

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

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

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C, LINE 7D</u>		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C, LINE 7D</u>			
10b	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
12b	b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input type="checkbox"/> Medical indigency</p> <p>e <input type="checkbox"/> Insurance status</p> <p>f <input type="checkbox"/> Underinsurance status</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.LIFEBRIDGEHEALTH.ORG/</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.LIFEBRIDGEHEALTH.ORG/</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input type="checkbox"/> Other (describe in Section C)</p>		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

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

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X	
If "Yes," explain in Section C.			

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 3J: THERE WERE NO INFORMATION GAPS IDENTIFIED IN THE ASSESSMENT. IN ADDITION TO THE ITEMS LISTED IN LINE 3, THE CHNA DESCRIBES THE HOSPITAL'S DEMOGRAPHICS.

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 5: INPUT FROM REPRESENTATIVES OF THE COMMUNITY

IN SUMMER 2015, A REPRESENTATIVE OF THE CHNA TEAM MET WITH BALTIMORE CITY HEALTH DEPARTMENT'S CHIEF OF EPIDEMIOLOGY SERVICES, DARCY PHELAN-EMRICK, DRPH, MHS AND THE DIRECTOR OF THE OFFICE OF POLICY AND PLANNING, SHANNON MACE HELLER, JD, MPH TO DISCUSS RECENT HEALTH ASSESSMENT UPDATES TO THE 2011 CITYWIDE HEALTH ASSESSMENT THAT RESULTED IN THE CITY'S HEALTHY BALTIMORE 2015 REPORT AND NEIGHBORHOOD HEALTH PROFILES. THE NEIGHBORHOOD HEALTH PROFILES REPRESENTED THE CITY'S PUBLIC HEALTH SECTOR'S OWN ASSESSMENT OF COMMUNITY NEEDS THROUGHOUT BALTIMORE CITY. LIFEBRIDGE HEALTH IS NOW ACTIVELY INVOLVED IN THE BALTIMORE CITY HEALTH DEPARTMENT'S REVITALIZED LOCAL HEALTH IMPROVEMENT COUNCIL (LHIC).

ADDITIONALLY, BECAUSE LIFEBRIDGE HEALTH HOSPITALS ARE LOCATED IN BOTH BALTIMORE CITY AND BALTIMORE COUNTY, MEMBERS OF THE CHNA TEAM ALSO MET WITH THE PUBLIC HEALTH NURSE ADMINISTRATOR OF THE BALTIMORE COUNTY HEALTH DEPARTMENT, LAURA CULBERTSON, RN, MSN, AS WELL AS THE BALTIMORE COUNTY DEPUTY HEALTH, OFFICER DELLA J. LEISTER, RN. THE DISCUSSION WITH BALTIMORE COUNTY FOCUSED ON THE COUNTY'S RECENTLY COMPLETED NEEDS EVALUATION, ITS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AVAILABILITY TO THE PUBLIC AND POTENTIAL PROGRAMMING THAT MIGHT BE DEVELOPED AS A RESULT OF ITS FINDINGS. LIFEBRIDGE HEALTH ALSO CURRENTLY SERVES ON THE BALTIMORE COUNTY LHIC AND THE BALTIMORE COUNTY ACCREDITATION STEERING COMMITTEE.

FOLLOWING LIFEBRIDGE HEALTH'S 2012 CHNA AND THE PARTNERSHIPS DEVELOPED WITH BOTH THE BALTIMORE CITY AND COUNTY HEALTH DEPARTMENTS DURING THAT PROCESS, REPRESENTATIVES OF LIFEBRIDGE HEALTH WERE INVITED TO SERVE ON THE LOCAL HEALTH IMPROVEMENT COUNCILS OF BOTH PUBLIC HEALTH DEPARTMENTS. INVOLVEMENT IN THOSE COUNCILS BY HOSPITAL STAFF KEPT COMMUNICATION BETWEEN THE PUBLIC HEALTH SECTOR AND LIFEBRIDGE HEALTH ACTIVE AND FOSTERED INCREASED COLLABORATION DURING THE INTERVAL BETWEEN THE TWO CHNAS.

LIFEBRIDGE HEALTH ALSO CONTINUED AND ENHANCED ITS ROUTINE PRACTICE OF COLLABORATING WITH COMMUNITY AND HUMAN SERVICE PARTNERS IN ORDER TO FACILITATE COMMUNITY INVOLVEMENT AND INPUT DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. KEY PARTNERS REPRESENTING THE COMMUNITY STAKEHOLDERS INCLUDE: REPRESENTATIVES FROM BALTIMORE COUNTY RECREATION & PARKS, PARK HEIGHTS RENAISSANCE CENTER, PARK HEIGHTS COMMUNITY HEALTH ALLIANCE, LIBERTY ROAD BUSINESS ASSOCIATION, CHAI, MANNA BIBLE BAPTIST CHURCH AND A COUNTY EXECUTIVE OFFICIAL. OTHER COMMUNITY PARTNERS THAT ASSISTED DURING THE CHNA PROCESS OR PROVIDE PROGRAM SUPPORT ARE IDENTIFIED IN SECTION 6 OF THE CHNA: LBH RESOURCES AND PARTNERS. LIFEBRIDGE HEALTH REPRESENTATIVES ATTENDED MEETINGS OF EACH PARTNER ORGANIZATION AND SOUGHT SUPPORT FROM EACH TO FACILITATE THE CHNA PROCESS. ASSISTANCE FROM PARTNER ORGANIZATIONS INCLUDED SPREADING THE WORD ABOUT THE ASSESSMENT, DISTRIBUTING AND COLLECTING COMMUNITY SURVEYS, PROVIDING SPACE AND

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

ALLOCATING MEETING TIME FOR GATHERING COMMUNITY INPUT ON HEALTH NEEDS AND OFFERING CONSISTENT SUPPORT FOR OTHER TASKS AS NEEDED. IN ADDITION, PARTNERS CONTRIBUTED FEEDBACK AND PARTICIPATED IN THE PRIORITIZATION OF COMMUNITY HEALTH NEEDS.

PRIOR TO THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, LIFEBRIDGE HEALTH ALSO IDENTIFIED CLINICAL AND COMMUNITY NEEDS BASED ON FEEDBACK FROM INDIVIDUAL HOSPITAL DEPARTMENTS. THIS PRACTICE CONTINUES AND OFFERS ADDITIONAL CLINICAL INPUT IDENTIFYING AND PRIORITIZING NEEDS. CLINICAL INPUT IS DERIVED FROM THE TREATMENT OF PATIENTS AND INTERACTIONS WITH BOTH PATIENTS AND THEIR FAMILIES OR CAREGIVERS. FOR EXAMPLE, HOSPITAL DEPARTMENTS PROVIDING COMMUNITY BENEFIT SERVICES CONTINUE TO CONDUCT ROUTINE ASSESSMENTS OF PATIENT AND COMMUNITY NEEDS RESULTING FROM DAY-TO-DAY EXPERIENCES WITH POPULATION GROUPS SERVED BY THE HOSPITAL.

LIFEBRIDGE HEALTH ALSO USED PAPER SURVEYS AND IN-PERSON FEEDBACK FROM THE COMMUNITY. PAPER SURVEYS WERE DISTRIBUTED AT COMMUNITY EVENTS, MEETINGS AND FAIRS. THE CHNA TEAM WORKED WITH LOCAL PARTNERS TO PARTICIPATE IN SIX FACE-TO-FACE COMMUNITY FEEDBACK SESSIONS. FEEDBACK SESSIONS WERE OPEN TO THE GENERAL PUBLIC INCLUDING RESIDENTS AND REPRESENTATIVES FROM LOCAL COMMUNITY-BASED ORGANIZATIONS, PLACES OF WORSHIP, SCHOOLS, ETC. COMMUNITY MEMBERS AND STAKEHOLDERS LEARNED ABOUT THE FEEDBACK SESSIONS THROUGH A VARIETY OF MECHANISMS INCLUDING PAPER FLYER DISTRIBUTION, E-MAIL NOTICES, EVENT POSTINGS ON COMMUNITY CALENDARS, ANNOUNCEMENTS AT COMMUNITY MEETINGS AND GATHERINGS, AND THROUGH WORD OF MOUTH.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 6A: SINAI HOSPITAL OF BALTIMORE, INC. IS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) OF LIFEBRIDGE HEALTH, INC. LIFEBRIDGE HEALTH, INC.'S CHNA ALSO INCLUDES RELATED HOSPITAL FACILITIES, LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. AND NORTHWEST HOSPITAL CENTER, INC.

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 7D: COPIES OF THE CHNA WERE DISTRIBUTED TO KEY COMMUNITY PARTNERS.

SINAI HOSPITAL OF BALTIMORE, INC.

[HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY%20HEALTH/2015/2015CHNAFINAL.PDF](http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2015/2015CHNAFINAL.PDF)

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 11: FOR THOSE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA SINAI CREATED NEW COMMUNITY HEALTH IMPROVEMENT PROJECTS. THESE SELECTED INITIATIVES ARE LED BY THE OFFICE OF COMMUNITY HEALTH IMPROVEMENT. EACH INITIATIVE HAS SET PRIMARY OBJECTIVES THAT WILL EVALUATE THE RESULTS, SELECT KEY PARTNERS AND/OR HOSPITALS THAT WILL ASSIST IN THE DEVELOPMENT AND IMPLEMENTATION, AND REVIEW/ASSESS THE OUTCOMES OF THE INITIATIVE. SINAI HOSPITAL RECOGNIZES THAT NOT ALL IDENTIFIED COMMUNITY NEEDS CAN BE ADDRESSED AND THAT DIFFICULT CHOICES

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MUST BE MADE TO PRESERVE THE HOSPITAL'S CORE MISSION AND ALLOCATE LIMITED RESOURCES TO THE AREAS OF GREATEST NEED. THREE GUIDELINES WERE USED TO DETERMINE WHICH PRIMARY HEALTH NEEDS SHOULD BE ADDRESSED: 1.) IS THE NEED IN THE OVERVIEW OF THE HOSPITAL'S CORE MISSION? 2.) IS THE NEED ALREADY BEING RESPONDED TO BY EXISTING PROGRAMS? 3.) HOW CAN THE NEED BE ADDRESSED WITHIN THE HOSPITAL'S RESOURCES? ONE IDENTIFIED NEED THAT WAS NOT ADDRESSED WAS THE VIOLENCE THAT OCCURS IN PARK HEIGHTS. INSTEAD OF TAKING THIS ON AS AN INITIATIVE SINAI SUPPORTED A COMMUNITY PARTNER, PARK HEIGHTS RENAISSANCE, WHICH NOW MANAGES A SAFE STREET PROGRAM IN PARK HEIGHTS.

THE SIGNIFICANT NEEDS THAT WERE IDENTIFIED DURING THE CHNA AND ARE BEING ADDRESSED ARE AS FOLLOWS:

1. CHANGING HEARTS PROGRAM - IT WAS FOUND THAT HEART DISEASE IS THE LEADING CAUSE OF DEATH AMONG THE COMMUNITY. NURSES AND A COMMUNITY HEALTH WORKER WILL HELP PARTICIPANTS IN THE PROGRAM IDENTIFY WELLNESS STRATEGIES RELATED NOT ONLY TO THEIR CLINICAL STATUS, BUT ALSO THEIR SOCIAL NEEDS DURING IN-HOME ASSESSMENTS. PATIENTS IN THIS PROGRAM WILL RECEIVE ASSISTANCE IN OBTAINING ACCESS TO CARE, MAINTAINING HEALTHY LIFESTYLES, AND THE CLINICAL ASPECTS OF HEALTH MAINTENANCE.

2. KUJICHAGULIA CENTER (YOUTH CENTER) AT SINAI HOSPITAL - YOUTH/STREET VIOLENCE WAS A TOP PRIORITY CONCERN OF THE PARK HEIGHTS COMMUNITY. THIS PROGRAM HAS BEEN CREATED TO HELP REDUCE STREET VIOLENCE BY CREATING A VENUE TO ESCAPE THE CYCLE OF YOUTH VIOLENCE THROUGH SELF-DETERMINATION AND MAXIMIZING EMPLOYABILITY OF YOUTH WITH SIGNIFICANT BARRIERS.

Part V Facility Information *(continued)*

Section C. Supplemental information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

3. COMMUNITY HEALTH EDUCATION AT SINAI HOSPITAL - ONE OF THE BIGGEST CONCERNS FROM THE 2012 CHNA WAS HEALTH EDUCATION. THIS PROGRAM WILL PROVIDE A FORUM FOR THE COMMUNITY TO UNDERSTAND HOW TO MANAGE THEIR CHRONIC CONDITIONS AND OVERCOME BARRIERS TO SELF-CARE.

THOSE COMMUNITY HEALTH NEEDS THAT WERE IDENTIFIED THROUGH THE CHNA BUT WERE NOT ADDRESSED WERE:

1. ALCOHOL/SUBSTANCE ABUSE AND BEHAVIORAL HEALTH - THE FINDING THAT DRUG AND ALCOHOL ABUSE IS A TOP COMMUNITY HEALTH NEED IN SINAI'S SURROUNDING COMMUNITY IS NOT A NEW CONCERN. SINAI HAS ENDEAVORED TO RESPOND TO THIS NEED THROUGH THE SERVICES OF SINAI HOSPITAL'S ADDICTIONS RECOVERY PROGRAM (SHARP), AN OUTPATIENT SUBSTANCE ABUSE TREATMENT PROGRAM THAT HAS PROVIDED TREATMENT SERVICES TO OPIATE-ADDICTED PATIENTS FOR OVER 20 YEARS. SHARP'S MISSION IS TO SERVE THE UNINSURED AND UNDER-INSURED INDIVIDUALS WHO ARE OPIOID-DEPENDENT IN BALTIMORE CITY.

2. CANCER - CANCER IS THE SECOND LEADING CAUSE OF DEATH IN BALTIMORE CITY AND WAS FOUND TO BE THE THIRD BIGGEST HEALTH CONCERN. THE LIFE BRIDGE HEALTH ALVIN & LOIS LAPIDUS CANCER INSTITUTE IS LOCATED AT SINAI HOSPITAL AND OFFERS ADVANCED SPECIALIZED CARE IN ALL AREAS OF CANCER DIAGNOSIS AND TREATMENT. CANCER TREATMENT CENTERS AND PROGRAMS ADDRESS THE FOLLOWING CONDITIONS: BREAST, GYNECOLOGIC, HEMATOLOGIC, LUNG/THORACIC, GASTROENTEROLOGICAL AND UROLOGIC CANCERS, AS WELL AS BONE, SOFT TISSUE AND ENDOCRINE TUMORS. IN ADDITION TO DIAGNOSIS AND TREATMENT, THE INSTITUTE PROVIDES SUPPORTIVE SERVICES AND PERSONAL DEVELOPMENT AND ENRICHMENT

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

OPPORTUNITIES FOR PATIENTS UNDERGOING CANCER TREATMENT. INTEGRATED THERAPIES DESIGNED TO RELIEVE ANXIETY AND PROMOTE SOCIALIZATION INCLUDE STRESS REDUCTION TECHNIQUES FOR PATIENTS AND FAMILIES, ART WORKSHOPS, MUSIC THERAPY CLASSES, GUIDED IMAGERY, MEDITATION AND CHAIR YOGA. PROGRAMS SUCH AS THE AMERICAN CANCER SOCIETY'S LOOK AND FEEL BETTER PROGRAM, WHICH PROVIDES MAKEUP DEMONSTRATIONS, SKIN CARE THERAPIES AND SPECIAL PRODUCTS, ARE ALSO AVAILABLE TO PATIENTS. IN ADDITION, THE INSTITUTE ALSO PROVIDES OUTREACH AND SCREENING SERVICES TO ITS COMMUNITIES, IN AN EFFORT TO RAISE AWARENESS TO CERTAIN CANCER RISKS AND PROVIDE SECONDARY PREVENTION FOR THOSE WHOSE CANCER MAY BE FOUND THROUGH SCREENING. THE FREEDOM TO SCREEN PROGRAM AT SINAI'S SISTER HOSPITAL, NORTHWEST HOSPITAL IN NEARBY BALTIMORE COUNTY, PROVIDES COMMUNITY OUTREACH, BREAST CANCER EDUCATION, SCREENINGS AND EXAMS, MAMMOGRAMS, AND FOLLOW-UP DIAGNOSTIC PROCEDURES FOR LOWER-INCOME, UNINSURED AND UNDER-INSURED WOMEN IN BOTH HOSPITALS' CATCHMENT AREAS (E.G. BALTIMORE COUNTY AND CITY). THE GOAL OF THE PROGRAM IS TO PROVIDE WOMEN WITH THE RESOURCES THEY NEED TO INCREASE BREAST CANCER AWARENESS AND PREVENTION. ADDITIONAL ASSISTANCE IS OFFERED TO WOMEN WHO NEED HELP WITH PATIENT NAVIGATION SERVICES. PATIENT NAVIGATORS HELP WOMEN WHO HAVE RECEIVED A BREAST CANCER DIAGNOSIS DEAL WITH THEIR MEDICAL FEARS AND DEVELOP A ROAD TO RECOVERY. IN NOVEMBER 2015 LIFE BRIDGE HEALTH IMPLEMENTED A LUNG CANCER SCREENING PROGRAM, TARGETED TO CERTAIN HIGH RISK SMOKERS, THOSE AGES 55-74 YEARS OF AGE WHO SMOKED EITHER A PACK A DAY FOR 30 YEARS OR MORE, OR TWO PACKS A DAY FOR 15 YEARS OR MORE. THOSE ELIGIBLE FOR THE PROGRAM RECEIVE A LUNG CANCER SCREENING USING CT SCANNING. IF THERE IS A POSITIVE OR ABNORMAL FINDING, A NURSE NAVIGATOR HELPS GUIDE THE PATIENT THROUGH THE PROCESS OF SELECTING PHYSICIANS, UNDERSTANDING TREATMENT PLANS, AND COMMUNICATION WITH THE PRIMARY CARE PHYSICIAN.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

3. HIV/AIDS - THIS WAS ONE OF THE COMMUNITIES TOP HEALTH CONCERNS IDENTIFIED THROUGH THE CHNA. THIS NEED IS BEING ADDRESSED BY CURRENT HOSPITAL PROGRAMMING BOTH FOR PRIMARY AND SPECIALTY MEDICAL CARE THROUGH THE HOSPITAL'S INFECTIOUS DISEASE AMBULATORY CLINIC (IDAC) AND FOR PSYCHOSOCIAL NEEDS THROUGH COMMUNITY INITIATIVES HIV SUPPORT SERVICES. THE IDAC SERVES HIV+ ADULTS IN A COMPREHENSIVE MEDICAL SETTING WITH ATTENTION TO PATIENTS' PRIMARY MEDICAL CARE AS WELL AS SPECIALTY SERVICES FOR HIV INFECTION NEEDS. THE HIV SUPPORT SERVICES PROGRAM BEGAN IN 1989 AND ADDRESSES THE SOCIAL AND ECONOMIC BARRIERS THAT IMPACT THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES AFFECTED BY HIV. SINAI'S HIV SUPPORT SERVICES IS MORE ROBUST THAN TYPICAL HIV SUPPORT OR "CASE MANAGEMENT" SERVICES IN THAT IT SERVES SEVERAL GROUPS SIMULTANEOUSLY: WOMEN WITH CHILDREN, WOMEN OF CHILDBEARING AGE, PREGNANT WOMEN, INFANTS, CHILDREN, AND YOUTH, A GROWING NUMBER OF WOMEN OF MENOPAUSAL/POST-MENOPAUSAL AGE, AND MEN. SERVICES ARE PROVIDED BY CLINICAL SOCIAL WORKERS AND COMMUNITY HEALTH WORKERS WHO USE INTERVENTIONS WHICH ENHANCE ACCESS TO CARE AND FACILITATE INTEGRATION OF MEDICAL AND PSYCHOSOCIAL SERVICES.

4. OTHER HOSPITAL INITIATIVES - ALTHOUGH THERE ARE SEVERAL HEALTH NEEDS THAT WERE NOT PRIORITIZED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT AND SUBJECT FOR NEW COMMUNITY HEALTH IMPROVEMENT PROJECTS, THEY REMAIN AN IMPORTANT CONCERN FOR COMMUNITY RESIDENTS, STAKEHOLDERS AND SINAI HOSPITAL. SINAI HOSPITAL HAS A LONG HISTORY OF PROVIDING COMMUNITY OUTREACH SERVICES TO RESIDENTS OF ITS NEIGHBORING COMMUNITIES FOR THE PURPOSE OF IMPROVEMENT OF THEIR HEALTH AND WELL-BEING. SUCH SERVICES HAVE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BEEN DEVELOPED IN RESPONSE TO EXPRESSIONS OF NEED BY PATIENTS AND THEIR FAMILIES WHEN THEY HAVE SOUGHT SINAI'S CARE OR BECAUSE OF HEALTH IMPROVEMENT INITIATIVES BY PUBLIC HEALTH EXPERTS FROM LOCAL, STATE OR NATIONAL GOVERNMENTS. IN ADDITION, IN 2015 SINAI PARTICIPATED IN A CONSULTANT-LED COMMUNITY HEALTH NEEDS ASSESSMENT WITH OTHER LIFEBRIDGE HOSPITALS. THE DEPARTMENT THAT HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT AND MANAGEMENT OF MOST SUCH COMMUNITY HEALTH IMPROVEMENT PROGRAMS IS THE M. PETER COMMUNITY INITIATIVES (CI). THE MODEL THAT CI USES TO PROVIDE SERVICES FREE-OF-CHARGE TO COMMUNITY RESIDENTS WHOSE HEALTH IS IMPAIRED OR AT RISK OF IMPAIRMENT BECAUSE OF SOCIAL DETERMINANTS USES A TEAM OF COMMUNITY HEALTH WORKERS PAIRED WITH SOCIAL WORKERS AND COUNSELORS. THE CURRENT CI SERVICES INCLUDE:

- FAMILY VIOLENCE PROGRAM- HOSPITAL-WIDE DOMESTIC VIOLENCE IDENTIFICATION AND FOLLOW UP COUNSELING
- PERINATAL MOOD DISORDERS - IDENTIFICATION OF WOMEN AT-RISK FOR PERINATAL DEPRESSION OR ANXIETY AT DELIVERY WITH FOLLOW-UP COUNSELING AND REFERRALS
- DIABETES MEDICAL HOME EXPENDER - FOLLOW UP HOME VISITING AND EDUCATION FOLLOWING AN INPATIENT ADMISSION
- HEALTHY FAMILIES AMERICA - AS PART OF THE BCHD B'MORE FOR HEALTHY BABIES INFANT MORTALITY PREVENTION HOME VISITING FOR IN-HOME EDUCATION ON PREGNANCY, INFANT DEVELOPMENT AND PARENTING
- HIV SUPPORT SERVICES - PROVIDE COUNSELING, INFORMATION & REFERRALS TO HIV+ MEN, WOMEN, CHILDREN AND YOUTH RECEIVING CARE AT SINAI HOSPITAL.

SEE CONTINUATION OF PAGES 69 AND 70.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SINAI HOSPITAL OF BALTIMORE, INC.

PART V, LINE 16A, FAP WEBSITE:

WWW.LIFEBRIDGEHEALTH.ORG/SINAI/BILLINGANDFINANCIALCONSIDERATIONS.ASPX

SINAI HOSPITAL OF BALTIMORE, INC.:

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

SINAI HOSPITAL OF BALTIMORE, INC.:

PART V, SECTION B, LINE 24: ONLY THOSE PATIENTS APPROVED RETROSPECTIVELY (DETERMINED ELIGIBLE AFTER THE DATE OF SERVICE) WOULD HAVE BEEN CHARGED AT THE FULL ESTABLISHED RATES. ONCE ELIGIBILITY IS DETERMINED, CHARGES WOULD THEN BE ADJUSTED IN ACCORDANCE WITH THE CHARITY CARE POLICY AS SPECIFIED ABOVE.

PART V, SECTION B, LINE 11: (CONTINUATION)

OTHER DEPARTMENTS HAVE DEVELOPED SERVICES SPECIFIC TO THE DEPARTMENT'S

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AREA OF EXPERTISE SUCH AS HUMAN RESOURCES PARTNERING WITH OTHER
HOSPITALS IN A WORKFORCE DEVELOPMENT EFFORT, THE HEALTHCARE CAREERS
ALLIANCE PROGRAM, OR CASE MANAGEMENT'S PATIENT FINANCIAL ASSISTANCE AND
PSYCHIATRY'S COMMUNITY SUPPORT SPECIALIST.

Public Disclosure Copy

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

SINAI HOSPITAL OF BALTIMORE, INC. PROVIDES SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES TO PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY CARE POLICY. IT DOES NOT PURSUE THE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE AND THOSE AMOUNTS ARE NOT REPORTED AS REVENUE. THE CRITERIA 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 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW

Part VI Supplemental Information (Continuation)

COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK-OUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. THE COST OF RENDERING SERVICES FOR MEDICAL ASSISTANCE PATIENTS IS EQUAL TO MEDICAID REVENUES IN MARYLAND. THUS, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

PART I, LINE 7A - I:

THE FOLLOWING COSTING METHODOLOGIES WERE USED TO CALCULATE LINES 7A THROUGH 7I ON THE COMMUNITY BENEFIT REPORT.

OFFSETTING REVENUE - REVENUE FROM THE ACTIVITY DURING THE YEAR THAT OFFSETS THE TOTAL COMMUNITY BENEFIT EXPENSE OF THAT ACTIVITY, IT INCLUDES ANY REVENUE GENERATED BY THE ACTIVITY OR PROGRAM, SUCH AS A PAYMENT OR REIMBURSEMENT FOR SERVICES PROVIDED TO PROGRAM PATIENTS. OFFSETTING REVENUE INCLUDES RESTRICTED GRANTS OR CONTRIBUTIONS USED TO PROVIDE A COMMUNITY BENEFIT, BUT DOES NOT INCLUDE UNRESTRICTED GRANTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE COMMUNITY BENEFIT.

DIRECT COSTS - DIRECT COSTS INCLUDE SALARIES, EMPLOYEE BENEFITS, SUPPLIES, INTEREST ON FINANCING, TRAVEL AND OTHER COSTS THAT ARE DIRECTLY ATTRIBUTABLE TO THE SPECIFIC SERVICE AND THAT WOULD NOT EXIST IF THE SERVICE OR EFFORT DID NOT EXIST.

Part VI Supplemental Information (Continuation)

INDIRECT COSTS - INDIRECT COSTS ARE COSTS NOT ATTRIBUTED TO PRODUCTS AND/OR SERVICES THAT ARE INCLUDED IN THE CALCULATION OF COSTS FOR COMMUNITY BENEFIT. THESE COULD INCLUDE, BUT ARE NOT LIMITED TO, SALARIES FOR HUMAN RESOURCES AND FINANCE DEPARTMENTS, INSURANCE AND OVERHEAD EXPENSES.

PART I, LINE 7G:

INCLUDED IN THESE EXPENSES ARE DIRECT AND INDIRECT COSTS ATTRIBUTABLE TO PHYSICIANS CLINICS TOTALING \$3,950,450.

PART II, COMMUNITY BUILDING ACTIVITIES:

AS A LARGE EMPLOYER AND PROVIDER OF HEALTH SERVICES IN THE NORTHWEST QUADRANT OF BALTIMORE CITY AND PARTS OF SOUTHERN BALTIMORE COUNTY, LIFEBRIDGE HEALTH PROVIDES COMMUNITY BENEFITS THAT ENHANCE THE OVERALL QUALITY OF LIFE IN OUR SURROUNDING COMMUNITIES. THIS IS ACCOMPLISHED THROUGH HOUSING ENHANCEMENT INITIATIVES, BUSINESS DEVELOPMENT AND WORKFORCE DEVELOPMENT.

THE COMMUNITY SERVICE CORPS, A GROUP OF EMPLOYEE VOLUNTEERS, STAFFS COMMUNITY SERVICE PROJECTS SUCH AS PAINTING LOCAL SCHOOLS, PARK BEAUTIFICATION, HOME IMPROVEMENT FOR SENIORS, HOLIDAY PARTIES FOR CHILDREN WHOSE MOTHERS ARE IN RESIDENTIAL SUBSTANCE ABUSE TREATMENT AT A NEARBY FACILITY, AND AN ANNUAL THANKSGIVING BASKET DISTRIBUTION TO NEEDY COMMUNITY RESIDENTS.

THE BUILDING BRIDGES MENTORING PROGRAM TRAINS LIFEBRIDGE HEALTH STAFF TO SERVE AS ROLE MODELS AND LIFE COACHES FOR STUDENTS IN SELECTED COMMUNITY

Part VI Supplemental Information (Continuation)

SCHOOLS. THE MENTORS AND MENTEES MEET REGULARLY TO EXPLORE HEALTHCARE CAREERS AND FOCUS ON THE SKILLS AND ABILITIES FOR SUCCESS AT SCHOOL AND IN THE COMMUNITY.

SINAI HOSPITAL PARTNERS WITH HEALTHY NEIGHBORS, INC., AN ORGANIZATION THAT BUILDS STRONG NEIGHBORHOODS IN UNDERVALUED COMMUNITIES BY OFFERING LOW INTEREST LOANS FOR PURCHASE AND REHAB BY HOMEOWNERS, PROVIDING PROFESSIONAL ADVICE FOR REHABBERS AND FUNDING, AND FUNDING COMMUNITY PROJECTS THAT SUPPORT POSITIVE IMAGES. SINAI SUPPORTS A STAFF PERSON WHO IMPLEMENTS HEALTHY NEIGHBORHOODS SERVICES IN SINAI'S PERIMETER NEIGHBORHOODS.

SINAI HOSPITAL'S VOCATIONAL SERVICES PROGRAM (VSP) OFFERS VOCATIONAL TRAINING SERVICES TO INCREASE EMPLOYMENT OPPORTUNITIES IN HEALTH CARE FIELDS FOR COMMUNITY RESIDENTS, ESPECIALLY IDLE YOUTH. FOR EXAMPLE, THE HEALTHCARE CAREERS ALLIANCE PROVIDES JOB READINESS TRAINING FOR OUT-OF-SCHOOL YOUTH BETWEEN THE AGES OF 18-21 TO PREPARE THEM FOR HEALTHCARE-RELATED CAREERS.

PART III, LINE 2:

BAD DEBT EXPENSE IS ESTIMATED BY USING HISTORICAL RATES FOR EACH PAYOR AND THE LENGTH OF TIME THE RECEIVABLE HAS BEEN OUTSTANDING. THESE RATES ARE REVISITED FROM TIME TO TIME AND ADJUSTED WHEN DEEMED APPROPRIATE. ANY ADDITIONAL RESERVES ARE DETERMINED BY THE HOSPITAL'S EXECUTIVES.

PART III, LINE 3:

TO CALCULATE THE AMOUNT OF THE ORGANIZATIONS BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY THE TOTAL BAD

Part VI Supplemental Information (Continuation)

DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WAS USED. THIS TOTAL AMOUNT WAS THEN MULTIPLIED BY THE CALCULATION OF RATIO OF PATIENT CARE COSTS TO CHARGES. THE RATIO OF PATIENT CARE COSTS TO CHARGES WAS DETERMINED BY TAKING PATIENT CARE COSTS AND DIVIDING THIS BY THE GROSS PATIENT CHARGES. PATIENT CARE COSTS WERE CALCULATED BY TAKING TOTAL OPERATING EXPENSES OF THE ENTITY AND REMOVING ALL NONPATIENT CARE ACTIVITIES AND COMMUNITY BENEFIT AND BUILDING EXPENSES.

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 HOSPITAL'S GOAL OF MAXIMUM BAD DEBT RECOVERY AND STRICT ADHERENCE WITH FAIR DEBT COLLECTIONS PRACTICES ACT (FDCPA) RULES AND REGULATIONS, WHILE MAINTAINING POSITIVE

Part VI Supplemental Information (Continuation)

PATIENT RELATIONS. SEE AUDITED FINANCIAL STATEMENTS PAGE 15.

PART III, LINE 8:

COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS TOTAL REVENUE RECEIVED FROM MEDICARE (DSH & IME) AND MEDICARE ALLOWABLE COSTS ARE DERIVED FROM THE ANNUAL MEDICARE COST REPORT. THE INPATIENT ROUTINE COSTS ARE DERIVED FROM THE STEP-DOWN METHODOLOGY BASED ON ACCEPTED STATISTICAL ALLOCATION WITH A UNIFORM PER DIEM COST FOR EACH PAYOR TYPE. THE ANCILLARY MEDICARE ALLOWABLE COSTS ARE INITIALLY DERIVED FROM THE STEP-DOWN METHODOLOGY BUT ARE ALLOCATED TO THE PAYOR TYPES BASED ON THE RATIO OF COST TO CHARGE FOR EACH PAYOR.

PART III, LINE 9B:

PATIENTS CAN BE DETERMINED ELIGIBLE FOR FINANCIAL ASSISTANCE (F.A.) PROSPECTIVELY OR RETROSPECTIVELY. THE F.A. ELIGIBILITY PERIOD EXPIRES ONE YEAR FROM THE MONTH ELIGIBILITY IS APPROVED FOR MEDICALLY NECESSARY SERVICES. THE PATIENT IS ASKED TO PROVIDE THE F.A. APPROVAL LETTER FOR SERVICES PROVIDED WITHIN THE ELIGIBILITY PERIOD. THE HOSPITAL WILL MAKE EVERY EFFORT TO IDENTIFY PATIENTS ELIGIBLE FOR F.A., ALTHOUGH HOSPITAL SYSTEMS DO NOT ALLOW FOR THIS TO BE AUTOMATED. BALANCES APPROVED FOR FINANCIAL ASSISTANCE ARE WRITTEN-OFF TO A ZERO BALANCE AND THEREFORE NOT PURSUED BY INTERNAL COLLECTION PROCESSES OR THIRD PARTY AGENCIES. BALANCES ALREADY PLACED WITH THIRD PARTY AGENCIES ARE WRITTEN-OFF TO A ZERO BALANCE AND THE ACCOUNTS ARE CLOSED AND RETURNED BY THE THIRD PARTY AGENCY.

PART VI, LINE 2:

DURING FY16, SINAI HOSPITAL COMPLETED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT AS REQUIRED AND DEFINED BY THE PATIENT PROTECTION AND

Part VI Supplemental Information (Continuation)

AFFORDABLE CARE ACT AND SECTION 501(R)(3) OF THE INTERNAL REVENUE CODE. THE PROCESS USED TO IDENTIFY HEALTH NEEDS OF LIFEBRIDGE HEALTH'S COMMUNITY INCLUDED ANALYZING PRIMARY AND SECONDARY DATA AT THE COMMUNITY LEVEL AND INCLUDED PUBLIC HEALTH EXPERTS, COMMUNITY MEMBERS AND KEY COMMUNITY GROUPS IN FURTHER PRIORITIZATION OF CONCERNS AND NEEDS. THE HOSPITAL IS COMMITTED TO ALIGNING ITS PRIORITIES WITH LOCAL, STATE, AND NATIONAL HEALTH IMPROVEMENT INITIATIVES (E.G. HEALTHY BALTIMORE 2015, THE LOCAL ACTION PLAN DEVELOPED BY THE BALTIMORE CITY HEALTH DEPARTMENT TO IMPLEMENT THE STATE'S MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) AND HEALTHY PEOPLE 2020).

THE STEPS TAKEN TO BUILD THE FOUNDATION OF AN ASSESSMENT INCLUDED THE FOLLOWING:

(A) EXPLORATION OF DATA COLLECTION PROCEDURES - IN THE FALL OF 2011, SINAI HOSPITAL STAFF AND THE LOCAL HEALTH DEPARTMENTS BEGAN TO WORK TOGETHER TO EXPLORE MECHANISMS/METHODS FOR PERFORMING THE REQUIRED COMMUNITY HEALTH NEEDS ASSESSMENT. LIFEBRIDGE HEALTH, INC., THE PARENT CORPORATION OF SINAI HOSPITAL, CONTRACTED WITH THE HEALTHY COMMUNITIES INSTITUTE (HCI), TO BEGIN UTILIZING A WEB-BASED PLATFORM OFFERING OVER 130 COMMUNITY HEALTH INDICATORS FROM REPUTABLE SOURCES SUCH AS US CENSUS AND AMERICAN COMMUNITY SURVEY. LIFEBRIDGE HEALTH, INC. CONTINUES TO MAINTAIN A CONTRACTUAL RELATIONSHIP WITH HCI IN ORDER TO USE THE HOSPITAL-BASED VERSION OF THEIR PRODUCT TO SUPPORT SINAI HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. IN ORDER TO SUPPLEMENT THE PUBLIC HEALTH DATA OBTAINED FROM THE HCI PRODUCT, LIFEBRIDGE HEALTH, INC. STAFF CONTINUES TO ENGAGE LOCAL PUBLIC HEALTH PARTNERS AND COMMUNITY RESIDENTS TO GATHER INPUT FROM PERSONS REPRESENTING COMMUNITY INTEREST.

Part VI Supplemental Information (Continuation)

(B) THE CHNA TEAM DISTRIBUTED PAPER SURVEYS AT COMMUNITY EVENTS, MEETINGS AND FAIRS, AS WELL AS IN WAITING ROOMS, LOBBIES AND COMMUNAL SPACES AROUND VARIOUS COMMUNITY SITES WITHIN THE LIFEBRIDGE HEALTH PRIMARY SERVICE AREAS (PSA). SITES INCLUDED COMMUNITY CENTERS, RESTAURANTS, PHARMACIES, PLACES OF WORSHIP, ETC. THE TEAM ALSO RELIED UPON PARTNERS TO SPREAD AWARENESS ABOUT THE SURVEY AS WELL AS TO DISTRIBUTE SURVEYS FOR COMPLETION. ALL COMPLETED SURVEYS WERE RETURNED TO THE CHNA TEAM LOCATED AT SINAI HOSPITAL.

(C) THE CHNA TEAM WORKED WITH LOCAL PARTNERS TO PARTICIPATE IN SIX FACE-TO-FACE COMMUNITY FEEDBACK SESSIONS. FEEDBACK SESSIONS WERE OPEN TO THE GENERAL PUBLIC INCLUDING RESIDENTS AND REPRESENTATIVES FROM LOCAL COMMUNITY-BASED ORGANIZATIONS, PLACES OF WORSHIP, SCHOOLS, ETC. COMMUNITY MEMBERS AND STAKEHOLDERS LEARNED ABOUT THE FEEDBACK SESSIONS THROUGH A VARIETY OF MECHANISMS INCLUDING PAPER FLYER DISTRIBUTION, E-MAIL NOTICES, EVENT POSTINGS ON COMMUNITY CALENDARS, ANNOUNCEMENTS AT COMMUNITY MEETINGS AND GATHERINGS, AND THROUGH WORD OF MOUTH. DUE TO THE FACT THAT THE FEEDBACK SESSIONS WERE SCHEDULED TO OCCUR DURING REGULARLY SCHEDULED COMMUNITY MEETINGS AT PARTNER ORGANIZATIONS, MOST PARTICIPANTS HEARD ABOUT THE MEETING THROUGH ATTENDANCE AT PREVIOUS MEETINGS.

IN ORDER TO PRIORITIZE COMMUNITY HEALTH NEEDS, THE CHNA TEAM FACILITATED A MULTI-VOTING EXERCISE AT THE COMMUNITY FEEDBACK SESSIONS. EACH PARTICIPANT USED THREE POST-IT NOTES AS THEIR BALLOTS FOR THE HEALTH NEEDS THAT THEY PERCEIVED TO BE GREATEST. PARTICIPANTS WERE INSTRUCTED TO VOTE BY PLACING THE POST-IT NOTES ONTO FLIP CHARTS POSTED AROUND THE MEETING ROOM. EACH FLIP CHART WAS LABELED WITH A DIFFERENT HEALTH CONCERN, WHICH

Part VI Supplemental Information (Continuation)

HAD BEEN SELECTED BASED ON PRELIMINARY SURVEY RESULTS OF THE TOP 6 CAUSES OF DEATH (SURVEY QUESTION 1) AND TOP 6 COMMUNITY HEALTH CONCERNS (SURVEY QUESTION 2) IDENTIFIED BY SURVEY RESPONDENTS. THE CHNA TEAM DECIDED TO PRESENT THE SIX HEALTH CONDITIONS REPRESENTING EITHER TOP CAUSE OF DEATH OR TOP HEALTH CONCERN TO MEETING PARTICIPANTS FOR THE VOTING EXERCISE. PARTICIPANTS WERE ASKED TO PLACE THEIR THREE VOTES IN ANY DISTRIBUTION, WEIGHTING ANY HEALTH CONCERN WITH MORE THAN ONE VOTE, IF THEY WISHED; THEY COULD ALSO SUBMIT WRITE-IN VOTES FOR HEALTH CONCERNS NOT POSTED. THROUGH THIS PROCESS OF MULTI-VOTING, THE PRIORITIZATION OF HEALTH NEEDS WAS CLEARLY IDENTIFIED AND ENDORSED BY COMMUNITY STAKEHOLDERS, PARTNERS, AND RESIDENTS.

PART VI, LINE 3:

THE FOLLOWING DESCRIBES MEANS USED AT SINAI HOSPITAL TO INFORM AND ASSIST PATIENTS REGARDING ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER GOVERNMENTAL PROGRAMS AND THE HOSPITAL'S CHARITY CARE PROGRAM. FINANCIAL ASSISTANCE NOTICES, INCLUDING CONTACT INFORMATION, ARE POSTED IN THE BUSINESS OFFICE AND ADMITTING, AS WELL AS POINTS OF ENTRY AND REGISTRATION THROUGHOUT THE HOSPITAL. PATIENT FINANCIAL SERVICES BROCHURE 'FREEDOM TO CARE' IS AVAILABLE TO ALL INPATIENTS. BROCHURES ARE ALSO AVAILABLE IN ALL OUTPATIENT REGISTRATION AND SERVICE AREAS. SINAI HOSPITAL EMPLOYS A FINANCIAL ASSISTANCE LIAISON WHO IS AVAILABLE TO ANSWER QUESTIONS AND TO ASSIST PATIENTS AND FAMILY MEMBERS WITH THE PROCESS OF APPLYING FOR FINANCIAL ASSISTANCE. A PATIENT INFORMATION SHEET IS GIVEN TO ALL INPATIENTS PRIOR TO DISCHARGE AND MAILED TO ALL INPATIENTS WITH THE MARYLAND SUMMARY SHEET. SINAI'S HOSPITAL'S UNINSURED (SELF-PAY) AND UNDER-INSURED (MEDICARE BENEFICIARY WITH NO SECONDARY) MEDICAL ASSISTANCE ELIGIBILITY PROGRAM SCREENS, ASSISTS WITH THE APPLICATION PROCESS AND

Part VI Supplemental Information (Continuation)

ULTIMATELY CONVERTS PATIENTS TO VARIOUS MEDICAL ASSISTANCE COVERAGE AND INCLUDES ELIGIBILITY SCREENING AND ASSISTANCE WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AS PART OF THAT PROCESS. SINAI HOSPITAL PARTICIPATES WITH LOCAL ASSOCIATED JEWISH CHARITIES TO PROVIDE FINANCIAL ASSISTANCE ELIGIBILITY FOR QUALIFYING PATIENTS. ALL HOSPITAL STATEMENTS AND ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS INCLUDE A MESSAGE REFERENCING THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT INFORMATION TO DISCUSS SINAI'S FINANCIAL ASSISTANCE PROGRAM. COLLECTION AGENCIES' INITIAL STATEMENT REFERENCES THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT INFORMATION TO DISCUSS SINAI'S FINANCIAL ASSISTANCE PROGRAM. ALL HOSPITAL PATIENT FINANCIAL SERVICES STAFF, ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS, COLLECTION AGENCIES AND MEDICAID ELIGIBILITY VENDORS ARE TRAINED TO IDENTIFY POTENTIAL FINANCIAL ASSISTANCE ELIGIBILITY AND ASSIST PATIENTS WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. FINANCIAL ASSISTANCE APPLICATION AND INSTRUCTIONS COVER SHEET IS AVAILABLE IN RUSSIAN AND SPANISH. SINAI HOSPITAL HOSTS AND PARTICIPATES IN VARIOUS DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND MARYLAND HOSPITAL ASSOCIATION SPONSORED CAMPAIGNS LIKE 'COVER THE UNINSURED WEEK'.

PART VI, LINE 4:

SINAI HOSPITAL OF BALTIMORE IS LOCATED IN THE NORTHWEST QUADRANT OF BALTIMORE CITY, SERVING BOTH ITS IMMEDIATE NEIGHBORS AND OTHERS FROM THROUGHOUT THE BALTIMORE CITY AND COUNTY REGION. THE NEIGHBORHOODS SURROUNDING SINAI ARE IDENTIFIED BY THE BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE (BNIA) AS SOUTHERN PARK HEIGHTS (SPH) AND PIMLICO/ARLINGTON/HILLTOP (PAH). TOGETHER THEY CONSTITUTE AN AREA THAT IS

Part VI Supplemental Information (Continuation)

PREDOMINANTLY AFRICAN AMERICAN WITH A BELOW AVERAGE MEDIAN FAMILY INCOME, BUT ABOVE AVERAGE RATES FOR UNEMPLOYMENT, AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH. SPH AND PAH'S MEDIAN HOUSEHOLD INCOME WAS \$27,365 AND \$25,397 RESPECTIVELY. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$53,889. THE PERCENT OF FAMILIES EARNING LESS THAN THE FEDERAL SELF-SUFFICIENCY STANDARD IN SPH WAS 25.9% AND PAH'S INDICATORS WERE 22.6%. THE UNEMPLOYMENT RATE FOR BALTIMORE CITY WAS 7.4%. SPH AND PAH HAD UNEMPLOYMENT RATES OF 26.5% AND 19.6% RESPECTIVELY. THE SIX ZIP CODES THAT REPRESENT THE PRIMARY SERVICE AREA IN FISCAL YEAR 2016 WERE 21215, 21207, 21208, 21209, 21117, AND 21216.

THE BALTIMORE CITY HEALTH DEPARTMENT USES COMMUNITY STATISTICAL AREAS (CSA) WHEN ANALYZING HEALTH OUTCOMES AND RISK FACTORS. THE CSAS REPRESENT CLUSTERS OF NEIGHBORHOODS BASED ON CENSUS TRACT DATA RATHER THAN ZIP CODE AND WERE DEVELOPED BY THE CITY'S PLANNING DEPARTMENT BASED ON RECOGNIZABLE CITY NEIGHBORHOOD PERIMETERS. IN THE CHART BELOW, WE IDENTIFIED CSAS CONTAINED WITHIN THE ZIP CODES OF THE PRIMARY SERVICE AREAS THAT BEST REPRESENT THE COMMUNITIES SERVED BY THE COMMUNITY BENEFIT ACTIVITIES AT SINAI HOSPITAL. ONE ZIP CODE (21207) SPANS CITY/COUNTY LINES (SEE FOOTNOTE BELOW CHART). BALTIMORE COUNTY DOES NOT PROVIDE CSAS. THE RACIAL COMPOSITION AND INCOME DISTRIBUTION OF THE ABOVE-INDICATED ZIP CODES REFLECT THE RACIAL SEGREGATION AND INCOME DISPARITY CHARACTERISTIC OF THE BALTIMORE METROPOLITAN REGION. FOR EXAMPLE, PAH AND SPH HAVE A PREDOMINANTLY AFRICAN AMERICAN POPULATION AT 94.4% AND 95.7% RESPECTIVELY. THIS IS IN CONTRAST TO THE NEIGHBORING MOUNT WASHINGTON/COLDSRING COMMUNITY IN WHICH THE MEDIAN HOUSEHOLD INCOME IS \$72,348 AND THE UNEMPLOYMENT RATE WAS 4.9%. THE RACIAL/ETHNIC COMPOSITION OF THE MW/C COMMUNITY IS MUCH MORE COMPLEX BUT THE POPULATION IS PREDOMINANTLY WHITE.

Part VI Supplemental Information (Continuation)

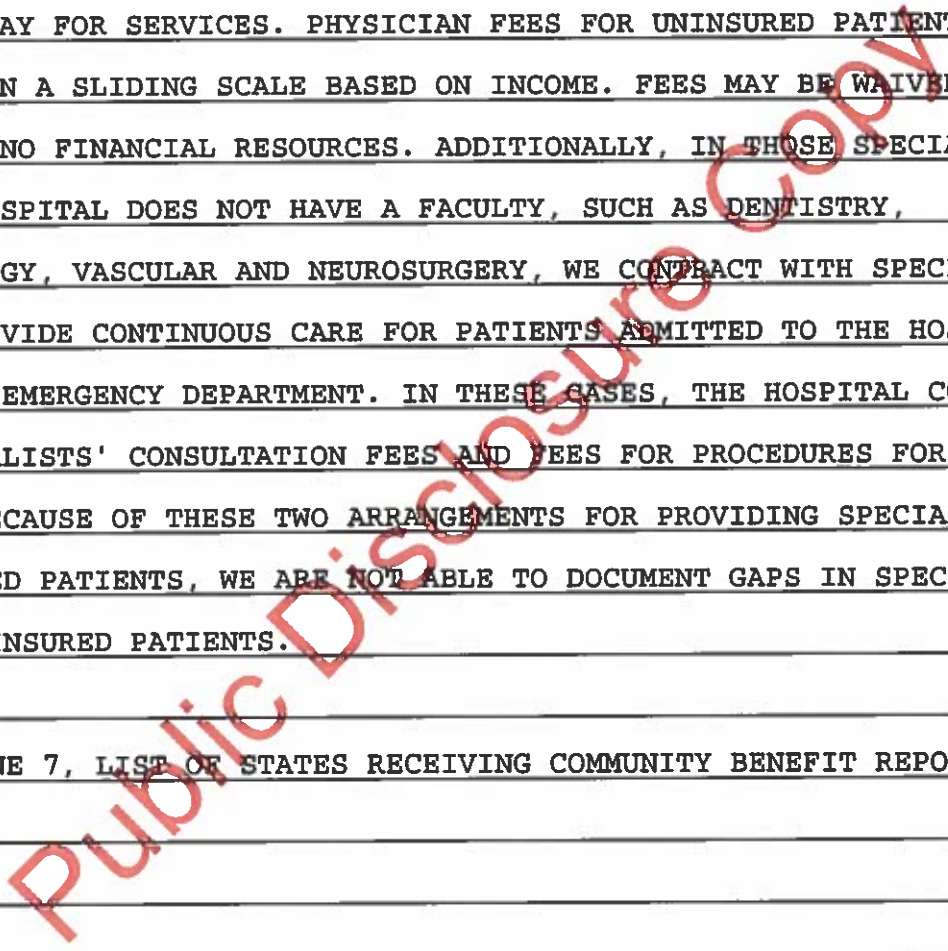
PART VI, LINE 5:

THE M. PETER MOSER COMMUNITY INITIATIVES PROGRAM AT SINAI HOSPITAL PROVIDES SERVICES THAT SEEK TO IMPROVE THE HEALTH AND WELL-BEING OF PERSONS AND FAMILIES WHOSE HEALTH IS NEGATIVELY IMPACTED BY THE SOCIAL DETERMINANTS OF HEALTH. FOCUS IS ON INDIVIDUALS AND FAMILIES WHO COME TO THE HOSPITAL SEEKING SERVICES FOR SPECIFIC CONDITIONS SUCH AS HIGH-RISK PREGNANCY, HIV INFECTION, PERINATAL MOOD DISORDERS OR ADDICTION, INTIMATE PARTNER VIOLENCE, ETC. BUT WHOSE SOCIAL CONDITIONS MAY FURTHER IMPAIR HEALTH BEYOND THE ACUTE MEDICAL EPISODE. PSYCHOSOCIAL INTERVENTIONS ARE PROVIDED BY LICENSED SOCIAL WORKERS AND PARA-PROFESSIONAL OUTREACH WORKERS IN HOMES AND COMMUNITY LOCATIONS. SERVICES INCLUDE OUTREACH, HOME-VISITING, HEALTH, LIFE-SKILLS AND SAFETY EDUCATION, COUNSELING, INFORMATION AND REFERRALS, SERVICES COORDINATION, AND MENTORING OF YOUTH IN COMMUNITY SCHOOLS. SINAI'S DEPARTMENT OF PSYCHIATRY, IN RECOGNITION OF POOR NUTRITION AND ACCESSIBILITY TO CARE FOR MENTALLY ILL PATIENTS LIVING IN POVERTY, PROVIDES FREE HOT LUNCHEES AND TRANSPORTATION TO PATIENTS ENROLLED IN THE INTENSIVE OUTPATIENT/PARTIAL HOSPITALIZATION PROGRAM. IN ADDITION, THE SINAI HOSPITAL ADDICTIONS RECOVERY PROGRAM (SHARP), AN ADULT OUTPATIENT SUBSTANCE ABUSE PROGRAM, PROVIDES INDIVIDUAL, GROUP, AND FAMILY COUNSELING TO OPIATE-ADDICTED PATIENTS. SHARP ALSO OFFERS PRIMARY CARE SERVICES AS WELL AS INTEGRATED PSYCHIATRIC CARE FOR THOSE PATIENTS WITH A CO-EXISTING DISORDER. SINAI PROVIDES A VARIETY OF SUPPORT GROUPS THAT OFFER SOCIAL AND EMOTIONAL SUPPORT TO THOSE WHO SHARE A COMMON EXPERIENCE OR MEDICAL CONCERN. A DEPARTMENT OF COMMUNITY HEALTH EDUCATION PROVIDES FREE HEALTH PROMOTION EDUCATION ON A WIDE RANGE OF TOPICS AND COORDINATES FREE OR LOW-COST HEALTH SCREENINGS FOR THE COMMUNITY.

PART VI, LINE 6:

Part VI Supplemental Information (Continuation)

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



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

MD

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AMY PERRY PRESIDENT/DIRECTOR	0.	0.	0.	0.	0.	0.	0.
(2) NEIL MELTZER PRESIDENT & CEO, LIFEBRIDGE	598,499.	251,999.	29,147.	161,880.	23,999.	1,065,524.	0.
(3) DAVID KRAJEWski SR VP/CFO	820,900.	529,206.	223,892.	557,768.	24,550.	2,156,308.	181,707.
(4) LEATEEN JOHNSON VP PATIENT CARE	518,661.	231,066.	73,591.	182,654.	25,155.	981,127.	39,861.
(5) CHARLES ALBRECHT, M.D. CHIEF QUALITY OFFICER	269,695.	86,752.	77,992.	59,390.	15,875.	509,704.	67,948.
(6) IDA SAHET VICE PRESIDENT	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL MONT, M.D. PHYSICIAN	291,803.	32,108.	18,296.	51,210.	22,593.	416,010.	15,724.
(8) W. BRADFORD CARTER, M.D. PHYSICIAN	130,774.	40,000.	23,362.	17,698.	9,216.	221,050.	4,855.
(9) FOUAD ABBAS, M.D. PHYSICIAN	772,450.	602,625.	103,585.	122,901.	27,134.	1,628,695.	73,954.
(10) JAMES NACE, D.O. PHYSICIAN	0.	0.	0.	0.	0.	0.	0.
(11) PHILIP SCHARPER JR., M.D. PHYSICIAN	40,732.	1,000,000.	164,866.	138,471.	834.	1,344,903.	164,318.
(12) LORRIE LANG FORMER VICE PRESIDENT	0.	0.	0.	0.	0.	0.	0.
	680,321.	270,000.	95,432.	99,775.	16,626.	1,162,154.	69,806.
	0.	0.	0.	0.	0.	0.	0.
	414,780.	593,608.	19,041.	36,019.	1,567.	1,065,015.	0.
	0.	0.	0.	0.	0.	0.	0.
	468,065.	419,353.	40,664.	42,972.	21,867.	992,921.	38,603.
	0.	0.	0.	0.	0.	0.	0.
	59,508.	46,464.	90,757.	9,062.	2,708.	208,494.	71,850.
	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 1A:

ALL BOARD MEMBERS ARE ELIGIBLE FOR COMPLIMENTARY HEALTH CLUB MEMBERSHIPS. THE BOARD MEMBERS RECEIVE A 1099 IF THEY SIGN UP AND RECEIVE THE COMPLIMENTARY MEMBERSHIP.

PART I, LINES 4A-B:

DURING THE YEAR, THE FOLLOWING OFFICER RECEIVED A SEVERANCE PAYMENT:

LORRIE LIANG \$ 18,487

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

NEIL MELTZER	\$ 527,770
AMY PERRY	\$ 150,407
DAVID KRAJEWski	\$ 127,354
LEATEEN JOHNSON	\$ 29,400
MICHAEL MONT	\$ 99,083

PHILIP SCHARPER, JR. \$ 29,442

Part III Supplemental Information

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

JAMES NACE	\$ 22,489
CHARLES ALBRECHT	\$ 27,392
FOUAD ABBAS	\$ 69,785
W. BRADFORD CARTER	\$ 138,471

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

NONQUALIFIED RETIREMENT PLAN:

DAVID KRAJEWSKI	\$ 39,861
NEIL MELTZER	\$ 181,707
LEATEEN JOHNSON	\$ 67,948
IDA SAMET	\$ 4,855
MICHAEL MONT	\$ 73,954
CHARLES ALBRECHT	\$ 15,724
PHILLIP SCHARPER, JR.	\$ 38,603
W. BRADFORD CARTER	\$ 164,318
FOUAD ABBAS	\$ 69,806
LORRIE LIANG	\$ 71,850

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CLASSIC COLDSRING EAST, L	INDIRECT BUSINESS	322,398.	MR. DOPKIN		X
AMERICAN OFFICE EQUIPMENT	INDIRECT BUSINESS	1,045,534.	SINAI HOSPI		X

Part V Supplemental Information

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

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

(A) NAME OF INTERESTED PERSON:

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

(D) DESCRIPTION OF TRANSACTION: MR. DOPKIN IS A DIRECTOR OF THE BOARD AND HIS FAMILY OWNS THE CLASSIC CATERING PEOPLE, INC. SINAI HOSPITAL OF BALTIMORE, INC. AND OTHER LIFEBRIDGE HEALTH SUBSIDIARIES PAID APPROXIMATELY \$322,398 FOR CATERING SERVICES FROM THE CLASSIC CATERING PEOPLE, INC. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

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

(D) DESCRIPTION OF TRANSACTION: SINAI HOSPITAL OF BALTIMORE, INC. AND THE LIFEBRIDGE HEALTH, INC. SUBSIDIARIES PAID APPROXIMATELY \$1,045,534 FOR SERVICES FROM AMERICAN OFFICE. MR. KUNTZ IS A DIRECTOR AND OFFICER OF SINAI HOSPITAL AND IS PRESIDENT OF THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	115,397 FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

Public Disclosure Copy

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

Part II

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

Public Disclosure Copy

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

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

TO IMPROVE THE LIVES OF OUR PATIENTS AND OUR COMMUNITY.

FORM 990, PART III, LINE 1

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

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number

52-0486540

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

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

Name of the organization

SINAI HOSPITAL OF BALTIMORE, INC.

Employer identification number
52-0486540

RONNIE FOOTLICK AND LESLIE SCHALLER HAVE A FAMILY RELATIONSHIP. IDA SAMET
AND ROBIN WEIMAN ALSO HAVE A FAMILY RELATIONSHIP.

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

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

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

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

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

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

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

THE LIFE BRIDGE 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 PRESIDENT OF FINANCE, GENERAL COUNSEL,

Name of the organization SINAI HOSPITAL OF BALTIMORE, INC.	Employer identification number 52-0486540
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AND THE CORPORATE DIRECTOR OF FINANCE TO REVIEW IN THEIR ENTIRETY ALL THE LIFEBRIDGE EXEMPT ENTITIES 990'S. MANAGEMENT THEN PROVIDES A COPY OF THE 990'S TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE LIFEBRIDGE BOARD AND TO EACH INDIVIDUAL BOARD DIRECTOR PRIOR TO THE FILING DATE FOR REVIEW.

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

LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES REQUIRE ALL EMPLOYEES, MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTIONS. AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES. AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S RELATIONSHIP WITH LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES (E.G., THE INDIVIDUAL'S CONTINUED MEMBERSHIP ON A SUBSIDIARY HOSPITAL'S MEDICAL STAFF), OR ON THE INDIVIDUAL'S OWN HEALTH CARE, OR THE INDIVIDUAL IS PERSONALLY INVOLVED IN A SUBSTANTIAL WAY (E.G., SERVES AS AN OFFICER OR DIRECTOR) WITH ANOTHER ORGANIZATION THAT HAS A SIGNIFICANT INTEREST IN THE MATTER. AN INDIVIDUAL IS CONSIDERED TO HAVE A "FINANCIAL INTEREST" IN A TRANSACTION IF THE INDIVIDUAL IS A PARTY TO THE TRANSACTION, OR IF THE INDIVIDUAL HAS, DIRECTLY OR INDIRECTLY A CURRENT OR POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN A PARTY TO THE TRANSACTION OR A CURRENT OR POTENTIAL COMPENSATION ARRANGEMENT WITH A PARTY TO THE TRANSACTION. A "COMPENSATION ARRANGEMENT" INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS OF A SUBSTANTIAL NATURE. AN INDIVIDUAL WILL BE

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CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A MATTER OR TRANSACTION IF A MEMBER OF THE INDIVIDUAL'S IMMEDIATE FAMILY HAS SUCH A CONFLICT. FOR THESE PURPOSES, A "MEMBER" OF AN INDIVIDUAL'S "IMMEDIATE FAMILY" MEANS AN INDIVIDUAL'S SPOUSE, MOTHER, FATHER, MOTHER-IN-LAW, FATHER-IN-LAW, GRANDFATHER, GRANDMOTHER, BROTHER, SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, SON, DAUGHTER, SON-IN-LAW, OR DAUGHTER-IN-LAW. "STEP" RELATIONSHIPS (E.G., STEPCHILDREN AND STEPPARENTS) WILL BE TREATED THE SAME AS BLOOD RELATIONSHIPS, EXCEPT AS DETERMINED OTHERWISE IN A SPECIFIC CIRCUMSTANCE BY THE LIFEBRIDGE CEO OR THE PRESIDENT OR DESIGNEE OF THE APPROPRIATE LIFEBRIDGE SUBSIDIARY. ORDINARILY, OWNERSHIP OF LESS THAN 5% OF AN ENTITY DOES NOT CONSTITUTE AN OWNERSHIP INTEREST FOR WHICH DISCLOSURE IS NEEDED. CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER DISSEMINATION IS NECESSARY. MEMBERS OF THE MEDICAL STAFF SHOULD REPORT CONFLICTS TO THE CHIEF OF THEIR DEPARTMENT, AND MEMBERS OF THE BOARD SHOULD REPORT THEM TO EITHER THE CHAIRMAN OF THE BOARD OR THE OFFICE OF GENERAL COUNSEL. QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS. QUESTIONS ABOUT POSSIBLE CONFLICTS MAY ALSO BE REPORTED TO THE INTEGRITY HOTLINE OR OFFICE OF GENERAL COUNSEL. NOTHING IN THIS DEFINITION IS INTENDED TO BELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.

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

EXECUTIVE COMPENSATION AT LIFEBRIDGE HEALTH IS OVERSEEN BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. COMMITTEE MEMBERS MAY NOT HAVE ANY FINANCIAL TIES TO THE ORGANIZATION AND MUST BE BOARD MEMBERS OF LIFEBRIDGE HEALTH OR A LIFEBRIDGE HOSPITAL. THE CHAIR OF THE LIFEBRIDGE HEALTH BOARD OF DIRECTORS SERVES AS COMMITTEE CHAIR. THE COMMITTEE PROVIDES A REPORT OF

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ITS ACTIVITIES TO THE FULL BOARD OF DIRECTORS AT LEAST ANNUALLY.

COMPENSATION PACKAGES HAVE BEEN DESIGNED TO ATTRACT AND RETAIN SKILLED AND EXPERIENCED EXECUTIVES AND TO INCENTIVIZE THEM TO WORK TOWARD KEY STRATEGIC OBJECTIVES. THE COMMITTEE EMPLOYS INDEPENDENT CONSULTANTS TO ENSURE THAT COMPENSATION LEVELS ARE CONSISTENT WITH MARKET NORMS. GREATEST EMPHASIS IS PLACED UPON DATA FROM HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE AND ORGANIZATIONAL COMPLEXITY IN THE MID-ATLANTIC REGION. ALL EXECUTIVE INCENTIVE AND BENEFIT PROGRAMS ARE ESTABLISHED BY THE COMPENSATION COMMITTEE, AS IS THE BASE SALARY OF THE CHIEF EXECUTIVE OFFICER AND ALL EXECUTIVE AND SENIOR VICE PRESIDENTS. BASE SALARIES OF OTHER EXECUTIVES ARE SET BY THEIR RESPECTIVE SUPERVISORS, IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE COMMITTEE AND SUBJECT TO THE COMMITTEE'S OVERSIGHT. A SUBSTANTIAL PORTION OF ALL EXECUTIVES' TOTAL COMPENSATION IS CONTINGENT UPON THE ACHIEVEMENT OF BOTH SYSTEM-WIDE AND INDIVIDUAL OBJECTIVES. EACH YEAR'S SYSTEM-WIDE OBJECTIVES ARE APPROVED BY THE COMPENSATION COMMITTEE AND TYPICALLY INCLUDE BOTH FINANCIAL AND NONFINANCIAL GOALS. AN EXECUTIVE WHO FAILS TO ACHIEVE THE OBJECTIVES ESTABLISHED FOR THE INCENTIVE PROGRAMS WILL EARN BELOW MARKET LEVELS; CONVERSELY, THE ATTAINMENT OF EXTRAORDINARY RESULTS WILL BE REWARDED BY ABOVE-AVERAGE COMPENSATION. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AGREEMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

IT IS THE POLICY OF LIFE BRIDGE HEALTH INC. AND ITS SUBSIDIARIES TO MAKE AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS TO THE GENERAL PUBLIC. THE LIFE BRIDGE 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.

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

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	26,123,747.
MANAGEMENT AND GENERAL EXPENSES	4,503,006.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,626,753.

CLINICAL ASSOCIATES MANAGEMENT FEE:

PROGRAM SERVICE EXPENSES	12,818,450.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,818,450.

OPERATING CORPORATE ALLOCATION:

PROGRAM SERVICE EXPENSES	13,100,163.
MANAGEMENT AND GENERAL EXPENSES	33,541,495.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,641,658.

PURCHASED TEMP HELP:

PROGRAM SERVICE EXPENSES	2,452,790.
MANAGEMENT AND GENERAL EXPENSES	559,117.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,011,907.

CONTRACT CLEANING:

PROGRAM SERVICE EXPENSES	19,882.
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MANAGEMENT AND GENERAL EXPENSES	1,426,150.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,446,032.

AGENCY NURSES:

PROGRAM SERVICE EXPENSES	3,831,255.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,831,255.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	98,376,055.

DUE TO AFFILIATES - BONDS

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

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30, 2016, \$239,629,357 OF THE TOTAL AMOUNT BORROWED APPEARS AS DUE TO LIFEBRIDGE HEALTH, OF WHICH SINAI'S PORTION IS \$176,638,015. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON MARCH 30, 2011, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$50,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE A CONSTRUCTION AND EXPANSION PROJECT OF LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS AT SINAI HOSPITAL OF BALTIMORE AND NORTHWEST HOSPITAL CENTER. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2011, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A DISCOUNT OF \$55,766, OF WHICH SINAI'S PORTION IS \$37,093, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2016, \$47,423,256 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$31,544,074, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON MAY 1, 2015, A SINGLE OBLIGATED GROUP (THE OBLIGATED GROUP) WAS

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

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

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AUTHORITY'S CARROLL ISSUE, SERIES 2006 BONDS, AND REFINANCE A PORTION OF AN OUTSTANDING LINE OF CREDIT. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2015, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$7,389,102, OF WHICH SINAI'S PORTION IS \$2,826,708, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2016, \$167,074,102 OF THE TOTAL AMOUNT BORROWED, OF WHICH SINAI'S PORTION IS \$57,919,998, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

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

DECREASE IN MINIMUM PENSION LIABILITY	-31,317,832.
TRANSFER TO AFFILIATES	-50,124,325.
DECREASE IN PLEDGE RECEIVABLES	-1,231,195.
CHANGE IN NET ASSETS OF SUBSIDIARIES	-6,955,606.
ELIMINATING ENTRY FOR SINAI CLINICAL PROFESSIONALS	-771,153.
LOSS ON REFINANCING	-1,568,460.
REMOVAL OF EXPENSES FOR LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE	-127,887.
TOTAL TO FORM 990, PART XI, LINE 9	-92,096,458.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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Public Disclosure Copy

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public Inspection

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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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SINAI CLINICAL PROFESSIONALS, LLC - 27-0192555, 515 FAIRMONT AVENUE, TOWSON, MD 21286	HEALTHCARE	MARYLAND	21,180,170.	509,739.	SINAI HOSPITAL OF BALTIMORE, INC.
LIFEBRIDGE CARDIOLOGY AT QUARRY LAKE, LLC - 27-4404331, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MARYLAND	764,489.	415,914.	SINAI HOSPITAL OF BALTIMORE, INC.
SINAI PARKING FACILITY, LLC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	REAL ESTATE	MARYLAND	0.	0.	SINAI HOSPITAL OF BALTIMORE, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. - 52-0607913, 2434 WEST BELVEDERE AVE, BALTIMORE, MD 21215	GERIATRIC HOSPITAL DEDICATED TO PROVIDING SERVICES TO THE AGED	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
LIFEBRIDGE HEALTH, INC. - 52-1402373 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	TO SUPPORT THE CHARITABLE MISSIONS OF ITS SUBSIDIARIES.	MARYLAND	501(C)(3)	LINE 11C, LII-FI	N/A		X
COURTLAND GARDENS NURSING AND REHABILITATION CENTER - 52-0607907, 2434 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	SKILLED NURSING CARE FOR THE ELDERLY AND DISABLED	MARYLAND	501(C)(9)	9	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL,		X
NORTHWEST HOSPITAL CENTER, INC. - 52-1372665 5401 OLD COURT ROAD RANDALLSTOWN, MD 21133	A HOSPITAL ASPIRING TO IMPROVE THE WELLBEING OF THE COMMUNITY IT SERVES	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2015

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LIFEBRIDGE INVESTMENTS, INC. - 52-1483166 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	INVESTMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
HEALTHSTAR MEDICAL SERVICES, INC. - 52-1829098, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
PRACTICE DYNAMICS, INC. - 52-1960319 124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136	MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
SURGICAL ONCOLOGY ASSOCIATES, INC. - 52-1804659, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
LIFEBRIDGE INSURANCE COMPANY, LTD. - 98-0415396, PO BOX 1109 KY1-1102, GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X

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

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

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LIFEBRIDGE COMMUNITY PHYSICIANS, INC. - 80-0719005, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
CEN-MAR ASSURANCE COMPANY - 98-6011607 PO BOX 1085 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
CARROLL COUNTY GENERAL HOSPITAL SOUTH CARROLL MEDICAL CENTER CONDOMINIUM, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	REAL ESTATE	MD	N/A	S CORP	N/A	N/A	N/A		X
MED-SERVICES HOLDINGS, INC. 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL COUNTY MED-SERVICES, INC. - 52-1891102, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL BILLING SERVICES, INC. - 30-0026598 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	BILLING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL HEALTH GROUP, LLC - 27-1956453 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL URGENT CARE, LLC - 46-5739154 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes/No	
					Yes	No
(1) BALTIMORE JEWISH HEALTH FOUNDATION, INC. CHILDRENS HOSPITAL AT SINAI FOUNDATION, INC		C	2,190,133.FMV			X
(2) INC		C	1,538,543.FMV			X
(3) LIFEBRIDGE HEALTH, INC.		P	98,577,302.FMV			X
(4) LIFEBRIDGE HEALTH, INC. LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.		C	40,000,000.FMV			X
(5) SINAI ELDERSBURG REAL ESTATE		P	294,377.FMV			X
(6) SINAI ELDERSBURG REAL ESTATE		P	94,254.FMV			X

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	PRACTICE DYNAMICS, INC.	P	4,387,779.FMV	
(8)	PRACTICE DYNAMICS, INC.	O	548,256.FMV	
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

COURTLAND GARDENS NURSING AND REHABILITATION CENTER

DIRECT CONTROLLING ENTITY: LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC

EIN: 46-2863298

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY PULMONOLOGY, LLC

EIN: 46-1401312

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC SPECIALISTS, LLC)

EIN: 45-0719598

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

Part VII Supplemental Information

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC

EIN: 80-0883321

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

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