

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Header section A-M containing organization details: Name (SINAI HOSPITAL OF BALTIMORE, INC.), Employer ID (52-0486540), Address (2401 WEST BELVEDERE AVENUE), and Website (WWW.LIFEBRIDGEHEALTH.ORG).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 9,175,045), and expenses (Total: 650,763,551).

Part II Signature Block

Signature block containing declaration, signature of officer (Charles Orlando, CFO), date (5/13/11), and preparer information (KPMG LLP, VA 22102).

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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <p style="text-align: center;">Sinai Hospital of Baltimore, Inc.</p>	Employer identification number <p style="text-align: center;">52-0486540</p>
	Number, street, and room or suite no. If a P.O. box, see instructions. <p style="text-align: center;">2401 West Belvedere Avenue</p>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <p style="text-align: center;">Baltimore, MD 21215</p>	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ NANCY KANE

Telephone No. ▶ 410 601-5653 FAX No. ▶ 410 601-8362

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 07/01, 2009, and ending 06/30, 2010 .

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** and check this box **X**. **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
	Number, street, and room or suite no. If a P.O. box, see instructions. 2401 WEST BELVEDERE AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21215	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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

4 I request an additional 3-month extension of time until **05/15/2011**

5 For calendar year _____, or other tax year beginning **07/01/2009** and ending **06/30/2010**


6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **12/21/10**

KPMG LLP
1676 INTERNATIONAL DRIVE
MCLEAN, VA 22102

Form **8868** (Rev. 4-2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 476,674,327. including grants of \$ 90,400.) (Revenue \$ 603,172,060.)

SINAI HOSPITAL OF BALTIMORE, INC. IS RESPONSIBLE FOR THE MANAGEMENT AND DAY-TO-DAY OPERATIONS OF THE 470 BED ACUTE-CARE HOSPITAL.

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. THE TOTAL EXPENSE FOR THIS ACTIVITY WAS \$6,888,156.

4b (Code: _____) (Expenses \$ 29,379,500. including grants of \$ _____) (Revenue \$ 20,388,081.)

SINAI CLINICAL PROFESSIONALS PROVIDES MULTI-SPECIALTY MEDICAL CARE

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

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

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

4e Total program service expenses ► 506,053,827.

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • 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> • 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> • 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> • 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> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • 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? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</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>		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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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	
24 a 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 question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization 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 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 445		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 5,496		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, MD,
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NANCY KANE 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215
410-601-5653

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. 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.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LYNN E ABESHUSE DIRECTOR	1.00	X					0.	0.	0.	
LEONARD ATTMAN TREASURER/DIRECTOR	1.00	X		X			0.	0.	0.	
LAURA BLACK SECRETARY/DIRECTOR	1.00	X		X			0.	0.	0.	
SCOTT BROWN MD PHYSICIAN/DIRECTOR	1.00	X					295,597.	0.	57,377.	
JOSEPH A COOPER DIRECTOR	1.00	X					0.	0.	0.	
HELEN COPLAN DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL DOPKIN DIRECTOR	1.00	X					0.	0.	0.	
JEROME H FADER DIRECTOR	1.00	X					0.	0.	0.	
RONNIE B FOOTLICK EX-OFFICIO DIRECTOR	1.00	X					0.	0.	0.	
STANLEY FRIEDLER MD DIRECTOR	1.00	X					0.	0.	0.	
LOUIS F FRIEDMAN ESQUIRE DIRECTOR	1.00	X					0.	0.	0.	
BARRY L GARBER DIRECTOR	1.00	X					0.	0.	0.	
BRIAN J GIBBONS DIRECTOR	1.00	X					0.	0.	0.	
LOWELL R GLAZER CHAIRMAN/DIRECTOR	1.00	X		X			0.	0.	0.	
WARREN GREEN CEO / EX-OFFICIO DIRECTOR	1.00	X		X			1,320,668.	0.	102,313.	
LINDA HAAS DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
NANCY HACKERMAN DIRECTOR	1.00	X					0.	0.	0.	
DAVID KUNTZ DIRECTOR	1.00	X					0.	0.	0.	
ALVIN LAPIDUS DIRECTOR	1.00	X					0.	0.	0.	
BARRY F LEVIN ESQUIRE DIRECTOR	1.00	X					0.	0.	0.	
ANDREW S LEVINE DIRECTOR	1.00	X					0.	0.	0.	
JON H LEVINSON DIRECTOR	1.00	X					0.	0.	0.	
ERIC M LEVITT DIRECTOR	1.00	X					0.	0.	0.	
BRENDA WEIL MANDEL DIRECTOR	1.00	X					0.	0.	0.	
R DONALD MCDANIEL JR DIRECTOR	1.00	X					0.	0.	0.	
NEIL M MELTZER PRESIDENT / DIRECTOR	40.00	X		X			687,549.	0.	195,540.	
BRIAN L MOFFET ESQUIRE DIRECTOR	1.00	X					0.	0.	0.	
A SAMUEL PENN DIRECTOR	1.00	X					0.	0.	0.	
HAROLD N PEREMEL DIRECTOR	1.00	X					0.	0.	0.	
1b Total CONTINUED AT SCHEDULE J-2							8,628,083.	0.	1,153,660.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **555**

	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 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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 **79**

Part VIII Statement of Revenue

52-0486540

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	2,339,682.			
	e Government grants (contributions) . .	1e	2,375,046.			
	f All other contributions, gifts, grants, and similar amounts not included above . .	1f	4,985,964.			
	g Noncash contributions included in lines 1a-1f: \$		9,985.			
	h Total. Add lines 1a-1f		9,700,692.			
Program Service Revenue	2a NET PATIENT REVENUE	Business Code 900099	396,499,601.	396,499,601.		
	b LAB REVENUE	900099	601,020.		601,020.	
	c MEDICARE/MEDICAID PAYMENTS	900099	226,459,520.	226,459,520.		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		623,560,141.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	ATTACHMENT 4	2,886,586.		2,886,586.	
	4 Income from investment of tax-exempt bond proceeds		0.			
	5 Royalties		0.			
	6a Gross Rents	(i) Real	2,551,353.			
		(ii) Personal				
		b Less: rental expenses				
	c Rental income or (loss)		2,551,353.			
	d Net rental income or (loss)		2,551,353.		2,551,353.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	328,115.			
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)		328,115.		
	d Net gain or (loss)		328,115.		328,115.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events			0.			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities		0.			
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0.			
Miscellaneous Revenue		Business Code				
11a MISC. OPERATING REVENUE	561439	21,152,724.	12,578,699.	8,574,025.		
	b CAFETERIA SALES	900099	4,127,797.		4,127,797.	
	c OCCUPATIONAL HEALTH REVENUE	900099	48,049.	48,049.		
	d All other revenue	900099	664,765.	664,765.		
	e Total. Add lines 11a-11d		25,993,335.			
12 Total Revenue. See instructions		665,020,222.	636,250,634.	9,175,045.	9,893,851.	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	90,400.	90,400.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	2,100,295.		2,030,599.	69,696.
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	268,356,952.	203,709,784.	64,647,168.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	7,988,725.	6,569,212.	1,419,513.	
9 Other employee benefits	31,988,261.	21,749,399.	10,238,862.	
10 Payroll taxes	19,187,047.	15,733,379.	3,453,668.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	47,148.		47,148.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	77,827,168.	39,677,026.	38,150,142.	
12 Advertising and promotion	1,073,280.	659,697.	413,583.	
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	4,742,760.	2,097,685.	2,645,075.	
17 Travel	520,458.	151,716.	368,742.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,355,697.	534,603.	821,094.	
20 Interest	10,828,919.	10,828,919.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	35,798,669.	35,798,669.		
23 Insurance	3,685,572.	3,047,919.	637,653.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES -----	121,566,332.	114,432,181.	7,134,151.	
b PROVISION FOR BAD DEBT -----	27,038,216.	27,038,216.		
c PROFESSIONAL AND TECHNICAL -----	18,210,715.	11,601,645.	6,609,070.	
d UTILITIES -----	8,279,585.	6,209,689.	2,069,896.	
e AGENCY NURSES -----	4,453,600.	4,442,687.	10,913.	
f All other expenses -----	5,623,752.	1,681,001.	3,942,751.	
25 Total functional expenses. Add lines 1 through 24f	650,763,551.	506,053,827.	144,640,028.	69,696.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	10,535.	1	971,949.
	2	Savings and temporary cash investments	78,984,220.	2	67,995,886.
	3	Pledges and grants receivable, net	10,098,943.	3	9,309,523.
	4	Accounts receivable, net	78,086,198.	4	76,956,449.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	48,267.	7	160,478.
	8	Inventories for sale or use	13,159,717.	8	17,550,586.
	9	Prepaid expenses and deferred charges	3,479,135.	9	2,837,481.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 506,836,505.		
	b	Less: accumulated depreciation	10b 265,696,548.		
			229,607,813.	10c	241,139,957.
	11	Investments - publicly traded securities	51,045,409.	11	48,903,987.
	12	Investments - other securities. See Part IV, line 11	52,076,147.	12	56,238,444.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	14,278,469.	15	16,074,627.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	530,874,853.	16	538,139,367.	
Liabilities	17	Accounts payable and accrued expenses	85,738,162.	17	81,099,641.
	18	Grants payable		18	
	19	Deferred revenue	23,580,220.	19	22,484,923.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	248,434,217.	25	255,623,815.
	26	Total liabilities. Add lines 17 through 25	357,752,599.	26	359,208,379.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	126,538,449.	27	128,341,436.
	28	Temporarily restricted net assets	36,985,716.	28	40,892,973.
	29	Permanently restricted net assets	9,598,089.	29	9,696,579.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	173,122,254.	33	178,930,988.	
34	Total liabilities and net assets/fund balances	530,874,853.	34	538,139,367.	

Part XI Financial Statements and Reporting

		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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19 a **33 1/3 % support tests - 2009.** 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 - 2008.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2009
Open to Public Inspection

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

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

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

- Section 501(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," to Form 990, Part IV, line 5 (Proxy Tax), 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.

2 Political expenditures ▶ \$ _____

3 Volunteer hours ▶ _____

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 payments were made. 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-.

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.
- 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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <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> </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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable 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)).

	(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		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		106,926.
j Total. Add lines 1c through 1i			106,926.
2 a 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?		X	

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 carryover lobbying and political expenditures from the prior year?	3	

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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY EXPLANATION

SCHEDULE C , PART II

LOBBYING INCLUDES A PORTION OF THE MARYLAND HOSPITAL ASSOCIATION DUES

RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED JUNE 30, 2010 AND

OTHER LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HOSPITAL FOR TRAUMA

CENTER FUNDING, FINANCIAL ASSISTANCE/DEBT COLLECTION POLICIES, PATIENT

CENTERED MEDICAL HOME, TAX CREDIT FOR FITNESS ACTIVITIES, COMMUNITY

STABILIZATION AND DEVELOPMENT, HEALTH CARE MALPRACTICE, REIMBURSEMENT

NON-PARTICIPATING PROVIDERS, AND CAPITAL FUNDING.

Multiple horizontal dashed lines for additional text entry.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

2009

Open to Public Inspection

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, Did the organization inform all donors... (Yes/No), Did the organization inform all grantees, donors, and donor advisors...

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

Form with multiple sections: Purpose(s) of conservation easements held by the organization (check all that apply), Complete lines 2a through 2d if the organization held a qualified conservation contribution... (Table with 2 columns: Held at the End of the Year, rows 2a-2d), Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, In Part XIV, 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" to Form 990, Part IV, line 8.

Form with multiple sections: If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2009

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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" to 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 XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	9,598,089.	9,646,565.			
b Contributions	4,096.	39,365.			
c Net investment earnings, gains, and losses	13,310.	-31,828.			
d Grants or scholarships					
e Other expenditures for facilities and programs	81,084.	56,013.			
f Administrative expenses					
g End of year balance	9,696,579.	9,598,089.			

2 Provide the estimated percentage of the year end balance held as:

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

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	3a(i)	X
(ii) related organizations	3a(ii)	X

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		350,982,726.	162,308,851.	188,673,875.
c Leasehold improvements		1,866,550.	936,613.	929,937.
d Equipment		142,642,010.	102,451,084.	40,190,926.
e Other		10,145,147.		10,145,147.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				241,139,957.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FOOTNOTE IN FINANCIAL STATEMENTS FOR FIN 48

SCHEDULE D, PART X

THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES. IN JULY 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FIN 48 REQUIRES THAT THE CORPORATION RECOGNIZE THE IMPACT OF AN UNCERTAIN TAX POSITION IN ITS FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE CORPORATION ADOPTED FIN 48 DURING 2008 AND THE IMPACT WAS IMMATERIAL TO THE FINANCIAL STATEMENTS.

ENDOWMENT FUNDS

SCHEDULE D, PART V

THE PERMANENTLY ENDOWED FUNDS HELD BY THE RELATED ORGANIZATIONS, THE BALTIMORE JEWISH HEALTH FOUNDATION, INC. AND CHILDREN'S HOSPITAL AT SINAI FOUNDATION, WERE USED TO SUPPORT THE ACTIVITIES FOR SINAI HOSPITAL OF BALTIMORE, INC.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2009

Open to Public Inspection

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

▶ Attach to Form 990.

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SINAI HOSPITAL OF BALTIMORE, INC.

52-0486540

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
b If "Yes," is it a written policy?	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300.0000 %	X	
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%	X	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Does the organization prepare an annual community benefit report?	X	
b If "Yes," does the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)			6,888,156.		6,888,156.	1.06
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			6,888,156.		6,888,156.	1.06
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		12795	3,590,881.	6,497.	3,584,384.	.60
f Health professions education (from Worksheet 5)			19,376,390.		19,376,390.	3.00
g Subsidized health services (from Worksheet 6)		38605	21,102,743.		21,102,743.	3.20
h Research (from Worksheet 7)		101	942,911.		942,911.	.10
i Cash and in-kind contributions to community groups (from Worksheet 8)		276	208,409.		208,409.	
j Total. Other Benefits		51777	45,221,334.	6,497.	45,214,837.	6.90
k Total. Add lines 7d and 7j)		51777	52,109,490.	6,497.	52,102,993.	7.96

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

Schedule H (Form 990) 2009

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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			83,687.		83,687.	
2 Economic development		680	135,554.		135,554.	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building		231	10,444.		10,444.	
7 Community health improvement advocacy						
8 Workforce development						
9 Other			217,023.		217,023.	
10 Total		911	446,708.		446,708.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2 Enter the amount of the organization's bad debt expense (at cost)	2	25,711,985.	
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	14,456,132.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			
Section B. Medicare			
5 Enter total revenue received from Medicare (including DSH and IME)	5	182,727,046.	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	171,262,224.	
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	11,464,822.	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			
Section C. Collection Practices			
9a Does the organization have a written debt collection policy?	9a	X	
9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	X	

Part IV Management Companies and Joint Ventures

(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				
14				

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, 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 CONSIDER GROSS INCOME AND FAMILY SIZE ACCORDING TO CURRENT FEDERAL POVERTY GUIDELINES. TO QUALIFY, THE PATIENT MUST SHOW PROOF OF INCOME 300% OR LESS OF THE FEDERAL POVERTY GUIDELINES. A SLIDING SCALE IS USED TO DETERMINE ELIGIBILITY FOR THOSE WHOSE INCOME EXCEEDS 300%. ELIGIBILITY IS CALCULATED BASED ON THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD. THE PROGRAM COVERS UNINSURED, UNDER-INSURED AND PATIENT LIABILITY AFTER INSURANCE(S) PAY. APPROVALS ARE GRANTED FOR A SIX OR 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

Part VI Supplemental Information

Complete this part to provide the following information.

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

PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES

 COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A

 RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS,

 PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME

 HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR

 REFERENCING UNCOMPENSATED CARE IN EACH PAYORS RATE, WHICH DOES NOT

 ENABLE MARYLAND HOSPITALS TO BREAK-OUT ANY OFFSETTING REVENUE RELATED

 TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES

 ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT

 IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS

 SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF

 MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY

 ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

Part VI Supplemental Information

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PART III, LINE 4:

 THE PREPARATION OF CONSOLIDATED FINANCIAL STATEMENTS, IN CONFORMITY

 WITH U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, REQUIRES

 MANAGEMENT TO MAKE ESTIMATES AND ASSUMPTIONS. ALL PATIENT ACCOUNTS

 ARE HANDLED CONSISTENTLY AND APPROPRIATELY TO MAXIMIZE CASH FLOW AND

 TO IDENTIFY BAD DEBT ACCOUNTS TIMELY. ACTIVE ACCOUNTS ARE CONSIDERED

 BAD DEBT ACCOUNTS WHEN THEY MEET SPECIFIC COLLECTION ACTIVITY

 GUIDELINES AND/OR ARE REVIEWED BY THE APPROPRIATE MANAGEMENT AND

 DEEMED TO BE UNCOLLECTIBLE. EVERY EFFORT IS MADE TO IDENTIFY AND

 PURSUE ALL ACCOUNT BALANCE LIQUIDATION OPTIONS INCLUDING, BUT NOT

 LIMITED TO THIRD PARTY PAYOR REIMBURSEMENT, PATIENT PAYMENT

 ARRANGEMENTS, MEDICAID ELIGIBILITY AND FINANCIAL ASSISTANCE. THIRD

 PARTY RECEIVABLE MANAGEMENT AGENCIES PROVIDE EXTENDED BUSINESS OFFICE

 SERVICES AND INSURANCE OUTSOURCE SERVICES TO ENSURE MAXIMUM EFFORT IS

 TAKEN TO RECOVER INSURANCE AND SELF-PAY DOLLARS BEFORE TRANSFER TO

 BAD DEBT. CONTRACTUAL ARRANGEMENTS WITH THIRD PARTY COLLECTION

 AGENCIES ARE USED TO ASSIST IN THE RECOVERY OF BAD DEBT DOLLARS AFTER

 ALL INTERNAL COLLECTION EFFORTS HAVE BEEN EXHAUSTED. IN SO DOING,

 THE COLLECTION AGENCIES MUST OPERATE CONSISTENTLY WITH SINAI

Part VI Supplemental Information

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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.

PART III, LINE 8:

TOTAL REVENUE RECEIVED FROM MEDICARE (DSH & IME) AND MEDICARE

ALLOWABLE COSTS ARE DERIVED FROM THE ANNUAL MEDICARE COST REPORT.

THE INPATIENT ROUTINE COSTS ARE DERIVED FROM THE STEP-DOWN

METHODOLOGY BASED ON ACCEPTED STATISTICAL ALLOCATION WITH A UNIFORM

PER DIEM COST FOR EACH PAYOR TYPE. THE ANCILLARY MEDICARE ALLOWABLE

COSTS ARE INITIALLY DERIVED FROM THE STEP-DOWN METHODOLOGY BUT ARE

ALLOCATED TO THE PAYOR TYPES BASED ON THE RATIO OF COST TO CHARGE FOR

EACH PAYOR.

PART III, LINE 9B:

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

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AMOUNTS ARE NOT REPORTED AS REVENUE. THE CRITERIA CONSIDER GROSS

INCOME AND FAMILY SIZE ACCORDING TO CURRENT FEDERAL POVERTY

GUIDELINES. TO QUALIFY, THE PATIENT MUST SHOW PROOF OF INCOME 300%

OR LESS OF THE FEDERAL POVERTY GUIDELINES. A SLIDING SCALE IS USED

TO DETERMINE ELIGIBILITY FOR THOSE WHOSE INCOME EXCEEDS 300%.

ELIGIBILITY IS CALCULATED BASED ON THE NUMBER OF PEOPLE LIVING IN THE

HOUSEHOLD. THE PROGRAM COVERS UNINSURED, UNDER-INSURED AND PATIENT

LIABILITY AFTER INSURANCE(S) PAY. APPROVALS ARE GRANTED FOR A SIX OR

TWELVE MONTH PERIOD OF TIME AND PATIENTS ARE ENCOURAGED TO RE-APPLY

FOR CONTINUED ELIGIBILITY.

NEEDS ASSESSMENT:

COMMUNITY NEEDS ASSESSMENTS ARE DONE IN A VARIETY OF WAYS, ACCORDING

TO THE HOSPITAL DEPARTMENTS INVOLVED AND THE CONSTITUENCIES THEY

SERVE. BELOW ARE SEVERAL OF THE METHODS USED BY SINAI HOSPITAL TO

IDENTIFY COMMUNITY NEEDS.

METHOD A: CLINICAL DEPARTMENT RECOGNITION BASED ON DAILY PATIENT

CARE. FOR MANY OF THE CLINICAL DEPARTMENTS INFORMAL NEEDS ASSESSMENTS

ARE PERFORMED AS A BY-PRODUCT OF DAILY PATIENT CARE, AS STAFF

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----- ENCOUNTER THE NEEDS OF THOSE WHO SEEK SERVICES. FOR EXAMPLE, WHEN THE

----- DEPARTMENT OF PSYCHIATRY DEVELOPED AN INTENSIVE OUTPATIENT/PARTIAL

----- HOSPITALIZATION PROGRAM, IT IDENTIFIED NEEDS BEYOND CLINICAL

----- TREATMENT OF MENTAL ILLNESS FOR PATIENTS LIVING IN POVERTY.

----- METHOD B: IDENTIFICATION THROUGH PARTICIPATION IN A COMMUNITY

----- COALITION. ANOTHER WAY THE HOSPITAL HAS IDENTIFIED COMMUNITY NEEDS IS

----- THROUGH PARTICIPATING IN OR SERVING ON COMMUNITY COALITIONS THAT

----- PERFORM A PLANNING FUNCTION. FOR EXAMPLE, THE DIRECTOR OF COMMUNITY

----- INITIATIVES REPRESENTED SINAI ON THE BALTIMORE CITY BABIES BORN

----- HEALTHY LEADERSHIP IN ACTION PROGRAM. THIS GROUP PERFORMED A

----- COMPREHENSIVE NEEDS ASSESSMENT ON THE HEALTH NEEDS OF WOMEN OF

----- CHILDBEARING AGE TO IMPROVE BIRTH OUTCOMES IN BALTIMORE. THE

----- RESULTING RECOMMENDATIONS OF THIS GROUP THEN BECAME THE BASIS FOR THE

----- STRATEGY TO IMPROVE BIRTH OUTCOMES ADOPTED IN 2009 BY THE BALTIMORE

----- CITY HEALTH DEPARTMENT.

----- METHOD C: ASSESSMENT BY AN EXTERNAL CONSULTANT. THIS MEANS WAS USED

----- TO CONDUCT A NEEDS ASSESSMENT NECESSARY TO IDENTIFY A PRIORITY

----- COMMUNITY HEALTH NEED AND DEVELOP AN INTERVENTION IN RESPONSE, AS

----- CHARGED BY THE HEALTH SYSTEM'S BOARD AND PRESIDENT. AS PART OF THAT

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ASSESSMENT PROCESS, THE CONSULTANT INTERVIEWED KEY INFORMANTS

 INCLUDING HOSPITAL STAFF AND LEADERSHIP, COMMUNITY SERVICE PROVIDERS

 AND OTHER COMMUNITY REPRESENTATIVES. THE CONSULTANT ALSO PERFORMED AN

 EXTENSIVE REVIEW OF PUBLIC HEALTH DATA FROM CITY, COUNTY, AND STATE

 HEALTH DEPARTMENTS. IN ADDITION, INTERVIEWS OCCURRED WITH THE HEALTH

 COMMISSIONERS OF BOTH BALTIMORE CITY AND BALTIMORE COUNTY TO

 DETERMINE THEIR PRIORITIES, EXISTING PROGRAMS, AND POTENTIAL FOR

 PARTNERSHIPS.

METHOD D: COLLABORATION WITH THE HEALTH DEPARTMENT AND/OR OTHER

 PARTNERS. DURING FY 2009 SINAI REPRESENTATIVES FROM BOTH THE FINANCE

 AND COMMUNITY INITIATIVES DEPARTMENTS PARTICIPATED IN A SERIES OF

 MEETINGS FOR HOSPITAL REPRESENTATIVES CONVENED BY THE BALTIMORE CITY

 HEALTH COMMISSIONER TO COLLABORATE ON THE COMMUNITY BENEFIT REPORTING

 PROCESS AND POSSIBLE COLLABORATIVE COMMUNITY BENEFIT ACTIVITIES.

SINCE THE CONCLUSION OF THOSE MEETINGS WE HAVE BEEN HOLDING

 DISCUSSIONS WITH REPRESENTATIVES FROM THE HEALTH DEPARTMENT AND

 ANOTHER HOSPITAL TO DEVELOP COLLABORATION ON TWO SPECIFIC PROGRAMS.

 WE HAVE ALSO USED THE RESULTS OF THE LATEST FORMAL NEEDS ASSESSMENT

 COMMISSIONED BY THE BALTIMORE CITY HEALTH DEPARTMENT TO GUIDE OUR

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PLANNING IN OUR HEALTH EQUITY INITIATIVES.

METHOD E: CONSULTATION WITH COMMUNITY RESIDENTS, AGENCIES,

ORGANIZATIONS, AND HEALTH CARE PROVIDERS. IN 2010 SINAI IMPLEMENTED

THE COMMUNITY COMPONENT OF ITS HEALTH EQUITY INITIATIVE BY CONVENING

A COMMUNITY ADVISORY PANEL. THE PURPOSE OF THIS GROUP IS TO ADVISE

THE HOSPITAL ON PRIORITY HEALTH NEEDS IN OUR COMMUNITY, AND TO

PARTNER TO DEVELOP A COMMUNITY-BASED PROJECT TO RESPOND TO THE SOCIAL

DETERMINANTS OF POOR HEALTH AFFECTING SINAI'S NEIGHBORS AND PATIENTS.

THIS GROUP CONSISTS OF COMMUNITY RESIDENTS (REPRESENTING RUSSIAN,

HISPANIC AND CARIBBEAN IMMIGRANTS, ORTHODOX JEWS, AND AFRICAN

AMERICAN RESIDENTS) AND REPRESENTATIVES OF VARIOUS ORGANIZATIONS THAT

EITHER PROVIDE SERVICES IN THE PARK HEIGHTS COMMUNITY , OR OPERATE ON

A CITY OR STATE LEVEL (BALTIMORE CITY PUBLIC SCHOOLS, HUD, DHMH

OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, BALTIMORE CITY

HEALTH DEPARTMENT, MORGAN STATE UNIVERSITY, UNIVERSITY OF MARYLAND,

BALTIMORE CITY COUNCIL AND STATE OF MARYLAND HOUSE OF DELEGATES).

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

THE FOLLOWING DESCRIBES MEANS USED AT SINAI HOSPITAL TO INFORM AND

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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 AT 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 GIVEN TO ALL INPATIENTS PRIOR TO

DISCHARGE AND MAILED TO ALL INPATIENTS WITH THE MARYLAND SUMMARY

STATEMENT. SINAI HOSPITAL'S UNINSURED (SELF-PAY) AND UNDER-INSURED

(MEDICARE BENEFICIARY WITH NO SECONDARY) MEDICAL ASSISTANCE

ELIGIBILITY PROGRAM SCREENS, ASSISTS WITH THE APPLICATION PROCESS AND

ULTIMATELY CONVERTS PATIENTS TO VARIOUS MEDICAL ASSISTANCE COVERAGE

AND INCLUDES ELIGIBILITY SCREENING AND ASSISTANCE WITH COMPLETING THE

FINANCIAL ASSISTANCE APPLICATION AS PART OF THAT PROCESS. SINAI

HOSPITAL PARTICIPATES WITH LOCAL ASSOCIATED JEWISH CHARITIES TO

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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 INSTRUCTION COVER SHEET IS AVAILABLE IN

 RUSSIAN AND SPANISH. SINAI HOSPITAL HOSTS AND PARTICIPATES IN VARIOUS

 DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND MARYLAND HOSPITAL

 ASSOCIATION SPONSORED CAMPAIGNS LIKE 'COVER THE UNINSURED WEEK'.

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COMMUNITY INFORMATION:

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 (PARK HEIGHTS)
 AND PIMLICO/ARLINGTON/HILLTOP (PIMLICO). TOGETHER THEY CONSTITUTE AN
 AREA THAT IS PREDOMINATELY AFRICAN AMERICAN WITH A BELOW AVERAGE
 MEDIAN FAMILY INCOME, BUT ABOVE AVERAGE RATES FOR UNEMPLOYMENT, AND
 OTHER SOCIAL DETERMINANTS OF POOR HEALTH. PARK HEIGHTS AND PIMLICO'S
 MEDIAN HOUSEHOLD INCOME WAS \$21,218 AND \$26,012 RESPECTIVELY. THIS IS
 COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$30,078. THE
 PERCENT OF FAMILIES EARNING LESS THAN THE FEDERAL SELF-SUFFICIENCY
 STANDARD IN PARK HEIGHTS WAS 56% FOR MARRIED COUPLES WITH 1-5
 CHILDREN AND 85% FOR "OTHER" FAMILIES WITH 1-5 CHILDREN. PIMLICO'S
 INDICATORS WERE 59% FOR MARRIED COUPLES AND 83% FOR "OTHER" FAMILIES.
 THE UNEMPLOYMENT RATE FOR BALTIMORE CITY WAS 10.9%. PARK HEIGHTS AND
 PIMLICO HAD UNEMPLOYMENT RATES OF 15.5% AND 13.8% RESPECTIVELY. THE
 FIVE ZIP CODES THAT REPRESENT THE PRIMARY SERVICE AREA IN CALENDAR

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YEAR 2009 WERE 21215, 21207, 21216, 21208, 21209. THE BALTIMORE CITY

HEALTH DEPARTMENT USES COMMUNITY STATISTICAL AREAS (CSA) WHEN

ANALYZING HEALTH OUTCOMES AND RISK FACTORS. THE DATA PROVIDED FOR

THE PRIMARY RACIAL COMPOSITION, MEDIAN INCOME AND HOUSEHOLDS BELOW

POVERTY LEVEL WAS OBTAINED FROM THE US CENSUS BUREAU. THE LIFE

EXPECTANCY DATA WAS OBTAINED FROM THE BALTIMORE CITY HEALTH

DEPARTMENT.

THE RACIAL COMPOSITION AND INCOME DISTRIBUTION OF THESE ZIP CODES

REFLECT THE SEGREGATION AND INCOME DISPARITY CHARACTERISTIC OF THE

BALTIMORE METROPOLITAN REGION. AS INDICATED ABOVE, THOSE ZIP CODES

THAT HAVE A PREDOMINANTLY AFRICAN AMERICAN POPULATION, INCLUDING

21215, IN WHICH THE HOSPITAL IS LOCATED, REFLECT THE RACIAL

SEGREGATION AND POVERTY REPRESENTATIVE OF BALTIMORE CITY. THIS IS IN

CONTRAST TO NEIGHBORING BALTIMORE COUNTY ZIP CODES (21208 & 21209) IN

WHICH THE MEDIAN HOUSEHOLD INCOME IS MUCH HIGHER, AND IN WHICH THE

POPULATION IS PREDOMINANTLY WHITE. NOTABLE IS THE HIGH PROPORTION OF

EMERGENCY ROOM USE BY THOSE IN THE 3 CITY ZIP CODES, WHICH TOGETHER

ACCOUNT FOR OVER HALF, 33,740 OR 56% OF SINAI'S 60,718 EMERGENCY ROOM

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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ENCOUNTERS, REFLECTING THE USE OF THE EMERGENCY ROOM FOR PRIMARY

MEDICAL CARE. OF SINAI HOSPITAL'S TOTAL 60,718 EMERGENCY ROOM VISITS

IN 2010 58%, OR 35,401, WERE MEDICAL ASSISTANCE OR SELF PAY.

COMMUNITY BUILDING ACTIVITIES:

DECISIONS REGARDING THE SELECTION OF COMMUNITY NEEDS TO ADDRESS

DEPEND ON THE HOSPITAL DEPARTMENTS INVOLVED AND THE CONSTITUENCIES

THEY SERVE. SINAI HOSPITAL DEVELOPS COMMUNITY BENEFIT PROGRAMMING

BASED ON IDENTIFIED NEEDS AND HOSPITAL RESOURCES AVAILABLE TO ADDRESS

THOSE NEEDS.

AFFILIATED HEALTH CARE SYSTEM ROLES:

AS A TEACHING HOSPITAL WITH ITS OWN ACCREDITED,

NON-UNIVERSITY-AFFILIATED RESIDENCY TRAINING PROGRAMS, SINAI HOSPITAL

EMPLOYS A FACULTY OF 140 PHYSICIANS IN SEVERAL SPECIALTIES INCLUDING

OPHTHALMOLOGY, CARDIAC SURGERY, OBSTETRICS AND GYNECOLOGY, AND

PEDIATRICS. FACULTY PHYSICIANS PROVIDE SERVICES TO PATIENTS THROUGH A

FACULTY PRACTICE PLAN. WHEN PATIENTS REQUEST APPOINTMENTS IN THE

FACULTY PRACTICE OFFICES, THEY ARE NOT SCREENED ON THEIR ABILITY TO

Part VI Supplemental Information

Complete this part to provide the following information.

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

PAY FOR SERVICES. PHYSICIAN FEES FOR UNINSURED PATIENTS ARE

 DETERMINED ON A SLIDING SCALE BASED ON INCOME. FEES MAY BE WAIVED IF

 A PATIENT HAS NO FINANCIAL RESOURCES. ADDITIONALLY, IN THOSE

 SPECIALTIES IN WHICH THE HOSPITAL DOES NOT HAVE A FACULTY, SUCH AS

 DENTISTRY, OTOLARYNGOLOGY, VASCULAR AND NEUROSURGERY, WE CONTRACT

 WITH SPECIALISTS IN ORDER TO PROVIDE CONTINUOUS CARE FOR PATIENTS

 ADMITTED TO THE HOSPITAL THROUGH THE EMERGENCY DEPARTMENT. SINAI

 HOSPITAL PARTNERS WITH A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) TO

 PROVIDE PRIMARY CARE SERVICES TO THE UNINSURED AND MEDICAID

 RECIPIENTS. PARK WEST HEALTH SYSTEM PROVIDES PRIMARY CARE ON THE

 SINAI CAMPUS, WITH PHYSICIAN SERVICES PROVIDED BY SINAI FACULTY

 MEMBERS. PARK WEST'S PATIENTS REQUIRING SPECIALTY CARE ARE REFERRED

 TO SINAI SPECIALISTS. NORTHWEST HOSPITAL CENTER AND LEVINDALE HEBREW

 GERIATRIC CENTER AND HOSPITAL ARE AFFILIATES OF SINAI HOSPITAL.

 DISCHARGED PATIENTS REQUIRING CHRONIC AND SUB-ACUTE HOSPITALIZATION

 ARE OFTEN ADMITTED TO LEVINDALE FOR FURTHER CARE.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization

Employer identification number

SINAI HOSPITAL OF BALTIMORE, INC.

52-0486540

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
	AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797	501(C)(3)	15,000.				HEART WALK
	AMERICAN HEART ASSOCIATION 415 NORTH CHARLES ST. BALTIMORE, MD 21201	13-5613797	501(C)(3)	25,000.				HEART BALL 2010
	RONALD MCDONALD HOUSE 635 W LEXINGTON STREET BALTIMORE, MD 21201	52-1184957	501(C)(3)	15,000.				SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations 2
 3 Enter total number of other organizations 23

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS AND ASSISTANCE

SCHEDULE I, PART IV, LINE 2

THE LIFEBRIDGE HEALTH SPONSORSHIP COMMITTEE MEETS MONTHLY AND MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS OR ASSISTANCE PROVIDED BY LIFEBRIDGE HEALTH INC. AND ITS SUBSIDIARIES. SELECTION CRITERIA FOR ASSISTANCE AWARDS ARE BASED ON THE SPECIFIC NEEDS OF THE ORGANIZATION APPLYING FOR ASSISTANCE AND ANY PRIOR HISTORY OF THE GRANTS AWARDED BY THE LIFEBRIDGE SYSTEM. MEMBERS OF THE LIFEBRIDGE EXECUTIVE TEAM 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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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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 in 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 checked="" 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 (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SCOTT BROWN MD	(i) 275,192.	8,833.	11,572.	20,639.	36,738.	352,974.	13,905.
	(ii) 0.	0.	0.	0.	0.	0.	0.
WARREN GREEN	(i) 766,390.	110,701.	443,577.	0.	102,313.	1,422,981.	1,059,816.
	(ii) 0.	0.	0.	0.	0.	0.	0.
NEIL M MELTZER	(i) 565,963.	72,667.	48,919.	119,984.	75,556.	883,089.	39,435.
	(ii) 0.	0.	0.	0.	0.	0.	0.
BARRY WALDMAN MD	(i) 199,383.	145,757.	1,209.	0.	26,618.	372,967.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JERRY HENDERSON	(i) 183,112.	7,887.	0.	0.	25,234.	216,233.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
LEATEEN JOHNSON	(i) 245,527.	38,302.	10,624.	27,499.	32,778.	354,730.	9,239.
	(ii) 0.	0.	0.	0.	0.	0.	0.
LORRIE LIANG	(i) 212,695.	34,821.	8,693.	23,822.	28,395.	308,426.	13,213.
	(ii) 0.	0.	0.	0.	0.	0.	0.
IDA SAMET	(i) 204,185.	35,392.	31,569.	22,869.	27,259.	321,274.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DANIEL SILVERMAN MD	(i) 288,464.	105,000.	50,355.	10,817.	38,510.	493,146.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MICHAEL MONT MD	(i) 830,769.	282,000.	19,566.	31,154.	110,908.	1,274,397.	19,592.
	(ii) 0.	0.	0.	0.	0.	0.	0.
PAUL GURBEL MD	(i) 862,646.	0.	0.	0.	115,221.	977,867.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
FOUAD ABBAS MD	(i) 467,307.	400,000.	7,796.	17,524.	62,386.	955,013.	9,506.
	(ii) 0.	0.	0.	0.	0.	0.	0.
RONALD DELANOIS MD	(i) 437,962.	395,000.	0.	16,550.	58,919.	908,431.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
RICHARD NORTH MD	(i) 709,915.	0.	0.	26,747.	95,220.	831,882.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

FORM 990, SCHEDULE J, LINE 4B PART III, SUPPLEMENTAL INFORMATION

DURING THE YEAR, THE FOLLOWING SINAI HOSPITAL OF BALTIMORE, INC. BOARD MEMBERS, OFFICERS, AND HIGHEST PAID EMPLOYEES WERE PARTICIPANTS IN A

LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED THE FOLLOWING PAYMENTS:

WARREN A GREEN	\$1,373,687
NEIL MELTZER	\$ 39,435
MICHAEL MONT MD	\$ 19,592
SCOTT BROWN MD	\$ 13,905
LORRIE LIANG	\$ 13,213
FOUAD ABBAS MD	\$ 9,506
LEATEEN JOHNSON	\$ 9,239
DANIEL SILVERMAN MD	NONE
IDA SAMET	NONE

Part III Supplemental Information

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

SUPPLEMENTAL INFORMATION

FORM 990, SCHEDULE J

MR. GREEN'S COMPENSATION WAS PAID BY SINAI HOSPITAL OF BALTIMORE. HE

RECEIVED COMPENSATION AS PRESIDENT / CEO LIFEBRIDGE HEALTH, INC., NOT AS

A DIRECTOR. MR. GREEN'S SUPPLEMENTAL RETIREMENT PLAN PAYMENT INCLUDES

\$1,059,816 EARNED IN PRIOR YEARS. MR. MELTZER RECEIVED COMPENSATION AS

PRESIDENT/COO OF SINAI HOSPITAL OF BALTIMORE, INC., NOT AS A DIRECTOR.

\$985 WAS PAID BY SINAI HOSPITAL OF BALTIMORE, INC. FOR MR. MELTZER'S

MEMBERSHIP AT CENTER CLUB. DR SILVERMAN'S HOUSING ALLOWANCE WAS \$43,879.

TRAVEL EXPENSES INCURRED BY OFFICERS, DIRECTORS, AND EXECUTIVES ARE

SUBSTANTIATED PRIOR TO PAYMENTS AND REIMBURSEMENTS AT SINAI HOSPITAL OF

BALTIMORE, INC. DR. BROWN AND DR. WALDMAN RECEIVED COMPENSATION AS

PHYSICIANS, NOT AS DIRECTORS. DR REICHMISTER RECEIVED COMPENSATION AS

CHIEF OF ORTHOPEDIC SURGERY, NOT AS A DIRECTOR.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(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			
ROBERT J POST DIRECTOR	1.00	X					0.	0.	0.	
JEFFREY POWERS DIRECTOR	1.00	X					0.	0.	0.	
JEROME P REICHMISTER MD PHYSICIAN/DIRECTOR	1.00	X					108,333.	0.	0.	
JACQUES R RUBIN DIRECTOR	1.00	X					0.	0.	0.	
PHILIP E SACHS DIRECTOR	1.00	X					0.	0.	0.	
BENJAMIN S SCHAPIRO DIRECTOR	1.00	X					0.	0.	0.	
JOHN SHMERLER DIRECTOR	1.00	X					0.	0.	0.	
BRUCE SHOLK DIRECTOR	1.00	X					0.	0.	0.	
TODD SIBEL DIRECTOR	1.00	X					0.	0.	0.	
BARRY A STOLER DIRECTOR	1.00	X					0.	0.	0.	
STANLEY V STOVALL DIRECTOR	1.00	X					0.	0.	0.	
HILLEL TENDLER ESQUIRE VICE CHAIRMAN/DIRECTOR	1.00	X		X			0.	0.	0.	
MARC TERRILL DIRECTOR	1.00	X					0.	0.	0.	
MARY TILBURY DIRECTOR	1.00	X					0.	0.	0.	
BARRY WALDMAN MD DIRECTOR	1.00	X					346,349.	0.	26,618.	
ELLEN WASSERMAN DIRECTOR	1.00	X					0.	0.	0.	
ROBIN WEIMAN DIRECTOR	1.00	X					0.	0.	0.	
JERRY HENDERSON ASST VP PERIOP SERVICES	40.00			X			190,999.	0.	25,234.	
LEATEEN JOHNSON VP PT CARE SERVICES	40.00			X			294,453.	0.	60,277.	
LORRIE LIANG VP	40.00			X			256,209.	0.	52,217.	
IDA SAMET VP	40.00			X			271,146.	0.	50,128.	

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization
SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number
52-0486540

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL SILVERMAN MD VP CMO	40.00			X				443,819.	0.	49,327.
MICHAEL MONT MD PHYSICIAN	40.00					X		1,132,335.	0.	142,062.
PAUL GURBEL MD PHYSICIAN	40.00					X		862,646.	0.	115,221.
FOUAD ABBAS MD PHYSICIAN	40.00					X		875,103.	0.	79,910.
RONALD DELANOIS MD PHYSICIAN	40.00					X		832,962.	0.	75,469.
RICHARD NORTH MD PHYSICIAN	40.00					X		709,915.	0.	121,967.

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BARRY GARBER	DIRECTOR		SEE SCHEDULE O		X
NANCY HACKERMAN	DIRECTOR		SEE SCHEDULE O		X
HELEN COPLAN	DIRECTOR		SEE SCHEDULE O		X
DAVID KUNTZ	DIRECTOR		SEE SCHEDULE O		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

ATTACHMENT 1

SCHEDULE O DISCLOSURES

GOVERNING BODY MEMBERS FORM 990, PART VI, LINES 6 AND 7:

THE CORPORATION SHALL HAVE ONE MEMBER: LIFEBRIDGE HEALTH, INC., (THE "MEMBER") A MARYLAND NONSTOCK CORPORATION. MEMBERSHIP IN THE CORPORATION SHALL NOT BE TRANSFERABLE. THE MEMBER SHALL HAVE THE EXCLUSIVE POWER AND AUTHORITY TO TAKE THE FOLLOWING ACTIONS: (1) EXCEPT FOR EX OFFICIO DIRECTORS AS PROVIDED FOR IN THE BYLAWS, TO NOMINATE, ELECT, AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE CORPORATION; (2) TO APPOINT THE PRESIDENT OF THE CORPORATION WITH THE ADVICE AND CONSENT OF THE BOARD OF DIRECTORS; TO NOMINATE AND ELECT THE CORPORATION'S CHAIR, VICE CHAIR, SECRETARY, AND TREASURER; AND TO REMOVE EACH OF THE ABOVE-NAMED OFFICERS (WITH OR WITHOUT CAUSE), PROVIDED THAT THE BOARD OF DIRECTORS OF THE CORPORATION SHALL ALSO HAVE THE POWER TO REMOVE ANY OFFICER OF THE CORPORATION.

REVIEW OF FORM 990 BY GOVERNING BODY AND COMMITTEES FORM 990, PART VI,
LINE 11:

THE LIFEBRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY THE CORPORATE DIRECTOR OF FINANCE. IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM ALSO REVIEWS ALL THE 990 RETURNS. A FORMAL MEETING IS THEN SCHEDULED WITH THE CHIEF FINANCIAL OFFICER, VICE PRESIDENTS OF FINANCE AND GENERAL

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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ATTACHMENT 1 (CONT'D)

COUNSEL, CORPORATE CONTROLLER AND THE CORPORATE DIRECTOR OF FINANCE TO REVIEW IN THEIR ENTIRETY ALL THE LIFEBRIDGE EXEMPT ENTITIES 990'S. MANAGEMENT THEN PROVIDES A COPY OF THE 990'S TO EACH INDIVIDUAL BOARD DIRECTOR AT THE MEETING IMMEDIATELY PRIOR TO THE FILING DATE FOR REVIEW.

SCHEDULE O DISCLOSURES

CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12C:

LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES SHALL REQUIRE ALL EMPLOYEES, MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO THE EMPLOYEES TITLED DIRECTORS AND ABOVE AND IT IS ALSO SENT TO ALL THE LIFEBRIDGE AND SUBSIDIARY BOARD MEMBERS. THE OFFICE OF THE GENERAL COUNSEL REVIEWS ALL RESPONSES AND DETERMINES WHETHER A POTENTIAL CONFLICT EXISTS. IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTIONS. AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES. AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S RELATIONSHIP WITH LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES (E.G., THE INDIVIDUAL'S CONTINUED MEMBERSHIP ON A SUBSIDIARY HOSPITAL'S MEDICAL STAFF), OR ON THE INDIVIDUAL'S OWN HEALTH CARE, OR THE INDIVIDUAL IS PERSONALLY INVOLVED IN A SUBSTANTIAL WAY (E.G., SERVES AS AN OFFICER OR DIRECTOR) WITH ANOTHER ORGANIZATION THAT HAS A SIGNIFICANT

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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ATTACHMENT 1 (CONT'D)

INTEREST IN THE MATTER. AN INDIVIDUAL IS CONSIDERED TO HAVE A "FINANCIAL INTEREST" IN A TRANSACTION IF THE INDIVIDUAL IS A PARTY TO THE TRANSACTION, OR IF THE INDIVIDUAL HAS, DIRECTLY OR INDIRECTLY A CURRENT OR POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN A PARTY TO THE TRANSACTION OR A CURRENT OR POTENTIAL COMPENSATION ARRANGEMENT WITH A PARTY TO THE TRANSACTION. A "COMPENSATION ARRANGEMENT" INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS OF A SUBSTANTIAL NATURE. AN INDIVIDUAL WILL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A MATTER OR TRANSACTION IF A MEMBER OF THE INDIVIDUAL'S IMMEDIATE FAMILY HAS SUCH A CONFLICT. FOR THESE PURPOSES, A "MEMBER" OF AN INDIVIDUAL'S IMMEDIATE FAMILY" MEANS AN INDIVIDUAL'S SPOUSE, MOTHER, FATHER, MOTHER-IN-LAW, FATHER-IN-LAW, GRANDFATHER, GRANDMOTHER, BROTHER, SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, SON, DAUGHTER, SON-IN-LAW, OR DAUGHTER-IN-LAW. "STEP" RELATIONSHIPS (E.G., STEPCHILDREN AND STEPPARENTS) WILL BE TREATED THE SAME AS BLOOD RELATIONSHIPS, EXCEPT AS DETERMINED OTHERWISE IN A SPECIFIC CIRCUMSTANCE BY THE LIFEBRIDGE CEO OR THE PRESIDENT OR DESIGNEE OF THE APPROPRIATE LIFEBRIDGE SUBSIDIARY. ORDINARILY, OWNERSHIP OF LESS THAN 5% OF AN ENTITY DOES NOT CONSTITUTE AN OWNERSHIP INTEREST FOR WHICH DISCLOSURE IS NEEDED. CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER DISSEMINATION IS NECESSARY. MEMBERS OF THE MEDICAL STAFF SHOULD REPORT CONFLICTS TO THE CHIEF OF THEIR DEPARTMENT, AND MEMBERS OF THE BOARD SHOULD REPORT THEM TO EITHER THE CHAIRMAN OF THE BOARD OR THE OFFICE OF GENERAL COUNSEL. ONE OR MORE QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS.

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ATTACHMENT 1 (CONT'D)

IF QUESTIONS ARISE OR FURTHER GUIDANCE IS SOUGHT, CONFLICTS SHOULD ALSO
BE REPORTED TO THE INTEGRITY HOTLINE OR OFFICE OF GENERAL COUNSEL.
NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY
ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION FORM 990, PART VI, LINE
15A & 15B:

EXECUTIVE COMPENSATION AT LIFEBRIDGE HEALTH IS OVERSEEN BY THE
COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. COMMITTEE MEMBERS MAY
NOT HAVE ANY FINANCIAL TIES TO THE ORGANIZATION AND MUST BE BOARD MEMBERS
OF LIFEBRIDGE HEALTH OR A LIFEBRIDGE HOSPITAL. THE CHAIR OF THE
LIFEBRIDGE HEALTH BOARD OF DIRECTORS SERVES AS COMMITTEE CHAIR. THE
COMMITTEE PROVIDES A REPORT OF ITS ACTIVITIES TO THE FULL BOARD OF
DIRECTORS AT LEAST ANNUALLY. COMPENSATION PACKAGES HAVE BEEN DESIGNED TO
ATTRACT AND RETAIN SKILLED AND EXPERIENCED EXECUTIVES AND TO INCENTIVIZE
THEM TO WORK TOWARD KEY STRATEGIC OBJECTIVES. THE COMMITTEE EMPLOYS
INDEPENDENT CONSULTANTS TO ENSURE THAT COMPENSATION LEVELS ARE CONSISTENT
WITH MARKET NORMS. GREATEST EMPHASIS IS PLACED UPON DATA FROM HEALTHCARE
ORGANIZATIONS OF COMPARABLE SIZE AND ORGANIZATIONAL COMPLEXITY IN THE
MID-ATLANTIC REGION. ALL EXECUTIVE INCENTIVE AND BENEFIT PROGRAMS ARE
ESTABLISHED BY THE COMPENSATION COMMITTEE, AS IS THE BASE SALARY OF THE
CHIEF EXECUTIVE OFFICER AND ALL SENIOR VICE PRESIDENTS. BASE SALARIES OF
OTHER EXECUTIVES ARE SET BY THEIR RESPECTIVE SUPERVISORS, IN ACCORDANCE
WITH GUIDELINES ESTABLISHED BY THE COMMITTEE AND SUBJECT TO THE

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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ATTACHMENT 1 (CONT'D)

COMMITTEE'S OVERSIGHT. A SUBSTANTIAL PORTION OF ALL EXECUTIVES' TOTAL COMPENSATION IS CONTINGENT UPON THE ACHIEVEMENT OF BOTH SYSTEM-WIDE AND INDIVIDUAL OBJECTIVES. EACH YEAR'S SYSTEM-WIDE OBJECTIVES ARE APPROVED BY THE COMPENSATION COMMITTEE AND TYPICALLY INCLUDE BOTH FINANCIAL AND NONFINANCIAL GOALS. A GROUP OF SENIOR EXECUTIVES IS ALSO ELIGIBLE TO PARTICIPATE IN A LONG-TERM PAY-FOR-PERFORMANCE PROGRAM. GOALS FOR THIS PROGRAM ARE ESTABLISHED BY THE COMPENSATION COMMITTEE IN THREE-YEAR CYCLES AND ARE RELATED TO THE ORGANIZATION'S LONG-TERM MISSION AND STRATEGIC DIRECTION. AN EXECUTIVE WHO FAILS TO ACHIEVE THE OBJECTIVES ESTABLISHED FOR THE INCENTIVE PROGRAMS WILL EARN BELOW MARKET LEVELS; CONVERSELY, THE ATTAINMENT OF EXTRAORDINARY RESULTS WILL BE REWARDED BY ABOVE-AVERAGE COMPENSATION.

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT POLICY FORM 990, PART VI, LINE 19:

IT IS THE POLICY OF LIFEBRIDGE HEALTH INC. AND ITS SUBSIDIARIES TO MAKE AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS TO THE GENERAL PUBLIC. THE LIFEBRIDGE HEALTH INC. AND SUBSIDIARY GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST OR VIA A WEBSITE. THE CONFLICT OF INTEREST POLICY IS INCLUDED ON SCHEDULE O.

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
<u>ATTACHMENT 1 (CONT'D)</u>	

FORM 990, SCHEDULE K

ON JANUARY 8, 2008, SINAI HOSPITAL OF BALTIMORE, TOGETHER WITH ITS AFFILIATES LIFEBRIDGE HEALTH, LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, NORTHWEST HOSPITAL CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$285,815,000 FROM THE MARYLAND HEALTH AND HIGHER AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE THE ADVANCE REFUNDING OF THE 2004 SERIES A AND 2004 SERIES B BONDS AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2008, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$3,278,562 OF WHICH SINAI'S PORTION IS \$2,193,207 WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2010 \$206,720,772 OF THE TOTAL AMOUNT BORROWED APPEARS AS A LIABILITY OF SINAI ON THE BALANCE SHEET AS DUE TO LIFEBRIDGE. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
<u>ATTACHMENT 1 (CONT'D)</u>	

FORM 990, SCHEDULE L, PART IV, LINE 28C

SINAI HOSPITAL OF BALTIMORE, INC. AND LIFEBRIDGE HEALTH SUBSIDIARIES RECEIVED APPROXIMATELY \$499,297 IN INVESTMENT SERVICES FROM THE FIRM DEUTSCHE BANK ALEX BROWN. MR. BARRY GARBER IS A BOARD DIRECTOR OF SINAI HOSPITAL AND IS AN EMPLOYEE OF THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH. SINAI HOSPITAL OF BALTIMORE, INC. AND THE LIFEBRIDGE HEALTH, INC. SUBSIDIARIES RECEIVED APPROXIMATELY \$16,073,795 IN CONSTRUCTION SERVICES FROM THE FIRM WHITING TURNER. MS. NANCY HACKERMAN, A SINAI BOARD DIRECTOR, HAS A FAMILY MEMBER WHO IS AN OWNER OF THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH. MS. HELEN COPLAN IS A SINAI BOARD DIRECTOR, AND HAS A FAMILY RELATIONSHIP WITH AN OWNER OF HORD, COPLAN, MACHT, INC., WHICH PROVIDED APPROXIMATELY \$3,262,092 IN ANNUAL RECEIPTS FOR CONSTRUCTION SERVICES TO SINAI HOSPITAL OF BALTIMORE. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH. SINAI HOSPITAL OF BALTIMORE, INC. AND LIFEBRIDGE HEALTH SUBSIDIARIES RECEIVED APPROXIMATELY \$1,837,891 IN SERVICES FROM AMERICAN OFFICE. MR. KUNTZ IS A BOARD DIRECTOR OF SINAI HOSPITAL AND IS AN EMPLOYEE OF THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SINAI HOSPITAL OF BALTIMORE HAS A LONGSTANDING MISSION TO PROVIDE

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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ATTACHMENT 2 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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, OUR FRIENDS AND FAMILY, AND OUR COMMUNITY. WE HAVE FOCUSED OUR ATTENTION ON QUALITY PATIENT CARE FOR MORE THAN 140 YEARS. THROUGH A JEWISH-SPONSORED HEALTH CARE ORGANIZATION, SINAI HOSPITAL'S DOORS HAVE BEEN OPEN TO CARE FOR THE SICK AND NEEDY REGARDLESS OF RACE, RELIGION OR ABILITY TO PAY. LOCATED IN NORTHWEST BALTIMORE CITY, SINAI HOSPITAL MEETS THE HEALTH CARE NEEDS OF AN EVER EXPANDING AND CULTURALLY DIVERSE POPULATION, MANY OF WHOM DO NOT HAVE ACCESS TO PRIMARY HEALTH CARE. SIGNIFICANT PORTIONS OF OUR SURROUNDING COMMUNITY FREQUENT SINAI ER-7 USING THIS EMERGENCY ROOM AS A DOCTOR'S OFFICE. LACK OF ACCESS TO HEALTH CARE IS A GROWING PROBLEM FOR MANY AMERICANS, AND SINAI HOSPITAL'S DOCTORS, NURSES AND ALLIED HEALTH CARE PROFESSIONALS UNDERSTAND THAT THE HOSPITAL'S MISSION ENDORSES OPEN ACCESS TO ALL. SINAI HOSPITAL HAS AN ESTABLISHED AND WELL POSTED CHARITY CARE POLICY THAT OFFERS A REASONABLE AMOUNT OF CARE AT NO CHARGE OR AT REDUCED RATES TO ELIGIBLE PERSONS WHO DO NOT HAVE INSURANCE, MEDICARE OR MEDICAL ASSISTANCE. ELIGIBILITY FOR FREE CARE, REDUCED RATES AND EXTENDED PAYMENT PLANS IS DETERMINED ON A CASE BY CASE BASIS TO THOSE WHO CANNOT AFFORD TO PAY FOR CARE. SINAI'S COMMITMENT TO EDUCATION IS VISIBLE IN ITS MEDICAL RESIDENCY PROGRAMS IN INTERNAL MEDICINE; PHYSICAL MEDICINE AND REHABILITATION; OBSTETRICS AND GYNECOLOGY; PEDIATRICS; GENERAL SURGERY; AND OPHTHALMOLOGY. MANY OF THESE DOCTORS-IN-TRAINING CHOOSE SINAI FOR THEIR MEDICAL TRAINING BECAUSE OF ITS COMMUNITY SETTING AND STRONG ACADEMIC BACKGROUND. INTERNAL

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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ATTACHMENT 2 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MEDICINE 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. IN 2005, THE COMMUNITY MISSION COMMITTEE WAS ESTABLISHED TO EVALUATE THE HEALTH CARE NEEDS OF THE COMMUNITY, REVIEW EXISTING PROGRAMS AND DEVELOP 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.

ATTACHMENT 3

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK CORPORATION HSS 25271 NETWORK PLACE CHICAGO, IL 60603	CAFETERIA MANAGEMENT	6,958,957.
CROTHALL SERVICES GROUP 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	CONTRACT CLEANING	2,906,422.
EMCARE INC 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693	AGENCY NURSING	1,629,754.
MEDICAL DICTATION SERVICES INC PO BOX 11407 BIRMINGHAM, AL 35246	TRANSCRIPTION	1,257,600.
RENAL TREATMENT CENTER PO BOX 403008 ATLANTA, GA 30384	RENAL DIALYSIS	1,191,844.
TOTAL COMPENSATION		13,944,577.

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST ON SAVINGS & TEMPORARY CASH INVESTMENTS	36,500.			36,500.
DIVIDENDS AND INTEREST FROM SECURITIES	2,850,086.			2,850,086.
TOTALS	2,886,586.			2,886,586.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SINAI CLINICAL PROFESSIONALS LLC 27-0192555 515 FAIRMOUNT AVENUE TOWSON, MD 21286	HEALTHCARE	MD	29,379,500.	3,233,549.	N/A

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
LIFEBRIDGE HEALTH INC 52-1402373 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	PARENT	MD	501 C 3	11B	LBH
NORTHWEST HOSPITAL CENTER INC 52-1372665 5401 OLD COURT ROAD RANDALLSTOWN, MD 21133	HOSPITAL	MD	501 C 3	3	LBH
LEVINDALE HEBREW GERIATRIC CTR HOSPITAL 52-0607913 2434 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	SPEC HOSP	MD	501 C 3	3	LBH
COURTLAND GARDENS NURSING AND REHAB CTR 52-0607907 7920 SCOTTS LEVEL ROAD BALTIMORE, MD 21208	SKILL NURSING	MD	501 C 3	9	LBH
CHILDREN'S HOSPITAL OF BALTIMORE CITY 52-0591592 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	CHAR. SUPPORT	MD	501 C 3	11B	LBH
THE BALTIMORE JEWISH HEALTH FOUNDATION 52-2111541 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	CHAR. SUPPORT	MD	501 C 3	11B	LBH
CHILDREN'S HOSPITAL AT SINAI FOUNDATION 52-2167587 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	CHAR. SUPPORT	MD	501 C 3	11B	LBH

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

Schedule R (Form 990) 2009

Part II 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?	
							Yes	No		Yes	No

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
LIFEBRIDGE INVESTMENTS INC -----52-1483166 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	LBH	C CORP			
HEALTHSTAR MEDICAL SERVICES INC -----52-1829098 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	LBH	C CORP			
PRACTICE DYNAMICS INC -----52-1960319 124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136	HEALTHCARE	MD	LBH	C CORP			
SURGICAL ONCOLOGY ASSOCIATES INC -----52-1804659 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	LBH	C CORP			
LIFEBRIDGE INSURANCE COMPANY LTD -----98-0415396 PO BOX 1109 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CJ	LBH	C CORP			

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
1b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
1e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
1g Purchase of assets from other organization(s)		X
h Exchange of assets		X
1i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)		X
1k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
1m Sharing of facilities, equipment, mailing lists, or other assets		X
1n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
1p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
1r Other transfer of cash or property from other organization(s)		X

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 other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) LIFEBRIDGE HEALTH, INC.	B	6,122,100.
(2) LIFEBRIDGE HEALTH, INC.	I	342,909.
(3) CHILDREN'S HOSPITAL AT SINAI FOUNDATION	C	913,546.
(4) THE BALTIMORE JEWISH HEALTHCARE FOUNDATION	C	1,501,136.
(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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE BALTIMORE JEWISH ELDERCARE FNDTN 52-2337669 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	CHAR, SUPPORT	MD	501 C 3	11B	LBH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

