment to pension liability	(26,795)	—	(26,795)
Other	(1,664)	49	(1,615)
Change in net assets	<u>52,374</u>	<u>2,120</u>	<u>54,494</u>
Net assets at June 30, 2020	<u>1,242,997</u>	<u>74,033</u>	<u>1,317,030</u>
Excess of revenues over expenses	230,672	—	230,672
Unrealized gain on investments	—	9,247	9,247
Net assets released from restrictions used for the purchase of property and equipment	3,051	(3,051)	—
Restricted gifts and bequests	—	7,536	7,536
Net assets released from restrictions used for operations	—	(3,989)	(3,989)
Net change in value of beneficial interest in split-interest agreement	51	688	739
Adjustment to pension liability	58,753	—	58,753
Change in accounting principle	1,449	—	1,449
Other	(2,824)	927	(1,897)
Change in net assets	<u>291,152</u>	<u>11,358</u>	<u>302,510</u>
Net assets at June 30, 2021	<u>\$ 1,534,149</u>	<u>85,391</u>	<u>1,619,540</u>

See accompanying notes to consolidated financial statements.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended June 30, 2021 and 2020

(Dollars in thousands)

	2021	2020
Cash flows from operating activities:		
Change in net assets	\$ 302,510	54,494
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	98,115	89,160
Adjustment to pension liability	(58,753)	26,795
Realized and unrealized gains on investments, net	(168,936)	(19,949)
Restricted gifts and bequests	(7,536)	(7,384)
Change in beneficial interest of split-interest agreement	(502)	205
Earnings on investments in unconsolidated affiliates	(27,316)	111
Distributions from unconsolidated affiliates	21,685	6,536
Distributions to noncontrolling interest owners	2,355	1,381
Amortization of deferred financing costs and discounts	1,443	1,604
Inherent contribution	—	(6,716)
Impact of change in accounting principle	(1,449)	—
Loss on refinancing of debt	1,289	2,954
Change in operating assets and liabilities:		
Decrease (increase) in patient service receivables, net	(19,093)	19,538
Decrease in other receivables	5,546	10,963
Decrease (increase) in pledges receivable	1,290	(659)
Increase in inventory	(5,248)	(6,045)
Decrease (increase) in prepaid expenses	1,473	(446)
Decrease (increase) in reinsurance recovery receivable	(5,842)	10,263
Increase in other assets	(7,193)	(9,375)
Increase in accounts payable and accrued liabilities, and accrued salaries, wages, and benefits	53,367	23,550
Increase (decrease) in advances from third-party payors	(18,060)	196,092
Increase in other current and long-term liabilities	10,637	25,636
Net cash provided by operating activities	179,782	418,708
Cash flows from investing activities:		
Change in investments and assets limited as to use	23,845	(262,203)
Investment in unconsolidated affiliates	(212)	(396)
Purchases of property and equipment	(119,118)	(98,439)
Purchases of alternative investments	(2,424)	(28,893)
Proceeds from sales of alternative investments	2,462	8,426
Net cash used in investing activities	(95,447)	(381,505)
Cash flows from financing activities:		
Payment on debt and finance lease obligations	(43,884)	(99,423)
Proceeds from issuance of debt	13,845	133,789
Distributions to noncontrolling interest owners	(2,355)	(1,381)
Restricted gifts and bequests	7,536	7,384
Net cash provided by (used in) financing activities	(24,858)	40,369
Net increase in cash and cash equivalents and restricted cash	59,477	77,572
Cash and cash equivalents and restricted cash:		
Beginning of year	267,353	189,781
End of year	\$ 326,830	267,353

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended June 30, 2021 and 2020

(Dollars in thousands)

	2021	2020
Supplemental cash flow disclosures:		
Cash paid during the year for interest	\$ 24,704	24,819
Cash paid during the year for income taxes	628	300
Accounts payable related to purchase of property and equipment	8,130	5,867
Acquisition of Grace Medical Center	—	see footnote 3
Impact of adoption of ASC 842	75,000	—
Reconciliation of ending cash and cash equivalents and restricted cash to consolidated balance sheets:		
Cash and cash equivalents	\$ 310,153	251,832
Investments	8,138	8,898
Long-term investments	8,539	6,623
Cash and cash equivalents and restricted cash	\$ 326,830	267,353

See accompanying notes to consolidated financial statements.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(Dollars in thousands)

(1) Organization

On October 1, 1998, Sinai Health System, Inc. merged with Northwest Health System, Inc. to form LifeBridge Health, Inc. (LifeBridge). LifeBridge is a not-for-profit, nonstock Maryland Corporation.

LifeBridge's subsidiaries include Sinai Hospital of Baltimore, Inc. (Sinai); Northwest Hospital Center, Inc. (Northwest); Carroll Hospital Center (Carroll); Levindale Hebrew Geriatric Center and Hospital, Inc. (Levindale); Baltimore Child Abuse Center (BCAC); Children's Hospital of Baltimore City, Inc.; The Baltimore Jewish Health Foundation, Inc. (BJHF); The Baltimore Jewish Eldercare Foundation, Inc. (BJEF); Children's Hospital at Sinai Foundation, Inc. (CHSF); LifeBridge Anesthesia Associates, LLC (LAA); LifeBridge Insurance Company, Ltd. (LifeBridge Insurance); Courtland Gardens Nursing and Rehabilitation Center, Inc. (Courtland); LifeBridge Investments, Inc. (Investments); LifeBridge Health ACO, LLC; LifeBridge Physician Network, LLC; 8600 Liberty Road, LLC; and LifeBridge 23 Crossroads Drive Medical Office Building, LLC. Except for LifeBridge Insurance and Investments, all of the entities named above are not-for-profit and tax-exempt. Sinai and Levindale are constituent agencies of THE ASSOCIATED: Jewish Community Federation of Baltimore, Inc. (AJCF), a charitable corporation.

Effective November 1, 2019, Grace Medical Center (Grace) became a subsidiary of LifeBridge. The acquisition of Grace by LifeBridge is further discussed in note 3.

Investments is a for-profit corporation that holds, directly and indirectly, interests in a variety of for-profit businesses. Investments' wholly owned subsidiaries include:

- *Practice Dynamics, Inc.*
- *LifeBridge Health and Fitness, LLC*
- *Sinai Eldersburg Real Estate, LLC*
- *General Surgery Specialists, LLC*
- *BW Primary Care, LLC*
- *LifeBridge Community Practices, LLC*
- *The Center for Urologic Specialties, LLC*
- *LifeBridge Community Physicians, Inc. (Community Physicians)*

Investments also holds interests in numerous other health-related businesses.

Community Physicians is a for-profit corporation that provides physician and related services through numerous subsidiaries.

Carroll is a not-for-profit, nonstock Maryland corporation. The accompanying consolidated financial statements include the accounts of Carroll and its wholly or partially owned subsidiaries.

Wholly owned subsidiaries of Carroll include Carroll Hospital Center Foundation, Inc. (Carroll Foundation); Carroll Hospice, Inc. (CH); Carroll Regional Cancer Center Physicians, LLC (CRCCP); and Carroll Hospital Center MOB Investment, LLC. Carroll also holds interests in various health-related companies.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(Dollars in thousands)

Carroll County Med-Services, Inc. (CCMS) is a wholly owned, for-profit subsidiary of CCHS that is involved in real estate holdings, physician services, and other activities and also maintains ownership interests in various joint ventures. Wholly owned subsidiaries of CCMS include: Carroll Health Group, LLC; Carroll PHO, LLC; and Carroll ACO, LLC. CCMS also holds interests in various health-related companies.

(2) Significant Accounting Policies

(a) *Basis of Presentation*

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. All controlled and direct member entities are consolidated. The accompanying consolidated financial statements include the accounts of LifeBridge Health, Inc. and subsidiaries (the Corporation). All entities where the Corporation exercises significant influence, but does not have control, are accounted for under the equity method. All other unconsolidated entities are accounted for under the cost method. All significant intercompany accounts and transactions have been eliminated.

(b) *Cash and Cash Equivalents*

Cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less at the date of purchase.

(c) *Assets Limited as to Use*

Assets limited as to use primarily consists of assets held by trustees under bond indenture agreements, a self-insured workers' compensation reserve fund, and designated assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes. A portion of the designated assets set aside by the Board of Directors is contractually designated.

(d) *Inventory*

Inventories, which consist primarily of medical supplies and pharmaceuticals, are stated at the lower of cost (using the moving average cost method of valuation) or market.

(e) *Investments, Long-Term Investments and Donor-Restricted Investments*

The Corporation's investment portfolio is considered a trading portfolio and is classified as current or noncurrent assets based on management's intention as to use. All debt and equity securities are reported in the consolidated balance sheets at fair value, principally based on quoted market prices. Cash equivalents, as defined above, included within investments and assets limited as to use are treated as investments.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(Dollars in thousands)

The Corporation has investments in alternative investments, primarily funds of hedge funds, totaling \$224,023 and \$163,030 at June 30, 2021 and 2020, respectively. These funds utilize various types of debt and equity securities and derivative instruments in their investment strategies. Also included in alternative investments are BJEF's and BJHF's funds that are invested on their behalf by the Associated Jewish Charities (AJC), an affiliate of AJCF. Alternative investments are recorded under the equity method, which is based on the net asset value (NAV) of the shares in each investment company or partnership.

Investments in unconsolidated affiliates are accounted for under the cost or equity method of accounting as appropriate and are included in other assets or investment in unconsolidated affiliates, respectively, in the consolidated balance sheets. The Corporation's equity income or loss is recognized in other operating revenue within the excess of revenue over expenses in the accompanying consolidated statements of operations.

Investments also include assets restricted by donor and assets designated by the Board of Directors for future capital improvements and other purposes over which it retains control and may, at its discretion, use for other purposes. Purchases and sales of securities are recorded on a trade-date basis.

Investment income (interest and dividends) including realized gains and losses on investment sales is reported as other income (loss), net within the excess of revenues over expenses in the accompanying consolidated statements of operations and changes in net assets unless the income or loss is restricted by the donor or law. Investment income on funds held in trust for self-insurance purposes is included in other operating revenue. Investment income and net gains (losses) that are restricted by the donor are recorded as a component of changes in net assets with donor restrictions, in accordance with donor-imposed restrictions. Realized gains and losses are determined based on the specific security's original purchase price. Unrealized gains and losses are included in other income, net within the excess of revenue over expenses.

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 Inputs – Unadjusted quoted prices in active markets for identical assets or liabilities accessible to the reporting entity at the measurement date
- Level 2 Inputs – Other than quoted prices included in Level 1 inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability
- Level 3 Inputs – Unobservable inputs for the asset or liability used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(Dollars in thousands)

The hierarchy requires the use of observable market data when available. Assets and liabilities are classified in their entirety based on the lowest-level input that is significant to the fair value measurements.

(f) Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter of the period of the lease term or the estimated useful life of the equipment. Maintenance and repair costs are expensed as incurred. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

(g) Impairment of Long-Lived Assets

Management regularly evaluates whether events or changes in circumstances have occurred that could indicate impairment in the value of long-lived assets. In accordance with the provisions of ASC Topic 360, *Property, Plant, and Equipment*, if there is an indication that the carrying value of an asset is not recoverable, the Corporation estimates the projected undiscounted cash flows, excluding interest and taxes, of the related individual entities to determine if an impairment loss should be recognized. The amount of impairment loss is determined by comparing the historical carrying value of the asset to its estimated fair value. Estimated fair value is determined through an evaluation of recent and projected financial performance of facilities using standard industry valuation techniques.

In addition to consideration of impairment upon the events or changes in circumstances described above, management regularly evaluates the remaining lives of its long-lived assets. If estimates are changed, the carrying value of affected assets is allocated over the remaining lives. In estimating the future cash flows for determining whether an asset is impaired and if expected future cash flows used in measuring assets are impaired, the Corporation groups its assets at the lowest level for which there are identifiable cash flows independent of other groups of assets. The Corporation did not record a loss on impairment during the year ended June 30, 2021 or 2020.

(h) Goodwill and Other Assets, Net

Other assets consist primarily of goodwill and other intangibles related to practice acquisitions, notes receivable, and the cash surrender value of split-dollar life insurance.

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Goodwill represents the excess of the aggregate purchase price over the fair value of the net assets acquired in a business combination. ASC Topic 350, *Intangibles – Goodwill and Other*, requires that tangible and indefinite-lived assets as well as goodwill must be analyzed in order to determine whether their value has been impaired.

Goodwill is assessed annually for impairment at the reporting unit. As of June 30, 2021 and 2020, the Corporation had one reporting unit, which included all subsidiaries. The Corporation first assesses qualitative factors to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount as a basis for determining whether it is necessary to perform the two-step goodwill impairment tests as described in ASC Topic 350. The more-likely than-not threshold is defined as having a likelihood of more than 50%. The Corporation determined that it was not more likely than not that the fair value of its reporting unit was less than its carrying amount. Accordingly, the Corporation concluded that goodwill was not impaired as of June 30, 2021 and 2020 without having to perform the two-step impairment test.

(i) Beneficial Interest in Split Interest Agreement

CHSF holds a 25% interest in a trust, of which management has estimated the present value of the future income stream. CHSF will receive 25% of the net annual income until 2024, when the trust will terminate, and 25% of the principal will be distributed to CHSF. Management has reported the beneficial interest at fair value based on the fair value of the underlying trust investments.

(j) Advances from Third-Party Payors

Advances from third-party payors are comprised of advance funding from CareFirst BlueCross BlueShield, Medicaid, Aetna, United/MAMSI, and other insurance providers. The Corporation also received advance funding through the Cares Act and Medicare Accelerated and Advance Payment Program in response to the COVID-19 pandemic. See note 4 for further information.

(k) Self-Insurance Programs

The Corporation maintains self-insurance programs for professional and general liability, workers' compensation, and employee health benefits. The provision for estimated self-insurance program claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. The estimates are based on historical trends, claims asserted, and reported incidents.

(l) Other Long-Term Liabilities

Other long-term liabilities consist of self-insurance liabilities, pension plan liabilities, asset retirement obligations, and deferred compensation plan liabilities.

(m) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date those promises become unconditional. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets

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without donor restrictions and reported in the consolidated statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions.

(n) Net Assets

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of externally imposed stipulations. Accordingly, net assets of the Corporation and changes therein are classified and reported as follows:

Net assets without donor restrictions – Net assets that are not subject to externally imposed stipulations

Net assets with donor restrictions – Net assets subject to externally imposed stipulations that may or will be met either by actions of the Corporation and/or the passage of time or may be maintained by the Corporation in perpetuity.

Revenues are reported as increases in net assets without donor restrictions unless use of the related asset is limited by externally imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses are reported as increases or decreases in net assets without donor restrictions unless use of the related asset is limited by externally imposed restrictions or law. Expirations of temporary restrictions of net assets (i.e., the externally stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets if used to acquire capital assets; otherwise, they are recorded as unrestricted operating revenue.

(o) Net Patient Service Revenue

Net patient service revenue for acute care facility-based services, as defined by Maryland's system of rate regulation, at Sinai, Northwest, Carroll, Grace, and the chronic hospital component of Levindale is recorded at rates established by the State of Maryland Health Services Cost Review Commission (HSCRC) and, accordingly, reflects consideration expected to be received from patients based on rates in effect during the period in which the services are rendered over time and the Corporation's performance obligations are met. Generally, performance obligations satisfied over time relate to patients receiving acute care services. The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the Corporation does not believe it is required to provide additional services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Corporation has elected to apply the optional exemption provided in Financial Accounting Standards Board ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The

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performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Corporation is utilizing the portfolio approach practical expedient in ASC 606, *Revenue from Contracts with Customers*, for contracts related to net patient service revenue. The Corporation accounts for the contracts within each portfolio as a collective group, rather than individual contracts, based on the payment pattern expected in each portfolio category and the similar nature and characteristics of the patients within each portfolio. The portfolios consist of major payor classes for inpatient revenue and outpatient revenue. Based on historical collection trends and other analyses, the Corporation has concluded that revenue for a given portfolio would not be materially different than if accounting for revenue on a contract-by-contract basis.

On January 29, 2014, the Corporation and the HSCRC agreed to implement the Global Budget Revenue (GBR) methodology for Sinai, Northwest, Carroll, Grace, and Levindale. The agreement is updated annually, was in place during the years ended June 30, 2021 and 2020, and will renew for a one-year period unless it is canceled by the HSCRC or by the applicable hospital. The GBR model is a revenue constraint and quality improvement system designed by the HSCRC to provide hospitals with strong financial incentives to manage their resources efficiently and effectively in order to slow the rate of increase in healthcare costs and improve healthcare delivery processes and outcomes. The GBR model is consistent with the hospitals' mission to provide the highest value of care possible to its patients and the communities served.

The GBR agreement establishes a prospective, fixed revenue base (the GBR cap) for each fiscal year. This includes both inpatient and outpatient regulated services. Under GBR, the Corporation's revenue for all HSCRC-regulated services is predetermined for the upcoming year, regardless of changes in volume (subject to certain limits), service mix intensity, or mix of inpatient or outpatient services that occurs during the year. The GBR agreement allows the Corporation to adjust unit rates, within certain limits, to achieve the overall revenue base for the Corporation at year-end. Any overcharge or undercharge versus the GBR cap, within established constraint parameters, is prospectively added to the subsequent year's GBR cap. The GBR is adjusted for changes in market share, with the market-shift adjustments made semi-annually, on January 1 and July 1, although market-shift adjustments specific to calendar year 2020 were suspended due to impact of the COVID-19 pandemic. The GBR cap is adjusted annually for inflation and changes in payor mix and uncompensated care, as well as changes in population and aging within the Corporation's service area. A hospital's GBR cap may also be adjusted based on the hospital's performance on various quality and utilization metrics established by the HSCRC.

Contractual adjustments, which represent the difference between amounts billed as patient service revenue and amounts paid by third-party payors, are accrued in the period in which the related performance obligations are met. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue.

Implicit price concessions represent differences between amounts billed and the estimated consideration the Corporation expects to receive from patients, which are determined based on historical collection experience, current market factors, and other factors. Generally, patients who are

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covered by third-party payors are responsible for patient responsibility balances, including deductibles and coinsurance, which vary in amount. The Corporation estimates the transaction price for patients with deductibles and coinsurance based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any explicit price concessions, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price were not significant in 2021 or 2020.

Prior to October 1, 2019, Medicare reimbursed Northwest and Levindale for skilled nursing services under the Medicare skilled nursing Prospective Payment System (PPS) with payments being based on patient resource utilization as calculated by a patient classification system known as Resource Utilization Groups (RUG's).

Effective October 1, 2019, Medicare reimburses Northwest and Levindale for skilled nursing services under the Medicare Patient-Driven Payment Model (PDPM). Under PDPM, therapy minutes are removed as the basis for payment in favor of resident classifications and anticipated resource needs during the course of a patient's stay. PDPM assigns every resident a case-mix classification that drives the daily reimbursement rate for that individual.

Medicaid reimburses Levindale for long-term care services based on Levindale's actual costs. However, beginning in January 2015, the cost data from the 2012 cost reports was used to set Resource Utilization Group (similar to Medicare) rates, which are adjusted for changes in case mix. The case mix from two quarters prior is used to adjust the rates on a quarterly basis.

All other patient service revenue is recorded at the estimated net realizable amounts from patients, third-party payors, and others for services rendered.

(p) Other Operating Revenue

Other operating revenue includes income of LifeBridge Health and Fitness LLC, revenue from other support services, and revenue generated from investments in joint ventures that offer healthcare services or services that support or complement the delivery of care.

(q) Grants

Federal grants are accounted for either as an exchange transaction or as a contribution based on terms and conditions of the grant. If the grant is accounted for as an exchange transaction, revenue is recognized as other operating revenue when earned. If the grant is accounted for as a contribution, the revenues are recognized as either other operating revenue or restricted contributions depending on the restrictions within the grant. During the years ended June 30, 2021 and 2020, the Corporation received grants from the programs under the CARES Act. See note 4 for further information.

(r) Charity Care and Bad Debt

Sinai, Northwest, Carroll, Grace, and Levindale provide care to patients who meet certain criteria under their charity care policies without charge or at amounts less than their established rates. Because the facilities do not pursue the collection of amounts determined to qualify as charity care, those amounts

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are not reported as revenue. The amount of charity care provided during the years ended June 30, 2021 and 2020, based on patient charges forgone, was \$7,800 and \$10,529, respectively. The total direct and indirect costs to provide the care amounted to approximately \$6,483 and \$8,889 for the years ended June 30, 2021 and 2020, respectively.

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 met 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 were used to assist in the recovery of bad debt after all internal collection efforts have been exhausted. In so doing, the collection agencies must operate consistently with the goal of maximum bad debt recovery and strict adherence with Fair Debt Collections Practices Act (FDCPA) rules and regulations while maintaining positive patient relations.

(s) *Income Taxes*

LifeBridge and its not-for-profit subsidiaries have been recognized by the Internal Revenue Service as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

LifeBridge's incorporated for-profit subsidiaries account for income taxes in accordance with FASB ASC Topic 740, *Income Taxes*. Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in the period that includes the enactment date. Any changes to the valuation allowance on the deferred tax asset are reflected in the year of the change. The Corporation accounts for uncertain tax positions in accordance with ASC Topic 740.

(t) *Use of Estimates*

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(u) *Excess of Revenues over Expenses*

The accompanying consolidated statements of operations include a performance indicator, excess of revenue over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include changes in the funded status of

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defined-benefit pension plans, permanent transfers of assets to and from affiliates for other than goods and services, and contributions received for additions of long-lived assets.

(v) Employee Pension Plan

Pension benefits are administered by the Corporation. The Corporation accounts for its defined-benefit pension plans within the framework of ASC Topic 958, *Not-for-Profit Entities, Section 715, Compensation-Retirement Benefits* (Topic 958, Section 715), which requires the recognition of the overfunded or underfunded status of a defined-benefit pension plan as an asset or liability. The plans are subject to annual actuarial evaluations, which involve various assumptions creating changes in elements of expense and liability measurement. Key assumptions include the discount rate, the expected rate of return on plan assets, retirement, mortality, and turnover. The Corporation evaluates these assumptions annually and modifies them as appropriate.

Additionally, ASC Topic 958, Section 715 requires the measurement date for plan assets and liabilities to coincide with the employer's year-end and requires the disclosure in the notes to the consolidated financial statements of additional information about certain effects on net periodic benefit cost for the next fiscal year that arise from delayed recognition of the gains or losses, prior service costs or credits, and transition asset or obligation. The Corporation reports the service cost component of pension cost in salaries and employee benefit expense and the other components of net benefit cost in other income, net.

(w) Management's Assessment and Plans

The Corporation adopted Accounting Standards Update (ASU) No. 2014-15, *Disclosure of Uncertainties about an Entity's Ability to Continue as a Going Concern*, (ASU 2014-15), which requires management to evaluate an entity's ability to continue as a going concern within one year after the date that the financial statements are issued (or available to be issued, when applicable). Management determined that there were no conditions or events that raise substantial doubt about the Corporation's ability to continue as a going concern, and the Corporation will continue to meet its obligations through October 25, 2022.

(x) New Accounting Pronouncements

The FASB issued ASU No. 2016-02, *Leases* (ASU 2016-02), which requires lessees to recognize most leases on balance sheet, increasing their reported assets and liabilities. This update was developed to provide financial statement users with more information about an entity's leasing activities and required changes in processes and internal controls. The Corporation adopted ASU 2016-02 on July 1, 2020, using a modified retrospective approach. The Corporation also elected the package of practical expedients permitted under the new standard that allowed the Corporation to carry forward historical lease classification. The impact of adoption on the consolidated financial statements was an increase on July 1, 2020 in other noncurrent assets and property, plant and equipment, net to record right-of-use assets and an increase in other current and noncurrent liabilities and current and long term debt and finance lease obligations, net to record lease obligations for current operating and finance leases of approximately \$75,000, representing the present value of remaining lease payments for operating and finance leases, net of the derecognition of assets and liabilities of medical office buildings previously recognized. Such derecognition also resulted in a \$1,449 adjustment to net assets without restrictions.

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In August 2018, the FASB issued ASU No. 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software, Customer’s Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement that is a Service Contract*. This ASU aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software. The ASU is effective for the Corporation for annual reporting periods beginning after December 15, 2020 and interim periods beginning after December 15, 2021 with early adoption permitted. The Corporation is currently assessing the impact that ASU No. 2018-15 will have on its consolidated financial statements and will adopt the provisions upon the effective date.

From time to time, new accounting guidance is issued by the FASB or other standard-setting bodies that is adopted by the Corporation as of the effective date or, in some cases where early adoption is permitted, in advance of the effective date. The Corporation has assessed the recently issued guidance that is not yet effective and, unless otherwise indicated above, believes the new guidance will not have a material impact on its consolidated financial position, results of operations, or cash flows.

(3) Acquisitions

The Corporation became the sole corporate member of Grace Medical Center on November 1, 2019. Beginning on that date, the financial position and results of operations of Grace were consolidated into the Corporation. As part of the transaction, LifeBridge agreed to pay \$25,000, which is being paid over six years through 2026 and is included in current and long-term liabilities in the table below. The affiliation was accounted for under the guidance of ASC Topic 805, *Business Combinations*. As a result, the Corporation recorded an inherent contribution related to the transaction of \$6,716, which is included within other nonoperating income during the year ended June 30, 2020 in the accompanying consolidated statement of operations.

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The following table summarizes the estimated fair value of assets acquired and liabilities assumed at November 1, 2019:

Assets:	
Current assets	\$ 3,695
Property and equipment	32,631
Other long-term assets	<u>—</u>
Total assets	<u>\$ 36,326</u>
Liabilities:	
Current liabilities	\$ —
Long-term liabilities	<u>29,610</u>
Total liabilities	<u>29,610</u>
Net assets:	
Unrestricted	<u>6,716</u>
Total net assets	<u>6,716</u>
Total liabilities and net assets	<u>\$ 36,326</u>

The following table summarizes the Corporation's pro forma consolidated results as though the acquisition date occurred at July 1, 2019:

	<u>2020</u>
Operating revenues	\$ 1,698,186
Operating expenses	<u>1,656,224</u>
Net operating income	41,962
Nonoperating income	<u>41,562</u>
Excess of revenues over expenses	<u>\$ 83,524</u>
Changes in net assets:	
Net assets without donor restrictions	\$ 56,922
Net assets with donor restrictions	<u>2,120</u>
Total changes in net assets	<u>\$ 59,042</u>

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(4) COVID-19

The CARES Act, which was enacted on March 27, 2020, authorizes \$100 billion in funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (the PHSSEF), which was subsequently increased to \$175 billion. Payments from the PHSSEF are intended to compensate healthcare providers for lost revenues and incremental expenses incurred in response to the COVID-19 pandemic and are not required to be repaid provided the recipients attest to and comply with certain terms and conditions, including limitations on balance billing and not using PHSSEF funds to reimburse expenses or losses that other sources are obligated to reimburse. The U.S. Department of Health and Human Services (the HHS) initially distributed \$30 billion of this funding based on each provider's share of total Medicare fee-for-service reimbursement in 2019, but announced that \$50 billion in CARES Act funding (including the \$30 billion already distributed) will be allocated proportional to providers' share of 2018 net patient revenue. HHS indicated that distributions of the remaining \$50 billion were targeted primarily to hospitals in COVID-19 high-impact areas, to rural providers, and to reimburse providers for COVID-19-related treatment of uninsured patients. The Corporation received approximately \$55,800 in payments from the initial PHSSEF payments of which \$48,400 were recognized as revenue and included within other operating revenue for the year ended June 30, 2020 in the accompanying consolidated statement of operations. As of June 30, 2021 the Corporation received additional PHSSEF payments of approximately \$40,300 of which \$47,770 was recognized as revenue and included in the accompanying consolidated statement of operations.

As a way to increase cash flow to Medicare providers impacted by the COVID-19 pandemic, the CARES Act expanded the Medicare Accelerated and Advance Payment Program. Inpatient acute care hospitals may request accelerated payments of up to 100% of the Medicare payment amount for a six-month period (not including Medicare Advantage payments). CMS based payment amounts for inpatient acute care hospitals on the provider's Medicare fee-for-service reimbursements in the last six months of 2019. Such accelerated payments are interest-free for inpatient acute care hospitals for 12 months, and the program initially required CMS to recoup the payments beginning 120 days after receipt by the provider, by withholding future Medicare fee-for-service payments for claims until the full accelerated payment has been recouped. On October 1, 2020, new legislation was signed that delayed the timing of the recoupments of these advances by CMS, which began in April 2021. The payments are made for services a healthcare entity has provided or will provide to its Medicare patients who are the healthcare entity's customers. Therefore, they are accounted for under ASC Topic 606 as revenue. In April 2020, the Corporation received approximately \$196,100 of accelerated payments, which have been accrued on the consolidated balance sheet as of June 30, 2020 as a contract liability, in accordance with ASC Topic 606 and are included within advances from third-party payors on the accompanying consolidated balance sheets. Beginning in April 2021, Medicare began to retract money from normal payments to reduce this contract liability. As of June 30, 2021 a total of \$25,917 was recouped by Medicare related to the accelerated payments received.

Lastly, the CARES Act provides for deferred payment of the employer portion of social security taxes between March 27, 2020 and December 31, 2020, with 50% of the deferred amount due December 31, 2021 and the remaining 50% due December 31, 2022. The Corporation began deferring the employer portion of social security taxes in mid-April 2020. As of June 30, 2021 and 2020, the Corporation deferred approximately \$18,000 and \$7,000 in social security taxes, respectively.

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The Corporation continues to assess the potential impact of the CARES Act and the PPPHCE Act, the potential impact of future stimulus measures, if any, and the impact of other laws, regulations, and guidance related to COVID-19 on its business, results of operations, financial condition, and cash flows.

(5) Investments

Investments, which consist of assets limited as to use, board-designated investments, donor-restricted investments, and long-term investments in the accompanying consolidated balance sheets, are stated at fair value or under the equity method, as appropriate, as of June 30, 2021 and 2020 and consist of the following:

	<u>2021</u>	<u>2020</u>
Assets limited as to use:		
Self-insurance fund:		
Mutual funds	\$ 59,871	45,047
Equity securities	31,454	20,634
Alternative investments	3,651	3,062
Self-insurance fund	<u>94,976</u>	<u>68,743</u>
Debt service fund:		
Cash and cash equivalents	16,149	16,210
Government securities	908	723
Debt service fund	<u>17,057</u>	<u>16,933</u>
Construction funds:		
Cash and cash equivalents	42,837	64,413
	<u>42,837</u>	<u>64,413</u>
Total assets limited as to use	154,870	150,089
Less current portion	<u>(59,894)</u>	<u>(81,346)</u>
Assets limited as to use, net of current portion	<u>\$ 94,976</u>	<u>68,743</u>
Beneficial interest in split-interest agreement	\$ 5,294	4,792

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There are other investments restricted by donors other than pledges receivable and beneficial interest that are included in long-term investments as of June 30, 2021 and 2020. As of June 30, 2021 and 2020 current, long-term, donor-restricted, and board-designated investments are as follows:

	<u>2021</u>	<u>2020</u>
Current, long-term, donor-restricted, and board-designated investments:		
Cash and cash equivalents	\$ 27,350	35,063
Mutual funds	322,843	279,392
Equity securities	264,003	195,582
Government securities	132,160	193,281
Fixed-income securities	293,344	255,358
Alternative investments	<u>220,372</u>	<u>159,968</u>
Current, long-term, donor-restricted, and board-designated investments	1,260,072	1,118,644
Less current portion	<u>(436,122)</u>	<u>(470,176)</u>
Long-term, donor-restricted, and board-designated investments	<u>\$ 823,950</u>	<u>648,468</u>

Investment income and gains and losses on long-term investments, board-designated investments, donor-restricted investments, and assets limited as to use comprise the following for the years ended June 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Investment income:		
Interest income and dividends	\$ 25,917	18,175
Unrealized (losses) gains on trading securities	127,763	(334)
Realized gains on sale of securities	<u>31,926</u>	<u>19,974</u>
Investment income	185,606	37,815
Other changes in net assets:		
Changes in unrealized gains on net assets with donor restrictions	<u>9,247</u>	<u>476</u>
Total investment return	<u>\$ 194,853</u>	<u>38,291</u>

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(6) Liquidity and Availability

Financial assets available for general expenditure within one year of June 30, 2021 and 2020 include the following (in thousands):

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 310,153	251,832
Short-term investments	436,122	470,176
Patient receivables	170,800	151,707
Other receivables	4,707	10,253
Pledges receivables, current	3,895	3,386
Long-term investments (excluding alternatives investments)	<u>363,578</u>	<u>238,362</u>
	<u>\$ 1,289,255</u>	<u>1,125,716</u>

The Corporation has certain board-designated assets whose use is limited, which are available for general expenditures within one year in the normal course of operations, pending board approval. These board-designated assets were \$169,680 and \$191,964 as of June 30, 2021 and 2020, respectively, and are not included in the table above.

The Corporation has assets limited to use held by trustees, set aside for the Corporation's captive insurance subsidiary, and held for donor-restricted purposes. These investments are not reflected in the amounts above.

The Corporation invests in alternative investments to increase the investment portfolio's diversification. The asset allocation of the portfolio is broadly diversified across global equity and global fixed-income asset classes and alternative investment strategies and is designed to maximize the probability of achieving the Corporation's long-term investment objectives at an appropriate level of risk while maintaining a level of liquidity to meet the needs of ongoing portfolio management. The nature of alternative investments generally restricts the liquidity and availability of these investments to be available for the general expenditures of the Corporation within one year of the consolidated balance sheet. As such, these investments have been excluded from the amounts above.

As part of the Corporation's liquidity management plan, cash in excess of daily requirements for general expenditures is invested in long-term investments. The Corporation's long-term investment portfolio contains money market funds and other liquid investments that can be drawn upon, if necessary, to meet the liquidity needs of the Corporation.

The Corporation maintains a \$5,000 revolving credit facility as discussed in note 12. As of June 30, 2021 and 2020, \$5,000 was available under the credit facility.

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(7) Pledges Receivable

Contributions and pledges to raise funds are recorded as temporarily restricted net assets until the donor-intended purpose is met and the cash is collected. Future pledges are discounted at the Treasury bill rate to reflect the time value of money, and an allowance for potentially uncollectible pledges has been established.

Sinai, Northwest, Carroll, and Levindale have recorded total pledges as of June 30, 2021 and 2020 as follows:

	<u>2021</u>	<u>2020</u>
Gross pledges receivable	\$ 11,879	13,327
Less:		
Discount for time value of money	(548)	(569)
Allowance for uncollectible accounts	<u>(1,554)</u>	<u>(1,691)</u>
	<u>\$ 9,777</u>	<u>11,067</u>

The pledges are due as follows:

Less than one year	\$ 4,602
One to five years	7,277
Five years and thereafter	<u>—</u>
	<u>\$ 11,879</u>

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(8) Property and Equipment

As described in note 16, Sinai and Levindale leases from an affiliate of AJCF all land, land improvements, buildings, and fixed equipment located at those entities' primary locations; LifeBridge entities own the movable equipment. Property and equipment are classified as follows at June 30:

	Estimated useful life	2021	2020
Land		\$ 23,736	23,736
Land improvements	8–20 years	39,395	40,683
Building and improvements	10–40 years	1,107,232	1,073,286
Fixed equipment	8–20 years	113,889	113,444
Movable equipment	3–15 years	664,123	642,463
		1,948,375	1,893,612
Less accumulated depreciation		(1,258,033)	(1,241,183)
		690,342	652,429
Construction in progress		73,779	61,581
Property and equipment, net		\$ 764,121	714,010

Depreciation and amortization were \$98,115 and \$89,160 for the years ended June 30, 2021 and 2020, respectively. Of this, depreciation expense was \$88,906 and \$89,002 for the years ended June 30, 2021 and 2020, respectively.

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(9) Investments in Joint Ventures

Investments in joint ventures and partnerships, accounted for under either the equity or cost method as appropriate, consist of the following at June 30, 2021 and 2020:

Joint Venture	Business purpose	2021		2020	
		Percentage ownership	Balance	Percentage ownership	Balance
MNR Industries, LLC	Urgent Care Centers	40 %	\$ 23,835	40 %	\$ 19,390
Baltimore County Radiology, LLC	Outpatient Radiology	25	7,481	25	7,365
Mt. Airy Med-Services, LLC	Real Estate	50	3,618	50	3,849
Future Care Old Court, LLC	Nursing Home	40	3,073	40	2,658
Locheam Nursing Home, LLC	Nursing Home	10	2,000	10	2,000
Mt. Airy Plaza, LLC	Real Estate	50	52	50	48
LifeBridge Sports Medicine & Rehabilitation, LLC	Physical Therapy	50	2,294	50	2,114
Advanced Health Collaborative, LLC	Medicare Advantage Plan	25	—	25	210
Other Joint Ventures	Miscellaneous	5-50	4,940	5-50	3,816
Total			\$ 47,293		\$ 41,450

For those joint ventures and partnerships accounted for using the equity method, the Corporation recorded equity in earnings of joint ventures and partnerships. For those joint ventures and partnerships accounted for using the cost method, the Corporation recorded dividend income. Such amounts are included in other operating revenue in the consolidated statements of operations and was approximately \$27,300 and \$(100) during the years ended June 30, 2021 and 2020, respectively.

(10) Other Assets

As of June 30, other assets comprise the following balances:

	2021	2020
Goodwill	\$ 38,061	38,061
Investment in Premier	23,394	22,469
Notes receivable	13,188	3,410
Other intangible assets	8,831	9,499
Deferred compensation assets	10,172	7,846
Other	2,597	1,531
Other assets	\$ 96,243	82,816

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(11) Long-Term Debt and Capital Lease Obligations

As of June 30, long-term debt and capital lease obligations consist of the following:

	2021	2020
Maryland Health and Higher Educational Facilities Authority (MHHEFA):		
Revenue Bonds Series 2011	\$ 1,100	2,145
Revenue Bonds Series 2012A	3,695	5,420
Revenue Bonds Series 2015	157,250	158,220
Revenue Bonds Series 2016	119,128	119,435
Revenue Bonds Series 2017	107,890	111,350
Springwell Senior Living Issue Series 2019	33,692	35,439
Other debt:		
M&T Bank taxable loan	22,091	27,084
Bank of America note payable	42,857	50,000
BB&T promissory note	48,350	48,350
Finance leases	53,593	11,365
Other	36,464	25,128
	626,110	593,936
Less current portion	(28,009)	(24,501)
Plus unamortized premium	24,890	26,615
Less deferred financing costs	(3,510)	(3,839)
Long-term debt, net	\$ 619,481	592,211

A single obligated group (the Obligated Group), consisting of LifeBridge, Sinai, Northwest, Grace, Levindale, BJHF, CHSF, CCHS, Carroll, CCMS and CH, has been formed with respect to certain bonds issued by the Maryland Health and Higher Educational Facilities Authority (MHHEFA) and certain other obligations. Members of the Obligated Group are jointly and severally liable for all of the outstanding bonds issued by MHHEFA on behalf of LifeBridge and CCHS and their respective affiliates, together with other obligations issued on parity with such bonds.

In March 2011, MHHEFA loaned \$50,695 from the proceeds of bonds (Series 2011 Bonds) to LifeBridge and certain of its subsidiaries. Portions of the Series 2011 Bonds are payable on July 1 of each year through 2041. The Series 2011 Bonds bear interest at a weighted fixed rate of 5.99%. Approximately \$46,040 of the Series 2011 Bonds were repaid as part of the Series 2016 Bond offering, which is further discussed below.

In May 2012, MHHEFA loaned \$59,780 from the proceeds of bonds (Series 2012A Bonds) to CCHS and certain of its subsidiaries (the Series 2012 Bonds). The Series 2012 Bonds were issued in three series: \$26,995 of serial bonds maturing in 2013 through 2027 with interest rates ranging from 2% to 5%, \$7,505

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of term bonds maturing in 2030 with an interest rate of 4%, and \$25,280 of term bonds maturing in 2037 (Series 2012A Bonds) with an interest rate of 5%. Approximately \$48,775 of the Series 2012A Bonds were repaid as part of the \$48,335 promissory note in 2020, which is discussed below. As a result of the refinancing, there was a loss of \$2,557, which is included within nonoperating income on the accompanying statement of operations.

On June 26, 2015, LifeBridge entered into a \$50,000 direct bank placement with M&T Bank (2015 M&T Bank Taxable Loan). The interest rates range from 1.57% to 3.28%, with maturity dates ranging from July 1, 2016 to July 1, 2025. The 2015 M&T Loan is secured on parity with the bonds.

On July 30, 2015, MHHEFA issued \$159,685 in bonds (Series 2015 Bonds) on behalf of LifeBridge. The proceeds of the Series 2015 Bonds have been and will be used to finance and refinance the cost of construction, renovation, and equipping of certain additional facilities for the Obligated Group, to refund prior years' bonds of debt obligations. \$33,130 of the bonds are serial bonds with maturity dates ranging from 2019 through 2030 and interest rates ranging from 2.0% to 5.0%. \$14,260, \$26,325, \$35,970, and \$50,000 of the bonds are term bonds that are due in 2035, 2040, 2047, and 2047, respectively, with interest rates of 4.0%, 5.0%, 4.1%, and 5.0%, respectively.

On October 25, 2016, MHHEFA issued \$120,695 in bonds (Series 2016 Bonds) on behalf of LifeBridge Health. The proceeds of the Series 2016 Bonds were used to refinance prior bonds. \$40,465 of the bonds are serial bonds with maturity dates ranging from 2017 through 2036 and interest rates ranging from 2% to 5%. \$40,640 of the bonds are term bonds that are due in 2041 with an interest rate of 4%. The remaining \$39,590 of the bonds are term bonds that are due in 2047 with an interest rate of 5%.

On October 31, 2017, MHHEFA issued \$118,120 in bonds (Series 2017 Bonds) on behalf of LifeBridge Health. The proceeds of the Series 2017 Bonds have been used to refund prior bonds. \$82,700 of the bonds are serial bonds with maturity dates ranging from 2019 through 2037 and interest rates ranging from 3% to 5%. \$24,220 of the bonds are term bonds that are due in 2042 with an interest rate of 4%. The remaining \$11,200 of the bonds are term bonds that are due in 2044 with an interest rate of 5%.

On July 1, 2019, the Maryland Health and Higher Educational Facilities Authority issued \$35,639 in bonds (Springwell Senior Living Issue Series 2019) on behalf of Springwell. The proceeds of the Series 2019 Bonds have been and will be used to finance and refinance the cost of construction renovation and equipping of certain facilities of Springwell and to refinance certain other outstanding indebtedness. All obligations related to this bond issuance are guaranteed by LifeBridge Health, Inc. Portions are payable on July 1 of each year starting 2025 through 2034. The bonds bear interest at a rate of 2.715% for the initial term rate period ending June 30, 2024. Following the initial term rate period, the bonds will enter the flexible mode rate period and will bear interest at different flexible rates.

The Series 2011, 2012A, 2015, 2016, and 2017 Bonds are governed by a Master Loan Agreement. Under the Master Loan Agreement, MHHEFA maintains a security interest in the revenue of the obligors. In addition, the Master Loan Agreement requires Obligated Group members to adhere to limitations on mergers, disposition of assets, and additional indebtedness and certain financial covenants. The financial covenants include a rate covenant, which requires the Obligated Group to achieve a debt service coverage ratio of 1.10; a liquidity covenant, which requires the Obligated Group to maintain 45 days cash on hand;

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and a debt-to-capitalization covenant, which requires the Obligated Group to maintain a debt-to-capitalization ratio of not more than 65%, all measured as of June 30 in each fiscal year.

On April 1, 2020, Bank of America issued a \$50,000 note payable on behalf of Grace. The proceeds of the note payable have been used to finance the cost of demolition, construction, and renovation at Grace Medical Center, Sinai Hospital, and Northwest Hospital. The note payable has a maturity date of April 1, 2027 with an interest rate of 1.9%. On July 1, 2021 the note payable was converted to a tax-exempt bond with MHHEFA.

On March 5, 2020, BB&T issued a \$48,350 promissory note on behalf of Carroll. The proceeds of the promissory note have been used to refinance the 2012A bonds discussed above. The promissory note will have an interest rate of 2.32% per year until it becomes a revenue bond issued by Maryland Health and Higher Educational Facilities, in which the rate will be 1.83% per year. The bond can be issued by MHHEFA upon request beginning July 1, 2022. The promissory note has a maturity date of July 2037.

In November 2019, the Corporation entered into an agreement with Bon Secours Baltimore Health Corporation (BSB) to acquire Grace Medical Center, an acute care hospital. Upon acquisition, the Corporation would pay \$25,000 payable over six years to an exempt affiliated foundation established by BSB that would fund future community services in West Baltimore. The note payable matures on October 2025.

In December 2020, the Corporation entered into an agreement with Harbor Community Fund XXIII, LLC to borrow two loans for \$7,236 and \$2,564 for a total of \$9,800. The loans will have an interest rate of 1.62% and a maturity date of December 2054 and will be used for the construction of the new Center For Hope building. The loan is secured by priority interest in the disbursement account and the property.

In 2017, the Corporation acquired Springwell Partners, LLC (Springwell). Upon acquisition, the Corporation assumed the debt of Springwell. The debt consisted of two term notes that were amended in February 2017. The first term note of \$9,000 bore monthly interest of one-month LIBOR plus 1.6% which approximated 4.0% as of June 30, 2019. The second term note of \$6,000 bore monthly interest of 4.75%. Both term notes had maturity dates of February 5, 2022 and were secured by certain property and equipment. The outstanding principal of the two notes as of June 30, 2019 was \$13,007. The notes were paid off and the loan agreement terminated in July 2019, using proceeds from the bond issuance (see above). Additionally, there was a construction loan that had been drawn on in the amount of \$19,404 as of June 30, 2019. This loan had an interest rate of one-month LIBOR plus 1.6%, which approximated 4.0% as of June 30, 2019. The term loan was to mature in February 2022, but was terminated and paid off in July 2019 using proceeds from the bond issuance (see above). As a result of the refinancing, there was a loss of \$397, which is included within nonoperating income on the accompanying consolidated statements of operations.

Deferred financing costs are amortized using the effective-interest method over the term of the related debt. Amortization expense was \$14 and \$62 for the years ended June 30, 2021 and 2020, respectively. Such amortization is included in interest expense in the accompanying consolidated financial statements.

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The total future principal payments on long-term debt payments are as follows:

Years ending June 30:		
2022	\$	28,009
2023		33,075
2024		31,971
2025		33,207
2026		29,653
Thereafter		<u>470,195</u>
	\$	<u><u>626,110</u></u>

(12) M&T Bank Line of Credit

Sinai maintains a \$5,000 line of credit with M&T Bank. As of June 30, 2021 and 2020, there were no balances outstanding on this line of credit.

(13) Net Assets With Donor Restrictions

Net assets without and with donor restrictions are available for the following purposes at June 30:

	2021	2020
Without donor restrictions:		
Designated by the board	\$ 169,680	191,964
Undesignated	1,364,469	1,051,033
With donor restrictions:		
Perpetual in nature	20,719	18,877
Purpose restricted – capital	27,590	23,527
Purpose restricted – operations	18,854	16,258
Time restricted	<u>18,228</u>	<u>15,371</u>
Net assets	<u>\$ 1,619,540</u>	<u>1,317,030</u>

The net assets without donor restrictions that is designated by the Board of Directors represent funds that are to be used to pay for future capital expenditures at Carroll.

(14) Employee Benefit Plans

(a) LifeBridge Health Pension Plans (Sinai and Levindale)

The Corporation sponsors two noncontributory defined-benefit pension plans (the Sinai/Levindale Plans) covering full-time, nonunion and union employees of Sinai and Levindale. Annual contributions to the Sinai/Levindale Plans are made at a level equal to or greater than the funding requirement as determined by the Sinai/Levindale Plans' consulting actuary. Contributions are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future.

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The following table sets forth the Sinai/Levindale Plans' funded status and amounts recognized in the accompanying consolidated financial statements as of June 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
	June 30, 2021	June 30, 2020
Measurement date		
Change in projected benefit obligation:		
Benefit obligation at beginning of year	\$ 282,073	253,922
Service cost	10,638	8,993
Interest cost	8,415	9,054
Actuarial loss	13,533	22,982
Benefits paid	(11,332)	(11,973)
Expenses paid from assets	<u>(972)</u>	<u>(905)</u>
Benefit obligation at end of year	<u>302,355</u>	<u>282,073</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	220,425	214,679
Actual return on plan assets	60,312	10,385
Company contributions	11,101	8,239
Benefits paid	(11,332)	(11,973)
Expenses paid from assets	<u>(972)</u>	<u>(905)</u>
Fair value of plan assets at end of year	<u>279,534</u>	<u>220,425</u>
Funded status	\$ <u><u>(22,821)</u></u>	\$ <u><u>(61,648)</u></u>

Amounts recognized in the consolidated financial statements consist of the following at June 30:

	<u>2021</u>	<u>2020</u>
Amounts recognized in the consolidated balance sheets:		
Other long-term liabilities	\$ 22,821	61,648
Amounts recognized in net assets without donor restrictions:		
Net actuarial loss	\$ <u>49,940</u>	<u>88,871</u>
	\$ <u><u>49,940</u></u>	\$ <u><u>88,871</u></u>

The Corporation has estimated \$11,101 for its defined-benefit contributions to the Sinai/Levindale Plans for the fiscal year ended June 30, 2021. The accumulated benefit obligation for the Sinai/Levindale Plans is \$267,221 and \$254,034 at June 30, 2021 and 2020, respectively.

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Net periodic pension expense for the years ended June 30, 2021 and 2020 was as follows:

	2021	2020
Pension expense:		
Service cost	\$ 10,638	8,993
Interest cost	8,415	9,054
Expected return on plan assets	(15,128)	(14,665)
Amortization of net loss	7,280	4,857
Net periodic pension expense	\$ 11,205	8,239

The estimated net actuarial loss and prior service cost to be amortized from unrestricted net assets into net periodic pension benefit cost over the next fiscal year are \$2,725 and \$7,281, respectively. The Corporation recorded \$10,638 and \$8,993 of the net periodic benefit cost in salary and employee benefit expense during the years ended June 30, 2021 and 2020, respectively, and recorded \$567 and \$(754) in other income, net during the years ended June 30, 2021 and 2020, respectively.

Actuarial assumptions used were as follows:

	2021	2020
Assumptions used to determine annual pension expense:		
Discount rate	3.06 %	3.67 %
Expected return on plan assets	7.00	7.00
Rate of compensation increase	2.50	2.50
Assumptions used to determine end-of-year liabilities:		
Discount rate	3.09 %	3.06 %
Expected return on plan assets	7.00	7.00
Rate of compensation increase	2.50	2.50
Plan asset allocation:		
Asset category:		
Fixed-income/debt securities	24.00 %	25.00 %
Equity securities/mutual funds	54.00	54.00
Alternative investments	22.00	21.00
Total	100.00 %	100.00 %

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In selecting the expected long-term rate of return on plan assets, Sinai and Levindale considered the average rate of earnings on the funds invested or to be invested to provide for the benefits of these plans. This included considering the Sinai/Levindale Plans' asset allocation and the expected returns likely to be earned over the life of the plans. Target asset allocation is as follows:

	<u>Target</u>
Target allocation on assets:	
Equity securities	52 %
Alternative investments	23
Fixed-income/debt securities	25

Following are the benefit payments expected to be disbursed from plan assets:

Years ending June 30:	
2022	\$ 16,767
2023	16,575
2024	16,373
2025	16,505
2026	16,693
2027–2031	83,140

The fair values of assets of the Sinai/Levindale Plans held by PNC Institutional Investments by level at June 30, 2021 were as follows:

	<u>Pension benefits – Plan assets</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>NAV</u>	
Assets:				
Cash and cash equivalents	\$ 7,016	—	—	7,016
Mutual funds and equity securities	155,572	—	—	155,572
Fixed-income mutual funds	66,183	—	—	66,183
Alternative investments	—	—	50,763	50,763
Total assets	<u>\$ 228,771</u>	<u>—</u>	<u>50,763</u>	<u>279,534</u>

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The fair values of assets of the Sinai/Levindale Plans held by PNC Institutional Investments by level at June 30, 2020 were as follows:

	Pension benefits – Plan assets			
	Level 1	Level 2	NAV	Total
Assets:				
Cash and cash equivalents	\$ 7,235	—	—	7,235
Mutual funds and equity securities	120,790	—	—	120,790
Fixed-income mutual funds	54,399	—	—	54,399
Alternative investments	—	—	38,001	38,001
Total assets	\$ 182,424	—	38,001	220,425

For the year ended June 30, 2021 or 2020, there were no significant transfers into or out of Levels 1, 2, or 3. Changes to the fair values based on the NAV are summarized as follows:

	Total
Balance as of June 30, 2020	\$ 38,001
Additions:	
Contributions/purchases	12,067
Disbursements:	
Withdrawals/sales	(6,245)
Net change in value	6,940
Balance as of June 30, 2021	\$ 50,763

The following table summarizes redemption terms for the hedge fund-of-funds vehicles held as of June 30, 2021:

	Fund 1	Fund 2	Fund 3	Fund 4	Fund 5
Redemption timing:					
Redemption frequency	Monthly	Annually	Quarterly	Quarterly	Monthly
Required notice	30 Days	90 Days	30 Days	60 Days	65 Days
Audit reserve:					
Percentage held back for audit reserve	— %	5%	— %	— %	— %

The Corporation's investment policies are established by LifeBridge Investment Committee, which comprises members of the Board of Directors, other community leaders, and management. Among its responsibilities, the Investment Committee is charged with establishing and reviewing asset allocation

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strategies, monitoring investment manager performance, and making decisions to retain and terminate investment managers. Assets of each of the Corporation's pension plans are managed in a similar fashion, as the Corporation's investments and assets whose use is limited, by the same group of investment managers. The Corporation has incorporated an Investment Policy Statement (IPS) into the investment program. The IPS, which has been formally adopted by the Corporation's Board of Directors, contains numerous standards designed to ensure adequate diversification by asset class and geography. The IPS also limits all investments by manager and position size and limits fixed-income position size based on credit ratings, which serves to further mitigate the risks associated with the investment program. As of June 30, 2021 and 2020, management believes that all investments were being managed in a manner consistent with the IPS.

Sinai and Levindale expect to contribute \$0 to the Sinai/Levindale Plan during the year ending June 30, 2022.

(b) Carroll Plan

CCHS sponsors a defined-benefit cash balance plan (the Carroll Plan) covering employees of Carroll, CCMS, and Carroll Foundation. CCHS's funding policy is to make contributions to the Carroll Plan based on actuarially determined amounts necessary to provide assets sufficient to meet benefits to be paid to plan participants and to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code, plus such amounts as CCHS may determine to be appropriate from time to time. Under the cash balance plan structure, the benefits under the Carroll Plan are determined based on employee tenure rather than age. CCHS elected to freeze benefit accruals and participation in the Carroll Plan on December 31, 2006.

The information below describes certain actions of CCHS for the years ended June 30, 2021 and 2020.

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The following table sets forth the changes in the projected benefit obligation, the changes in the Carroll Plan's assets, the Carroll Plan's funded status, the amounts recognized in the consolidated financial statements, and the Carroll Plan's net periodic pension cost as of June 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Measurement date	June 30, 2021	June 30, 2020
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 78,779	74,342
Service cost	—	—
Interest cost	2,559	2,670
Actuarial gain	1,768	5,220
Expenses paid	(260)	(420)
Benefits paid	<u>(3,195)</u>	<u>(3,033)</u>
Benefit obligation at end of year	<u>79,651</u>	<u>78,779</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	75,501	74,444
Actual return on plan assets	24,143	4,010
Employer contribution	360	500
Expenses paid	(260)	(420)
Benefits paid	<u>(3,195)</u>	<u>(3,033)</u>
Fair value of plan assets at end of year	<u>96,549</u>	<u>75,501</u>
Funded status	<u>\$ 16,898</u>	<u>(3,278)</u>

The accumulated benefit obligation for the Carroll Plan was \$79,651 and \$78,779 at June 30, 2021 and 2020, respectively. The pension asset of \$16,898 and the pension liability of \$(3,278) as of June 30, 2021 and 2020, respectively, are included in prepaid pension asset and other long-term liabilities, respectively, in the consolidated balance sheets.

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Net periodic pension expense for the years ended June 30, 2021 and 2020 was as follows:

	<u>2021</u>	<u>2020</u>
Pension Expense:		
Components of net periodic pension expense		
Service cost	\$ —	—
Interest cost	2,559	2,670
Expected return on plan assets	(5,186)	(5,128)
Amortization of actuarial costs	<u>2,883</u>	<u>2,318</u>
Net periodic pension expense	<u>\$ 256</u>	<u>(140)</u>

The estimated net actuarial loss to be amortized from unrestricted net assets into net periodic pension benefit cost over the next fiscal year is \$187 and \$2,883, respectively. The Corporation recorded \$256 and \$(140) of the net periodic pension expense in other income, net during the years ended June 30, 2021 and 2020, respectively.

Assumptions to determine the benefit obligation as of June 30, 2021 and 2020 were as follows:

	<u>2021</u>	<u>2020</u>
Discount rate	3.09 %	3.06 %

Assumptions used in the determination of net periodic pension expense for the years ended June 30, 2021 and 2020 were as follows:

	<u>2021</u>	<u>2020</u>
Discount rate	3.06 %	3.67 %
Expected long-term rate of return on plan assets	7.00	7.00

Deferred pension costs, which have not yet been recognized in periodic pension expense but are accrued in net assets without donor restrictions, are \$10,841 and \$30,913 at June 30, 2021 and 2020, respectively. Deferred pension costs represent unrecognized actuarial losses or unexpected changes in the projected benefit obligation and plan assets over time primarily due to changes in assumed discount rates and investment experience.

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CCHS's weighted average asset allocations for the plan assets for the years ended June 30, 2020 and 2019 were as follows:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	2.0 %	2.0 %
Fixed-income/debt securities	23.0	29.0
Mutual funds and equity securities	61.0	56.0
Alternative investments	14.0	13.0
	<u>100.0 %</u>	<u>100.0 %</u>

Pension plan assets are invested in accordance with the CCHS's investment policy in an attempt to maximize return with reasonable and prudent levels of risk. This structure includes various assets classes, investment management styles, asset allocation, and acceptable ranges that, in total, are expected to produce a sufficient level of overall diversification and total investment return over the long term. CCHS periodically reviews performance to test progress toward attainment of longer-term targets, to compare results with appropriate indices and peer groups, and to assess overall investment risk levels.

The following table presents the Carroll Plan's assets measured at fair value at June 30, 2021:

	Pension benefits – Plan assets			Total
	Level 1	Level 2	NAV	
Assets:				
Cash and cash equivalents \$	1,848	—	—	1,848
Mutual funds/equities	58,683	—	—	58,683
Fixed-income mutual funds	22,518	—	—	22,518
Alternative investments	—	—	13,500	13,500
Total assets \$	<u>83,049</u>	<u>—</u>	<u>13,500</u>	<u>96,549</u>

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(Dollars in thousands)

The following table presents the Carroll Plan's assets measured at fair value at June 30, 2020:

	Pension benefits – Plan assets			
	Level 1	Level 2	NAV	Total
Assets:				
Cash and cash equivalents	\$ 1,589	—	—	1,589
Mutual funds/equities	42,535	—	—	42,535
Fixed-income mutual funds	21,652	—	—	21,652
Alternative investments	—	—	9,725	9,725
Total assets	\$ 65,776	—	9,725	75,501

For the year ended June 30, 2021 or 2020, there were no significant transfers into or out of Levels 1, 2, or 3. Changes to the fair values based on the NAV are summarized as follows:

	Total
Balance as of June 30, 2020	\$ 9,725
Additions:	
Contributions/purchases	—
Disbursements:	
Withdrawals/sales	—
Net change in value	3,775
Balance as of June 30, 2021	\$ 13,500

The Carroll Plan invests in alternative investments that are primarily hedge fund of funds.

The following table summarizes redemption terms for the hedge fund-of-funds vehicles held as of June 30, 2021:

	Fund 1	Fund 2	Fund 3	Fund 4	Fund 5
Redemption timing:					
Redemption frequency	Monthly	Annually	Quarterly	Quarterly	Monthly
Required notice	30 Days	90 Days	30 Days	60 Days	65 Days
Audit reserve:					
Percentage held back for audit reserve	— %	5%	— %	— %	— %

CCHS expects to contribute \$0 to the Carroll Plan during the year ending June 30, 2022.

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The following benefit payments, which reflect future services, as appropriate, are expected to be paid from the Carroll Plan's assets during the years ending June 30 of the indicated year:

Years ending June 30:		
2022	\$	3,514
2023		3,779
2024		3,962
2025		4,136
2026		4,295
2027–2031		22,779

(c) Contributory Plans

Northwest has a qualified noncontributory defined-contribution pension plan (the NW Plan) covering substantially all employees who work at least 1,000 hours per year, who have completed 2 years of continuous service as of the beginning of the plan year, and who have attained the age of 21 as of the beginning of the plan year. Participants in the NW Plan are 100% vested. Northwest makes annual contributions to the NW Plan equivalent to 1.5% of the participants' salaries for employees who have been in the NW Plan from 1 to 5 years, 4.0% for those in the plan from 6 to 19 years, and 6.5% thereafter. It is Northwest's policy to fund plan costs as they accrue. Plan expense was approximately \$2,760 and \$2,700 for the years ended June 30, 2021 and 2020, respectively, and is included in salaries and employee benefits in the accompanying consolidated statements of operations.

Certain LifeBridge entities have supplemental 403(b) retirement plans for eligible employees. The entities may elect to match varying percentages of an employee's contribution up to a certain percentage of the employee's annual salary. The associated expense was approximately \$7,500 and \$6,900 for the years ended June 30, 2021 and 2020, respectively, and is included in salaries and employee benefits in the accompanying consolidated statements of operations.

Certain companies under Community Physicians and Investments maintain a defined-contribution plan for employees meeting certain eligibility requirements. Eligible employees can also make contributions. Under the plan, the employer may elect to match a percentage of eligible employees' contributions each year. The related expense was approximately \$2,200 and \$1,900 for the years ended June 30, 2021 and 2020, respectively, and is included in salaries and employee benefits in the accompanying consolidated statements of operations.

Certain LifeBridge entities maintain a nonqualified deferred compensation plan for key employees and physicians. The Corporation establishes a separate deferral account on its books for each participant for each plan year. In general, participants are entitled to receive the deferred funds upon their death, attainment of the specified vesting date, or involuntary termination of their employment without cause, whichever occurs first. The related expense was approximately \$4,500 and \$5,400 for the years ended June 30, 2021 and 2020, respectively, and is included in salaries and employee benefits in the accompanying consolidated statements of operations.

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(d) Postretirement Plan Other than Pension

Carroll sponsors a postretirement plan other than pension for employees. Carroll employees retired from active employment at 65 years of age or older or at 55 years of age after earning at least 10 years of vesting service are eligible for health and prescription drug benefits under Carroll's self-insured health plan. Effective January 1, 2009, individuals are no longer permitted to participate in this Plan once they are Medicare eligible. Plan participants contribute premiums to the Plan in amounts determined by Carroll for pre-Medicare and post-Medicare age retirees. At June 30, 2021 and 2020, Carroll has accrued a liability of \$1,269 and \$949 related to this plan, respectively.

(15) Regulation and Reimbursement

The Corporation and other healthcare providers in Maryland are subject to certain inherent risks, including the following:

- Dependence on revenues derived from reimbursement by the federal Medicare and state Medicaid programs;
- Regulation of hospital rates by the State of Maryland Health Services Cost Review Commission (HSCRC);
- Government regulation, government budgetary constraints, and proposed legislative and regulatory changes; and
- Lawsuits alleging malpractice and related claims.

Such inherent risks require the use of certain management estimates in the preparation of the Corporation's consolidated financial statements, and it is reasonably possible that a change in such estimates may occur.

The Medicare and Medicaid programs represent a substantial portion of the Corporation's revenues, and the Corporation's operations are subject to a variety of other federal, state, and local regulatory requirements. Failure to maintain required regulatory approvals and licenses and/or changes in such regulatory requirements could have a significant adverse effect on the Corporation. Changes in federal and state reimbursement funding mechanisms and related government budgetary constraints could have a significant adverse effect on the Corporation.

The current rate of reimbursement for hospital services to patients under the Medicare and Medicaid programs is based on an agreement between the Centers for Medicaid and Medicare Services (CMS) and the State of Maryland. This agreement is based upon a waiver from Medicare prospective payment system reimbursement principles granted to the State of Maryland by CMS.

In January 2019, Maryland entered a newly negotiated phase of the waiver agreement with CMS. This subsequent phase is designed to last for 10 years, with two distinct 5 year periods, the first 5 year period ending December 31, 2023. While elements of the initial agreement pertaining to limits on hospital per capita growth and growth of total-cost-of-care per Medicare beneficiary of Maryland compared to the nation remain unchanged, the new agreement expands the scope of the waiver to focus more on a patient's total-cost-of-care. Most notably, Maryland will be required to generate annual Medicare total-cost-of-care

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savings of \$300,000 per year by the end of 2023, with all Maryland hospitals demonstrating total-cost-of-care savings through care redesign initiatives. In addition, Maryland will continue to maintain patient quality methodologies focused on readmissions, hospital acquired conditions, and potentially avoidable utilization, but will also adopt statewide measures related to national measures such as falls prevention and opioid overdoses.

(16) Related-Party Transactions

Land Leases

Sinai and Levindale are constituent agencies of AJCF, a charitable corporation.

The legal title to substantially all land, land improvements, buildings, and fixed equipment included in Sinai's and Levindale's property and equipment is held by an affiliate of AJCF. Sinai and Levindale have entered into leases with the AJCF affiliate with respect to these assets. The leases allow Sinai and Levindale to conduct their business on the property as currently conducted. Rent under each lease is one dollar per year. The leases may not be terminated before December 31, 2050.

Other

In addition to its arrangement with AJCF, Sinai receives services from certain other constituent agencies of AJCF.

(17) Income Taxes

At June 30, 2021, Investments has approximately \$55,414 in net operating loss carryforwards for income tax purposes. The net operating loss carryforwards for tax purposes are available to reduce future taxable income and expire in varying periods beginning in 2021 through 2038.

The net operating loss carryforwards created a federal net deferred tax asset of approximately \$11,637 and \$12,276 as of June 30, 2021 and 2020, respectively, and a state deferred tax asset of approximately \$5,056 and \$4,588 as of June 30, 2021 and 2020, respectively. Management has determined that it is more likely than not that Investments will not be able to utilize the deferred tax assets; therefore, a full valuation allowance was recorded against the net deferred assets as of June 30, 2021 and 2020.

At June 30, 2021, Carroll has approximately \$112,171 in net operating loss carryforwards for federal income tax purposes. The net operating loss carryforwards for tax purposes are available to reduce future taxable income and for net operating losses generated as of June 30, 2018, will expire in varying periods through 2038. For the net operating losses generated for the fiscal year June 30, 2019 and forward, the loss can be carry forward indefinitely.

The net operating loss carryforwards created a federal net deferred tax asset of approximately \$23,556 and \$22,659 as of June 30, 2021 and 2020, respectively, and a state deferred tax asset of approximately \$7,320 and \$6,995 as of June 30, 2021 and 2020, respectively. Management has determined that it is more likely than not that Carroll will not be able to utilize the deferred tax assets; therefore, a full valuation allowance was recorded against the net deferred assets as of June 30, 2021 and 2020.

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The Tax Cuts and Jobs Act ("The Act") was signed into law on December 22, 2017. The Act significantly revises the U.S. corporate income tax by, among other things, lowering the statutory corporate tax rate from 35% to 21% and eliminating certain deductions. The Act also enhanced and extended through 2026 the option to claim accelerated depreciation deductions on qualified property.

The Act repeals the corporate Alternative Minimum Tax ("AMT") regime for tax years beginning after December 31, 2017. For tax years beginning in 2018, 2019, and 2020, the AMT credit carryforward can be utilized to offset regular tax with any remaining AMT carryforwards eligible for a refund of 50%. Any remaining AMT credit carryforwards became fully refundable beginning in the 2021 tax year.

On March 27, 2020, the United States enacted The Coronavirus Aid, Relief and Economic Security (CARES) Act which includes several significant business tax provisions that, among other things, would eliminate the taxable income limit for certain net operating losses (NOL) and allow businesses the option to carry back NOLs arising in 2018, 2019, and 2020 to the five prior tax years; accelerate refunds of previously generated corporate Alternative Minimum Tax (AMT) credits; generally loosen the business interest limitation under section 163(j) from 30 percent to 50 percent for years 2019 and 2020; and fix the "retail glitch" for qualified improvement property in the 2017 tax code overhaul known informally as the Tax Cuts and Jobs Act (TCJA, P.L. 115-97).

Under the CARES Act, the Company will claim a refund for the remaining AMT credits. The Company's AMT Tax Credit carryforward of \$13.5 was fully refunded when the Company filed their June 30, 2020 federal income tax return in 2021. In June 30, 2020, the entire AMT tax credit was reclassified as a current tax receivable on the balance sheet.

The provision for income taxes varies from the amount computed by applying the statutory federal income tax rate to income before income taxes primarily due to the impact of non-deductible expenses and changes in valuation allowance.

(18) Other Long-Term Liabilities

Other long-term liabilities at June 30, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Professional/general liability (note 19(a))	\$ 86,807	70,588
Pension liability	24,090	65,875
Medical office building	—	28,222
Asset retirement obligation	3,260	860
Deferred compensation	10,129	7,557
Other	2,005	5,005
	<u>\$ 126,291</u>	<u>178,107</u>

At June 30, 2021 and 2020, there was \$31,046 and \$26,556 included in other current liabilities related to professional liabilities, respectively.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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(Dollars in thousands)

(19) Self-Insurance Programs

(a) *Professional/General Liability*

The Corporation is self-insured, through LifeBridge Insurance, for most professional and general liability claims arising out of the operations of LifeBridge and its subsidiaries. Estimated liabilities have been recorded for both reported and incurred but not reported claims. See note 18.

LifeBridge Insurance purchases reinsurance coverage from other highly rated insurance carriers to cover their liabilities in excess of various retentions. The amounts that LifeBridge subsidiaries must transfer to LifeBridge Insurance to fund professional and general liability claims are actuarially determined and are sufficient to cover expected liabilities. Management's estimate of the liability for professional and general liability claims, including incurred but not reported claims, is principally based on actuarial estimates performed by an independent third-party actuary. Professional liability coverage for certain employed physicians is provided by commercial insurance carriers. The receivable for the expected reinsurance receivable is recorded on the consolidated balance sheets. Amounts in excess of the self-insured limits are insured by highly rated commercial insurance companies.

(b) *Workers' Compensation*

Sinai, Northwest, Levindale, Grace Medical Center, LAA, and CCMS and its subsidiaries are insured for workers' compensation liability through a combination of self-insurance and excess insurance policies. Losses for asserted and unasserted claims are accrued based on estimates derived from past experiences, as well as other considerations including the nature of each claim or incident, relevant trend factors, and estimates of incurred but not reported amounts.

LifeBridge has accrued a liability for known and incurred but not reported claims of \$7,176 and \$7,026 at June 30, 2021 and 2020, respectively. These amounts are included in accounts payable and accrued liabilities in the accompanying consolidated balance sheets. Management believes these accruals are adequate to provide for all workers' compensation claims that have been incurred through June 30, 2021.

All other entities have occurrence-based commercial insurance coverage. There are no material insurance recoveries related to workers' compensation claims under those policies as of June 30, 2021 or 2020.

LifeBridge maintains stop-loss policies on workers' compensation claims. The Corporation is insured for individual claims exceeding \$450.

(c) *Health Insurance*

LifeBridge is self-insured for employee health claims. LifeBridge has accrued a liability of \$5,656 at June 30, 2021 and 2020, for known claims and incurred but not reported claims. These amounts are included in accounts payable and accrued liabilities in the accompanying consolidated balance sheets.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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(Dollars in thousands)

(20) Net Patient Service Revenue and Patient Receivables

The Corporation grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2021 and 2020 is as follows:

	<u>2021</u>	<u>2020</u>
Medicare	24 %	28 %
Medicaid	17	12
BlueCross	8	9
Commercial and other	39	44
Self-pay	12	7
	<u>100 %</u>	<u>100 %</u>

The mix of net patient service revenue for the Corporation for the years ended June 30, 2021 and 2020 is as follows:

	<u>2021</u>	<u>2020</u>
Medicare	43 %	44 %
Medicaid	8	8
BlueCross	12	12
Commercial and other	35	33
Self-pay	2	3
	<u>100 %</u>	<u>100 %</u>

(21) Commitments and Contingencies

(a) Litigation

The Corporation is subject to numerous laws and regulations of federal, state, and local governments. The Corporation's compliance with these laws and regulations can be subject to periodic governmental review and interpretation, which can result in regulatory action unknown or unasserted at this time. Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the ordinary course of business. After consultation with legal counsel, it is management's opinion that the ultimate resolution of these claims will not have a material adverse effect on the Corporation's financial position.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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(b) Letters of Credit

M&T Bank has established an open letter of credit for Sinai of \$211 (which has not been drawn upon) to guarantee Sinai's obligation for liabilities assumed as a member of a risk retention group during the period 1988 to 1994. Additionally, M&T Bank has established a standby letter of credit of \$2,711 to serve as collateral as required by the Maryland Office of Unemployment Insurance. M&T Bank has established a standby letter of credit for Levindale of \$441 as required by the State of Maryland Department of Labor, Licensing, and Regulation. M&T Bank has established a standby letter of credit for LifeBridge Health & Fitness of \$200 as required by the State of Maryland Office of the Attorney General. M&T Bank has established a standby letter of credit of \$84 to serve as collateral as required by the City of Baltimore for the completion of certain construction work at Sinai. M&T has established standby letters of credit of \$94, \$76, and \$42 to serve as collateral as required by Baltimore County for the completion of certain construction work at Northwest. M&T Bank has established a surety bond of \$1,054 for LifeBridge Health as required by the Centers for Medicare and Medicaid Services (CMS). M&T Bank has established a surety bond of \$45 for Sinai as required by Baltimore City for Sanitary Sewer.

(c) Lease Commitments

The Corporation has operating and financing leases for real estate, personal property and equipment. The Corporation determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded on the consolidated balance sheets.

The Corporation has lease agreements which require payments for lease and non-lease components and has elected to account for these as a single lease component. For leases that commenced before the effective date of ASU 2016-02, the Corporation elected the permitted practical expedients to not reassess the following: (i) whether any expired or existing contracts contain leases; (ii) the lease classification for any expired or existing leases; and (iii) initial direct costs for any existing leases.

Right-of-use assets represent the Corporation's right to use an underlying asset during the lease term, and lease liabilities represent the Corporation's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. The Corporation's lease term includes options to extend or terminate the lease when it is reasonably certain that the options will be exercised. As most of the Corporation's operating leases do not provide an implicit rate, the Corporation uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The Corporation considers recent debt issuances, as well as publicly available data for instruments with similar characteristics when calculating its incremental borrowing rates. Variable lease costs consist primarily of common area maintenance and are not significant to total lease expense.

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Notes to Consolidated Financial Statements

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(Dollars in thousands)

Operating and finance right-of-use assets and liabilities as of June 30, 2021 were as follows:

	<u>Balance sheet classification</u>	<u>2021</u>
Assets:		
Operating leases	Operating lease right-of-use assets, net	\$ 39,520
Finance leases	Property and equipment, net	<u>52,409</u>
Total lease assets		<u>\$ 91,929</u>
Liabilities:		
Current:		
Operating leases	Current portion of operating lease liabilities	\$ 10,266
Finance leases	Current portion of long-term debt and finance lease obligations	4,019
Noncurrent:		
Operating leases	Operating lease liabilities	29,507
Finance leases	Long-term debt and finance lease obligations net of current portion	<u>49,574</u>
Total lease liabilities		<u>\$ 93,366</u>
Weighted average remaining term – operating leases		5 years
Remaining term – finance lease		11 years
Weighted average discount rate – operating leases		4.67%
Weighted average discount rate – finance leases		3.49%

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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(Dollars in thousands)

The following table presents certain information related to lease expenses for finance and operating leases at June 30, 2021. All expenses related to operating leases and short term and variable lease expense are included in other operating expenses:

	<u>2021</u>
Finance lease expense:	
Amortization of lease assets	\$ 5,306
Interest on lease liability	1,710
Operating leases	13,602
Short term and variable lease expenses	<u>16,903</u>
Total expenses	<u>\$ 37,521</u>

Rent expense for operating and short term leases for the year ended June 30, 2020 was \$30,550, of which \$17,000 was related to short term leases.

The following table presents supplemental cash flow information for the year ending June 30, 2021:

	<u>2021</u>
Cash paid for amounts included in measurement of lease liabilities:	
Operating cash flows for operating leases	\$ 13,091
Operating cash flows for finance lease	1,710
Financing cash flows for finance lease	4,053

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(Dollars in thousands)

The following table reconciles the undiscounted cash flows to the finance lease liabilities and operating lease liabilities recorded on the balance sheet at June 30, 2021:

	Operating leases	Finance lease
2022	\$ 11,456	5,795
2023	9,599	5,956
2024	7,160	6,079
2025	5,105	6,209
2026	3,885	6,321
Thereafter	<u>8,161</u>	<u>34,221</u>
Total minimum lease payments	45,366	64,581
Less amount of lease payments representing interest	<u>(5,593)</u>	<u>(10,988)</u>
Present value of future minimum lease payments	39,773	53,593
Less current obligations under leases	<u>(10,266)</u>	<u>(4,019)</u>
Long-term lease obligations	<u>\$ 29,507</u>	<u>49,574</u>

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(Dollars in thousands)

(22) Noncontrolling Interest

The reconciliation of a noncontrolling interest reported in unrestricted net assets is as follows:

	<u>LifeBridge Health, Inc.</u>	<u>Noncontrolling interest</u>	<u>Unrestricted net assets</u>
Balance at June 30, 2019	\$ 1,170,838	19,785	1,190,623
Operating income	36,922	509	37,431
Nonoperating income	41,545	—	41,545
Excess of revenues over expenses	78,467	509	78,976
Change in funded status of pension plan	(26,795)	—	(26,795)
Net assets released for purchase of property and equipment	1,647	—	1,647
Other	(1,361)	(93)	(1,454)
Change in net assets	51,958	416	52,374
Balance at June 30, 2020	1,222,796	20,201	1,242,997
Operating income	44,450	1,866	46,316
Nonoperating income	184,317	39	184,356
Excess of revenues over expenses	228,767	1,905	230,672
Change in funded status of pension plan	58,753	—	58,753
Net assets released for purchase of property and equipment	3,051	—	3,051
Other	792	(2,116)	(1,324)
Change in net assets	291,363	(211)	291,152
Balance at June 30, 2021	\$ 1,514,159	19,990	1,534,149

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(Dollars in thousands)

(23) Functional Expenses

The Corporation provides general healthcare services to patients. Expenses for the years ended June 30, 2021 and 2020 related to providing these services are as follows:

	2021			
	Healthcare services	Other services	General and administrative	Total
Salaries and benefits	\$ 694,807	1,099	284,096	980,002
Supplies	213,264	154	87,125	300,543
Purchased services	223,728	1,012	91,747	316,487
Depreciation, amortization, and gain/loss on sale of assets	68,335	1,337	28,443	98,115
Repairs and maintenance	24,250	323	10,032	34,605
Interest	16,398	—	6,694	23,092
	\$ 1,240,782	3,925	508,137	1,752,844
	2020			
	Healthcare services	Other services	General and administrative	Total
Salaries and benefits	\$ 656,603	2,777	268,995	928,375
Supplies	186,773	304	76,376	263,453
Purchased services	202,072	1,618	83,006	286,696
Depreciation, amortization, and gain/loss on sale of assets	61,612	1,847	25,701	89,160
Repairs and maintenance	22,013	509	9,138	31,660
Interest	18,055	—	7,375	25,430
	\$ 1,147,128	7,055	470,591	1,624,774

The consolidated financial statements report certain categories of expenses that are attributable to more than one function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, wages, and benefits, which include allocations on the basis of estimates of time and effort.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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June 30, 2021 and 2020

(Dollars in thousands)

(24) Fair Value of Financial Instruments

The following methods and assumptions were used by the Corporation in estimating the fair value of its financial instruments:

(a) Assets and Liabilities

Cash and cash equivalents, patient service receivables, other receivables, inventory, prepaid expenses, pledges receivable, accounts payable and accrued liabilities, advances to third-party payors, and other current liabilities – The carrying amounts reported in the consolidated balance sheet approximate the related fair values.

Investments (donor-restricted, assets limited as to use, and long-term), and beneficial interest in split-interest agreements – Fair values are based on quoted market prices of individual securities or investments if available, or are estimated using quoted market prices for similar securities or investment managers' best estimate of underlying fair value.

Investment in unconsolidated affiliates – Investments in unconsolidated affiliates are not readily marketable. Therefore, it is not practicable to estimate their fair value, and such investments are recorded in accordance with the equity method or at cost.

(b) Fair Value Hierarchy

The following table presents assets that are measured at fair value on a recurring basis as of June 30, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Cash and cash equivalents \$	86,336	—	—	86,336
Equity securities and mutual funds	678,170	—	—	678,170
Government securities	—	133,068	—	133,068
Fixed-income securities	—	293,344	—	293,344
Beneficial interest in split-interest agreement	—	5,294	—	5,294
Total assets \$	<u>764,506</u>	<u>431,706</u>	<u>—</u>	<u>1,196,212</u>

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

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(Dollars in thousands)

The following table presents assets that are measured at fair value on a recurring basis as of June 30, 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Cash and cash equivalents \$	115,686	—	—	115,686
Equity securities and mutual funds	540,655	—	—	540,655
Government securities	—	194,004	—	194,004
Fixed-income securities	—	255,358	—	255,358
Beneficial interest in split-interest agreement	—	4,792	—	4,792
Total assets	<u>\$ 656,341</u>	<u>454,154</u>	<u>—</u>	<u>1,110,495</u>

See note 2(e) for information on the Corporation's alternative investments that are recorded under the equity method and are not reported above.

For the years ended June 30, 2021 or 2020, there were no significant transfers into or out of Levels 1, 2, or 3.

(25) Subsequent Events

Management evaluated all events and transactions that occurred after June 30, 2021 and through October 25, 2021, the date the consolidated financial statements were issued. The Corporation did not have any material recognizable subsequent events during the period.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidating Balance Sheet Information

June 30, 2021

(Dollars in thousands)

Assets	Consolidating Balance Sheet Information							Eliminations	LifeBridge Health Consolidated
	Sinai Hospital Consolidated	Northwest Hospital	Carroll Hospital	Levindale Hebrew Geriatric Ctr & Hospital	Grace Medical Center	West Baltimore Renaissance Foundation	LB Center For Hope		
Current assets:									
Cash and cash equivalents	\$ 42,188	79,566	74,132	18,428	7,861	—	10,297	77,881	310,153
Investments	14,506	3,379	—	276	67	—	—	417,894	436,122
Assets limited as to use, current portion	3,737	1,209	2,728	216	42,814	—	—	9,190	59,864
Patient service receivables	92,465	24,969	22,309	9,280	6,193	—	—	15,564	170,800
Other receivables	78,090	10,949	70,835	21,628	400	—	1,129	29,368	4,707
Inventory	36,955	5,560	5,208	385	880	—	—	242	49,288
Prepaid expenses	5,571	1,808	977	131	215	—	—	12,508	21,210
Pledges receivable, current portion	1,929	210	1,454	41	—	—	—	261	3,865
Total current assets	275,481	127,650	177,641	50,395	58,430	7,266	11,428	552,748	1,056,049
Board-designated investments	—	—	—	—	—	—	—	169,680	169,680
Long-term investments	83,654	570	105,719	—	—	—	—	394,007	583,950
Donor-restricted investments	14,506	—	3,622	—	—	—	—	51,992	70,320
Reinsurance recovery receivable	—	—	—	—	—	—	—	16,980	16,980
Assets limited as to use, net of current portion	2,542	54	3,252	34	—	—	—	94,976	94,976
Pledges receivable, net of current portion	228,430	98,885	146,563	38,292	49,331	—	939	201,891	5,882
Property and equipment, net	—	—	16,898	—	—	—	—	—	764,121
Prepaid pension asset	5,294	—	—	—	—	—	—	—	16,899
Beneficial interest in split-interest agreement	—	—	—	—	—	—	—	—	5,294
Investment in unconsolidated affiliates	4,089	237	5,454	—	—	—	—	195,890	47,293
Operating lease right-of-use assets	28,101	3,934	11,070	112	1,313	—	—	28,917	39,520
Other assets, net of accumulated amortization	642,087	231,330	475,147	88,849	109,075	7,266	12,365	53,025	96,243
Total assets	\$ 642,087	\$ 231,330	\$ 475,147	\$ 88,849	\$ 109,075	\$ 7,266	\$ 12,365	\$ 1,770,106	\$ 2,967,206
									(369,029)

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidating Balance Sheet Information

June 30, 2021

(Dollars in thousands)

	Sinai Hospital Consolidated	Northwest Hospital	Carroll Hospital	Levindale Hebrew Geriatric Ctr & Hospital	Grace Medical Center	West Baltimore Renaissance Foundation	LB Center For Hope	Other LifeBridge Entities	Eliminations	LifeBridge Health Consolidated
Liabilities and Net Assets										
Current liabilities:										
Accounts payable and accrued liabilities	\$ 65,888	27,085	14,808	9,546	31,724	2,613	2,568	192,813	(214,978)	152,067
Accrued salaries, wages, and benefits	46,157	8,124	17,905	4,208	3,387	—	—	45,191	—	124,972
Advances from third-party payors	65,159	51,395	44,656	23,747	10,836	—	—	1,635	—	217,528
Current portion of long-term debt and finance lease obligations, net	4,480	2,245	2,982	211	10,143	—	—	7,948	—	28,009
Current portion of operating lease liabilities	1,749	120	657	8	287	—	—	7,435	—	10,266
Other current liabilities	2,489	704	6	1	2,603	—	—	33,742	—	39,545
Total current liabilities	225,922	89,673	81,014	37,721	59,090	2,613	2,568	288,764	(214,978)	572,387
Other long-term liabilities	29,717	1,455	3,268	3,888	—	—	—	87,963	—	126,291
Operating lease liabilities	2,346	117	4,544	18	1,017	—	—	21,465	—	29,507
Long-term debt and finance lease obligations, net	255,214	90,004	127,934	9,228	55,056	—	9,600	72,237	—	619,481
Total liabilities	513,199	181,249	216,760	50,853	115,173	2,613	12,368	470,429	(214,978)	1,347,665
Net assets:										
Net assets without donor restrictions	71,875	42,048	193,825	37,469	(6,197)	4,653	(3)	1,280,226	(108,537)	1,514,159
Noncontrolling interest in consolidated subsidiaries	—	—	5,098	—	—	—	—	9,405	5,487	19,990
Total net assets without donor restrictions	71,875	42,048	198,723	37,469	(6,197)	4,653	(3)	1,289,631	(104,050)	1,534,149
Net assets with donor restrictions	57,023	8,033	59,664	527	99	—	—	10,046	(60,001)	85,391
Total net assets	128,898	50,081	258,387	37,996	(6,098)	4,653	(3)	1,299,677	(164,051)	1,619,540
Total liabilities and net assets	\$ 642,097	231,330	475,147	88,849	109,075	7,266	12,365	1,770,106	(389,029)	2,967,206

See accompanying independent auditors' report.

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES

Consolidating Statement of Operations Information

Year ended June 30, 2021

(Dollars in thousands)

	Sinai Hospital Consolidated	Northwest Hospital	Carroll Hospital	Levindale Hebrew Geriatric Ctr & Hospital	Grace Medical Center	West Baltimore Renaissance Foundation	LB Center For Hope	Other LifeBridge Entities	Eliminations	LifeBridge Health Consolidated
Unrestricted revenues, gains, and other support:										
Patient service revenue	\$ 854,990	259,718	254,518	72,859	36,990	—	—	171,946	—	1,651,021
Net assets released from restrictions used for operations	3,166	—	36	23	38	—	—	726	—	3,969
Other operating revenue	44,058	18,777	18,267	1,443	9,429	6,716	—	79,743	(34,283)	144,150
Total operating revenues	902,214	278,495	272,821	74,325	46,457	6,716	—	252,415	(34,283)	1,799,160
Expenses:										
Salaries and employee benefits	455,122	142,381	140,623	54,802	34,470	—	—	152,233	371	980,002
Supplies	181,258	56,186	25,828	6,799	6,501	—	—	24,024	(69)	300,543
Purchased services	164,967	58,013	63,024	16,866	18,688	2,596	—	26,918	(34,585)	316,487
Depreciation and amortization	31,236	13,806	14,077	3,334	7,126	—	—	28,736	—	98,115
Repairs and maintenance	19,400	5,842	5,050	1,473	875	—	—	1,985	—	34,605
Interest	552	338	3,609	8	930	—	3	17,652	—	23,092
Total expenses	852,535	276,366	252,211	83,282	68,590	2,612	3	251,528	(34,283)	1,752,844
Operating income (loss)	49,679	2,129	20,610	(8,957)	(22,133)	4,104	(3)	887	—	46,316
Other income (loss), net:										
Investment income	91,428	20,373	50,543	5,058	(78)	—	—	18,282	—	185,606
Other	—	—	295	—	—	—	—	(256)	—	39
Loss on refinancing of debt	9	(22)	—	(501)	—	—	—	(775)	—	(1,289)
Total other income, net	91,437	20,351	50,838	4,557	(78)	—	—	17,251	—	184,356
Excess (deficit) of revenues over expenses	\$ 141,116	22,480	71,448	(4,400)	(22,211)	4,104	(3)	18,138	—	230,872

See accompanying independent auditors' report.