

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the 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 type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
b Any related organization?
 If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
b Any related organization?
 If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b	X	
2	X	
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN WHITE PRESIDENT/COO/DIRECTOR	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(2) NEIL M. MELTZER PRES & CEO, LIFEBRIDGE HEALTH	(i) 568,580.	(ii) 353,863.	(iii) 19,073.	170,367.	23,699.	1,135,582.	0.
(3) DAVID KRAJEWSKI SR VP/CFO, LIFEBRIDGE HEALTH	(i) 863,714.	(ii) 486,498.	(iii) 44,237.	387,760.	21,016.	1,803,225.	0.
(4) KEVIN KELBY VICE PRESIDENT/CFO	(i) 562,439.	(ii) 213,138.	(iii) 30,053.	153,070.	23,748.	982,448.	0.
(5) RONALD GINSBERG VP MEDICAL AFFAIRS	(i) 346,545.	(ii) 116,445.	(iii) 4,902.	49,436.	24,055.	541,383.	0.
(6) JAMIE BARNES, M.D. PRESIDENT OF MEDICAL STAFF	(i) 304,729.	(ii) 104,858.	(iii) 80,067.	3,966.	17,244.	510,864.	40,674.
(7) SUSAN MANI, M.D. CHIEF MED - CHIEF QUALITY OFFICER	(i) 400,843.	(ii) 93,000.	(iii) 138.	5,300.	30,041.	529,322.	0.
(8) KELLY CORBI VP OPERATIONS	(i) 316,018.	(ii) 57,268.	(iii) 181.	0.	26,496.	399,963.	0.
(9) SUSAN JALBERT VP PATIENT CARE SERVICES	(i) 264,041.	(ii) 89,095.	(iii) 9,996.	35,158.	23,608.	421,899.	0.
(10) ROBERT SALTZMAN, M.D. PHYSICIAN	(i) 246,815.	(ii) 84,897.	(iii) 9,192.	32,440.	18,120.	391,464.	0.
(11) BRIAN JANTZ, M.D. PHYSICIAN	(i) 422,441.	(ii) 530,533.	(iii) 17,949.	11,473.	22,849.	1,005,245.	0.
(12) DAWN LEONARD, M.D. SURGEON	(i) 341,971.	(ii) 140,792.	(iii) 17,710.	11,473.	13,812.	525,758.	0.
(13) MAYER GORBATY, M.D. PHYSICIAN	(i) 391,615.	(ii) 5,656.	(iii) 273.	13,530.	24,217.	435,291.	0.
(14) ALAN DAVIS, M.D. PHYSICIAN	(i) 345,095.	(ii) 41,191.	(iii) 783.	11,430.	17,098.	415,597.	0.
(15) CANDACE HARNER FORMER VP CARE MANAGEMENT	(i) 342,547.	(ii) 24,904.	(iii) 2,296.	3,769.	18,690.	392,206.	0.
	(i) 53,661.	(ii) 45,466.	(iii) 6,913.	0.	1,024.	107,064.	6,296.

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, LINE 4B:
DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATED IN A
LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

NEIL MELTZER:	\$ 357,770
SUSAN JALBERT:	\$ 28,451
KELLY CORBI:	\$ 29,858
DAVID KRAJEWSKI:	\$ 147,770
BRIAN WHITE:	\$ 165,290
KEVIN KELBY:	\$ 39,200

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

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.

RONALD GINSBERG: \$ 40,674

CANDACE HAMNER: \$ 6,296

BRIAN WHITE: \$10,493

COMPENSATION PROVIDED BY RELATED ORGANIZATIONS:

MR. WHITE RECEIVED COMPENSATION AS PRESIDENT OF NORTHWEST HOSPITAL AND POST-ACUTE SERVICES FOR LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR.



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
ACME PAPER & SUPPLY CO.	INDIRECT BUSINESS	1,737,239.	NORTHWEST H		X
OBRECHT REALTY SERVICES AN	INDIRECT BUSINESS	8,123,572.	NORTHWEST H		X
MEDIA WORKS LTD	INDIRECT BUSINESS	490,022.	NORTHWEST H		X
BALTIMORE HEART ASSOCIATES	INDIRECT BUSINESS	188,335.	NORTHWEST H		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 PERSON: ACME PAPER & SUPPLY CO.

(D) DESCRIPTION OF TRANSACTION: NORTHWEST HOSPITAL CENTER, INC. AND THE LIFEBRIDGE SUBSIDIARIES PURCHASED APPROXIMATELY \$1,737,239 IN PAPER SUPPLIES FROM ACME PAPER AND SUPPLY, CO. ONE OF THE DIRECTORS OF NORTHWEST HOSPITAL, MR. RONALD ATTMAN, IS AN OWNER OF THE COMPANY. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: OBRECHT REALTY SERVICES AND CARLSON LANE LLC

(D) DESCRIPTION OF TRANSACTION: NORTHWEST HOSPITAL CENTER, INC. AND THE LIFEBRIDGE SUBSIDIARIES PAID APPROXIMATELY \$8,123,572 FOR CONSTRUCTION SERVICES AND RENT TO OBRECHT REALTY SERVICES AND CARLSON LANE LLC. ONE OF THE DIRECTORS OF NORTHWEST HOSPITAL CENTER, MR. THOMAS OBRECHT, IS AN OWNER OF THESE COMPANIES. ALL TRANSACTIONS WERE AT FMV AND NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: MEDIA WORKS LTD

(D) DESCRIPTION OF TRANSACTION: NORTHWEST HOSPITAL CENTER, INC. AND THE LIFEBRIDGE SUBSIDIARIES PAID APPROXIMATELY \$490,022 FOR MARKETING SERVICES FROM MEDIA WORKS LTD. ONE OF THE DIRECTORS OF NORTHWEST

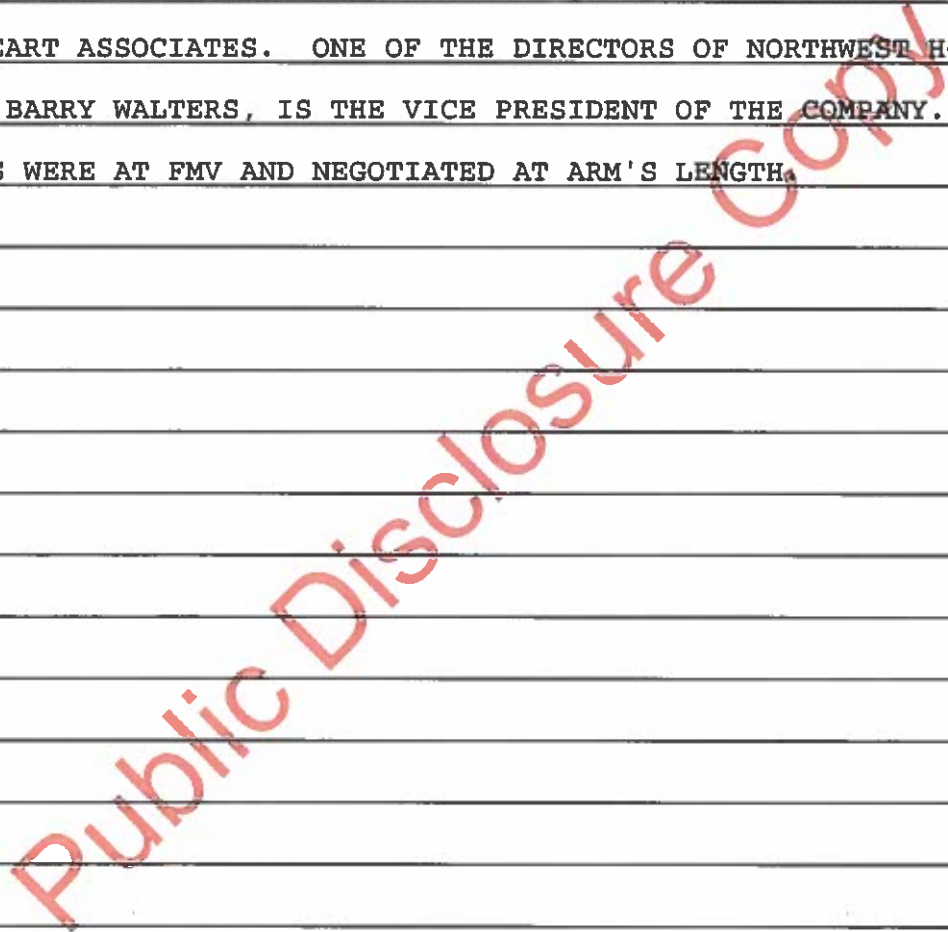
Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

HOSPITAL CENTER, MS. JODY BERG, IS THE CHIEF EXECUTIVE OFFICER OF THE FIRM. ALL TRANSACTIONS WERE AT FMV AND NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: BALTIMORE HEART ASSOCIATES

(D) DESCRIPTION OF TRANSACTION: NORTHWEST HOSPITAL CENTER, INC. AND THE LIFEBRIDGE SUBSIDIARIES PAID APPROXIMATELY \$188,335 FOR EKG READINGS FROM BALTIMORE HEART ASSOCIATES. ONE OF THE DIRECTORS OF NORTHWEST HOSPITAL CENTER, MR. BARRY WALTERS, IS THE VICE PRESIDENT OF THE COMPANY. ALL TRANSACTIONS WERE AT FMV AND NEGOTIATED AT ARM'S LENGTH.



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

2016

Open to Public
Inspection

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number
52-1372665

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

BETWEEN THE HOSPITAL, MEDICAL STAFF AND OUR PATIENTS.

FORM 990, PART III, LINE 1:

NORTHWEST HOSPITAL EXISTS TO IMPROVE THE WELL-BEING OF THE COMMUNITY BY
NURTURING RELATIONSHIPS BETWEEN THE HOSPITAL, MEDICAL STAFF AND OUR
PATIENTS.

NORTHWEST HOSPITAL CENTER HAS ALWAYS HAD A VISION OF BEING A RECOGNIZED
LEADER IN CLINICAL QUALITY AND CUSTOMER CARE - A VISION THAT HAS NOT
LOST FOCUS IN THE FIFTY-FOUR YEARS SINCE THIS RANDALLSTOWN, MARYLAND
HOSPITAL OPENED ITS DOORS. NORTHWEST HOSPITAL HAS KEPT PACE WITH THE
GROWTH OF THE COMMUNITY AND TODAY SERVES MORE THAN 250,000 HOUSEHOLDS
IN NORTHWEST BALTIMORE CITY AND PORTIONS OF BALTIMORE, CARROLL AND
HOWARD COUNTIES. IN 2017, THE HOSPITAL ADMITTED 11,360 PATIENTS, MOST
OF WHOM ACCESSED HOSPITAL SERVICES THROUGH THE EMERGENCY DEPARTMENT. IN
KEEPING WITH THE HOSPITAL'S MISSION TO IMPROVE THE WELLBEING OF THE
COMMUNITY, NORTHWEST HOSPITAL ADHERES TO ITS LONGSTANDING POLICY OF
PROVIDING CARE FOR ANY AND ALL WHO SEEK MEDICAL TREATMENT REGARDLESS OF
RACE, RELIGION OR ABILITY TO PAY. THE HOSPITAL'S CHARITY CARE POLICY IS
WELL POSTED AND OFFERS A REASONABLE AMOUNT OF CARE AT NO CHARGE OR AT
REDUCED RATES TO ELIGIBLE PERSONS WHO DO NOT HAVE INSURANCE, MEDICARE
OR MEDICAL ASSISTANCE. ELIGIBILITY FOR FREE CARE, REDUCED RATES AND
EXTENDED PAYMENT PLANS IS DETERMINED ON A CASE BY CASE BASIS. A
HALLMARK OF NORTHWEST HOSPITAL'S COMMITMENT TO THE COMMUNITY IS ITS
ONGOING EFFORTS TO PROVIDE FREE HEALTH SCREENINGS AND USEFUL HEALTH

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

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EDUCATION THROUGH ITS COMMUNITY HEALTH EDUCATION PROGRAMS. COUNTLESS HEALTH FAIRS, BLOOD PRESSURE SCREENINGS, HEART HEALTH RISK ASSESSMENTS, DIABETES SUPPORT GROUP MEETINGS, FOOD AND NUTRITION COUNSELING AND SMOKING CESSATION CLASSES ARE OFFERED IN SENIOR CENTERS, CHURCH BASEMENTS, COMMUNITY CENTERS AND AREA SCHOOLS THROUGHOUT THE YEAR. NORTHWEST HOSPITAL HAS DEDICATED FULL-TIME STAFF, INCLUDING NURSE EDUCATORS, WHO DEVELOP PROGRAMS TO SHARE VALUABLE HEALTH-RELATED INFORMATION WITH MEMBERS OF THE COMMUNITY.

ONE SUCH PROGRAM, THE NORTHWEST CHANGING HEARTS PROGRAM IS DESIGNED TO IMPROVE THE CARDIOVASCULAR HEALTH OF INDIVIDUALS IN THE SURROUNDING COMMUNITY. THE PROGRAM IS DESIGNED TO: 1- HELP INDIVIDUALS UNDERSTAND THEIR IDENTIFIED RISK(S); 2- DEMONSTRATE HOW TO MINIMIZE/MODIFY THOSE RISK FACTORS AND 3- PROVIDE EDUCATION ON HOW TO MAINTAIN A HEALTHY LIFESTYLE TO PREVENT HEART DISEASE. DURING FY17 THERE WERE 4,800 TOTAL ENCOUNTERS, 74 ACTIVE PROGRAM PARTICIPANTS, AND 74% OF THE PARTICIPANTS DEMONSTRATED BLOOD PRESSURE IMPROVEMENT AND 95% DEMONSTRATED BLOOD SUGAR IMPROVEMENT.

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

THE CORPORATION SHALL HAVE ONE MEMBER, LIFE BRIDGE HEALTH, INC. (THE "MEMBER"), A MARYLAND NON-STOCK 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

Name of the organization

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THE BYLAWS, TO NOMINATE, ELECT, AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE CORPORATION; (2) TO APPOINT THE PRESIDENT OF THE CORPORATION WITH THE ADVICE AND CONSENT OF THE BOARD OF DIRECTORS; (3) TO NOMINATE AND ELECT THE CORPORATION'S CHAIR, VICE CHAIR, SECRETARY, AND TREASURER; AND (4) TO REMOVE EACH OF THE ABOVE-NAMED OFFICERS (WITH OR WITHOUT CAUSE), PROVIDED THAT THE BOARD OF DIRECTORS OF THE CORPORATION SHALL ALSO HAVE THE POWER TO REMOVE ANY OFFICER OF THE CORPORATION.

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

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

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

THE LIFEBRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY THE 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 FINANCIAL REPORTING, GENERAL COUNSEL 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 HEALTH 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

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

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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 LIFE BRIDGE 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 LIFE BRIDGE 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 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 LIFE BRIDGE CEO OR THE PRESIDENT OR DESIGNEE OF THE APPROPRIATE LIFE BRIDGE SUBSIDIARY.

ORDINARILY, OWNERSHIP OF LESS THAN 5% OF AN ENTITY DOES NOT CONSTITUTE AN

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OWNERSHIP INTEREST FOR WHICH DISCLOSURE IS NEEDED. CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER DISSEMINATION IS NECESSARY. MEMBERS OF THE MEDICAL STAFF SHOULD REPORT CONFLICTS TO THE CHIEF OF THEIR DEPARTMENT, AND MEMBERS OF THE BOARD SHOULD REPORT THEM TO EITHER THE CHAIRMAN OF THE BOARD OR THE OFFICE OF GENERAL COUNSEL. ONE OR MORE QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS. IF QUESTIONS ARISE OR FURTHER GUIDANCE IS SOUGHT, CONFLICTS SHOULD ALSO BE REPORTED TO THE INTEGRITY HOTLINE OR OFFICE OF GENERAL COUNSEL. NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.

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

EXECUTIVE COMPENSATION AT LIFE BRIDGE 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 LIFE BRIDGE HEALTH OR A LIFE BRIDGE HOSPITAL. THE CHAIR OF THE LIFE BRIDGE HEALTH BOARD OF DIRECTORS SERVES AS COMMITTEE CHAIR. THE COMMITTEE PROVIDES A REPORT OF ITS ACTIVITIES TO THE FULL BOARD OF DIRECTORS AT LEAST ANNUALLY. COMPENSATION PACKAGES HAVE BEEN DESIGNED TO ATTRACT AND RETAIN SKILLED AND EXPERIENCED EXECUTIVES AND TO INCENTIVIZE THEM TO WORK TOWARD KEY STRATEGIC OBJECTIVES. THE COMMITTEE EMPLOYS INDEPENDENT CONSULTANTS TO ENSURE THAT COMPENSATION LEVELS ARE CONSISTENT WITH MARKET NORMS. GREATEST EMPHASIS IS PLACED UPON DATA FROM HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE AND ORGANIZATIONAL COMPLEXITY IN THE MID-ATLANTIC REGION. ALL EXECUTIVE INCENTIVE AND BENEFIT PROGRAMS ARE ESTABLISHED BY THE COMPENSATION COMMITTEE, AS IS THE BASE SALARY OF THE CHIEF EXECUTIVE OFFICER AND ALL EXECUTIVE AND SENIOR VICE PRESIDENTS. BASE SALARIES OF OTHER EXECUTIVES ARE

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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 DELIVERATIONS AND DECISION REGARDING THE COMPENSATION ARRANGEMENTS.

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

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

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

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	2,936,752.
MANAGEMENT AND GENERAL EXPENSES	4,908,936.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,845,688.

AGENCY NURSES:

PROGRAM SERVICE EXPENSES	1,249,325.
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Name of the organization NORTHWEST HOSPITAL CENTER, INC.	Employer identification number 52-1372665
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,249,325.

PROFESSIONAL AND TECHNICAL:

PROGRAM SERVICE EXPENSES	6,034,810.
MANAGEMENT AND GENERAL EXPENSES	2,087,459.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,122,269.

CORPORATE ALLOCATION:

PROGRAM SERVICE EXPENSES	4,208,805.
MANAGEMENT AND GENERAL EXPENSES	10,822,641.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,031,446.

CONTRACT CLEANING:

PROGRAM SERVICE EXPENSES	26,228.
MANAGEMENT AND GENERAL EXPENSES	2,660,519.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,686,747.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	34,935,475.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON REFINANCE	-2,091,097.
TRANSFER TO AFFILIATES	-75,321,267.
TOTAL TO FORM 990, PART XI, LINE 9	-77,412,364.

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

Employer identification number

52-1372665

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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 NORTHWEST'S PORTION IS \$834,106, 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, 2017, \$156,676,757 OF THE TOTAL AMOUNT BORROWED APPEARS AS DUE TO LIFEBRIDGE HEALTH, OF WHICH NORTHWEST'S PORTION IS \$39,863,271. 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,

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

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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, NORTHWEST'S PORTION IS \$10,199, 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, 2017, \$5,010,877 OF OF THE TOTAL AMOUNT BORROWED, OF WHICH NORTHWEST'S PORTION IS \$916,264, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON MAY 1, 2015, A SINGLE OBLIGATED GROUP (THE OBLIGATED GROUP) WAS FORMED, CONSISTING OF LIFEBRIDGE HEALTH INC, SINAI HOSPITAL OF BALTIMORE INC, NORTHWEST HOSPITAL CENTER INC, LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC, 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

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

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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 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 NORTHWEST'S PORTION IS \$910,610, WHICH IS BEING AMORTIZED OVER

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

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52-1372665

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, 2017, \$166,749,746 OF THE TOTAL AMOUNT BORROWED, OF WHICH NORTHWEST'S PORTION IS \$21,319,934, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON OCTOBER 25, 2016, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., 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 \$120,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO REFINANCE THE SERIES 2008 BONDS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2016, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$11,192,819, OF WHICH NORTHWEST'S PORTION IS \$2,524,729, 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, 2017, \$131,562,236 OF THE TOTAL AMOUNT BORROWED, OF WHICH NORTHWEST'S PORTION IS \$29,833,530, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE

Name of the organization

NORTHWEST HOSPITAL CENTER, INC.

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REPORTED ON SCHEDULE K OF ITS FORM 990.

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.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization

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

Employer identification number
52-1372665

NORTHWEST HOSPITAL CENTER, INC.

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

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
LIFEBRIDGE HEALTH, INC. - 52-1402373 2401 WEST BELVEDERE AVE BALTIMORE, MD 21215	TO SUPPORT THE CHARITABLE MISSIONS OF ITS SUBSIDIARIES.	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
SINAI HOSPITAL OF BALTIMORE, INC. - 52-0486540, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	PROVIDE MEDICAL CARE, EDUCATE STUDENTS, PERFORM MEDICAL RESEARCH	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. - 52-0607913, 2434 WEST BELVEDERE AVE, BALTIMORE, MD 21215	GERIATRIC HOSPITAL DEDICATED TO PROVIDING SERVICE TO THE AGED	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
COURTLAND GARDENS NURSING AND REHABILITATION CENTER - 52-0607907, 2434 WEST BELVEDERE AVE, BALTIMORE, MD 21215	SKILLED NURSING CARE FOR THE ELDERLY AND DISABLED	MARYLAND	501(C)(3)	10	LIFEBRIDGE HEALTH, INC.		X

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

Schedule R (Form 990) 2016

Part II Continuation of Identification of Related Tax-Exempt Organizations

Table with 9 columns: (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 514(b)(3) controlled organization? (Yes/No). Rows include entities like CHILDREN'S HOSPITAL OF BALTIMORE CITY, CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC, and CARROLL COUNTY HEALTH SERVICES CORPORATION.

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 HOMECARE MARYLAND, LLC - 26 1378175, 8028 RITCHIE HIGHWAY, SUITE 210B, PASADENA, MD 21122 LIFEBRIDGE PRIMARY CARE OF ELDERSBURG, LLC - 38-3897702, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215 LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC SPECIALISTS, LLC) - 45-07, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES HOME HEALTH SERVICES MEDICAL SERVICES MEDICAL SERVICES	MD MD MD MD	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A			N/A N/A N/A N/A	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 HEALTHSTAR MEDICAL SERVICES, INC. - 52-1829098, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215 PRACTICE DYNAMICS, INC. - 52-1960319 124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136 LIFEBRIDGE INSURANCE COMPANY, LTD. - 98-0415396, PO BOX 1109 KY1-1102, GRAND CAYMAN, CAYMAN ISLANDS LIFEBRIDGE COMMUNITY PHYSICIANS, INC. - 80-0719005, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	INVESTMENT HEALTHCARE MANAGEMENT INSURANCE HEALTHCARE	MD MD MD CAYMAN ISLANDS MD	N/A N/A N/A N/A N/A	C CORP C CORP C CORP C CORP C CORP	N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A		X X X X 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 county)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LIFEBRIDGE COMMUNITY												
PULMONOLOGY, LLC - 46-1401312, 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												
GASTROENTEROLOGY, LLC - 46-2863298, 2401 WEST BELVEDERE AVENUE, BALTIMORE, 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 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 GYNECOLOGY OF 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 RADIOLOGY 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
SURGICENTER OF BALTIMORE, LLC - 52-1658841, 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
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

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 managerial partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ELLCOTT CITY ASC MANAGEMENT, LLC - 52-2331663, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A			N/A
LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC - 80-0683321, 2401 WEST BELVEDERE AVENUE, BALTIMORE, LIFEBRIDGE REHABILITATION SERVICES, LLC - 81-1504380, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A			N/A
MOUNT AIRY MED-SERVICES, LLC - 46-5632176, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	REHABILITATION SERVICES	MD	N/A	N/A	N/A	N/A			N/A			N/A
SPRINGWELL PARTNERS, LLC - 27-1971171, 2200 PINE HILL FARMS LANE, HUNT VALLEY, MD 21030	ASSISTED LIVING	MD	N/A	N/A	N/A	N/A			N/A			N/A
LIFEBRIDGE SUBURBAN PHYSICIAN GROUP II, LLC - 81-4209029, 5401 OLD COURT ROAD, RANDALLSTOWN, MD 21133	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A			N/A
LIFEBRIDGE LAB MANAGEMENT, LLC - 82-1113874, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	LABORATORY SERVICES	MD	N/A	N/A	N/A	N/A			N/A			N/A
LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC - 81-4223537, 2401 WEST BELVEDERE AVENUE, BALTIMORE, LIFEBRIDGE MULTI-SPECIALTY, LLC - 46-3753120, 41 MAGNA WAY, SUITE 100, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	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
CARROLL COUNTY GENERAL HOSPITAL SOUTH									
CARROLL MEDICAL CENTER CONDOMINIUM, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	REAL ESTATE	MD	N/A	C CORP	N/A	N/A	N/A		X
MED SERVICES HOLDINGS, INC. 200 MEMORIAL AVENUE	MEDICAL SERVICES	MD	N/A	S CORP	N/A	N/A	N/A		X
WESTMINSTER, MD 21157									
CARROLL COUNTY MED SERVICES, INC. 52-1891102, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	S 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
CARROLL BILLING SERVICES, INC. - 30-0026598 200 MEMORIAL AVENUE	BILLING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
WESTMINSTER, MD 21157									

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
					1a	1b
					1c	1d
					1e	1f
					1g	1h
					1i	1j
					1k	1l
					1m	1n
					1o	1p
					1q	1r
					1s	
1	PRACTICE DYNAMICS, INC	P	716,427. FMV			X
2	LIFEBRIDGE HEALTH, INC.	P	30,208,436. FMV			X
3						
4						
5						
6						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Public Disclosure

Part VII Supplemental Information.

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC
SPECIALISTS, LLC)

EIN: 45-0719598

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 COMMUNITY GASTROENTEROLOGY, LLC

EIN: 46-2863298

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC

EIN: 80-0883321

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

Part VII Supplemental Information.

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

LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC

EIN: 81-4223537

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

Public Disclosure Copy

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NORTHWEST HOSPITAL CENTER, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 5401 OLD COURT ROAD City or town, state or province, country, and ZIP or foreign postal code RANDALLSTOWN, MD 21133	D Employer identification number (Employees' trust, see instructions.) 52-1372665
		E Unrelated business activity codes (See instructions.) 561499

C Book value of all assets at end of year: **313,632,090.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. **SEE STATEMENT 3**

J The books are in care of **NANCY KANE** Telephone number **(410) 601-5653**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
1 c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	Capital gain net income (attach Schedule D)			
4 b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4 c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	5,602.		5,602.
6	Rent income (Schedule C)	22,800.	2,605.	20,195.
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	28,402.	2,605.	25,797.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule)		18
19	Taxes and licenses		19
20	Charitable contributions (See instructions for limitation rules)		20
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion		23
24	Contributions to deferred compensation plans		24
25	Employee benefit programs		25
26	Excess exempt expenses (Schedule I)		26
27	Excess readership costs (Schedule J)		27
28	Other deductions (attach schedule)	SEE STATEMENT 2	28
29	Total deductions. Add lines 14 through 28		29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30
31	Net operating loss deduction (limited to the amount on line 30)	SEE STATEMENT 4	31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 ▶ 35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) ▶ 36
37 Proxy tax. See instructions ▶ 37
38 Alternative minimum tax ▶ 38
39 Tax on Non-Compliant Facility Income. See instructions ▶ 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies ▶ 40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a
b Other credits (see instructions) 41b
c General business credit. Attach Form 3800 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
e Total credits. Add lines 41a through 41d 41e
42 Subtract line 41e from line 40 42 0.
43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43
44 Total tax. Add lines 42 and 43 44 0.
45a Payments: A 2015 overpayment credited to 2016 45a
b 2016 estimated tax payments 45b
c Tax deposited with Form 8868 45c
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments: Form 2439 Form 4136 Other _____ Total 45g
46 Total payments. Add lines 45a through 45g 46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 0.
50 Enter the amount of line 49 you want credited to 2017 estimated tax 50 Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X X
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$

Sign Here

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

Signature of officer _____ Date _____ Title EXECUTIVE VP/CFO

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

Paid Preparer Use Only

Print/Type preparer's name: LORI S. BURGHAUSER
 Preparer's signature: LORI S. BURGHAUSER
 Date: 05/09/18
 Check if self-employed PTIN: P00370694
 Firm's name: SC&H TAX & ADVISORY SERVICES, LLC
 Firm's EIN: 20-5991824
 Firm's address: 910 RIDGEBROOK ROAD SPARKS, MD 21152
 Phone no.: (410) 403-1500

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) RENTAL

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 6
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	22,800.	2,605.
(2)		
(3)		
(4)		
Total	0.	22,800.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
		2,605.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (C).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 28.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Public Disclosure

**SCHEDULE O
(Form 1120)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.

OMB No. 1545-0123

Name

Employer identification number

NORTHWEST HOSPITAL CENTER, INC.

52-1372665

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending **JUNE 30, 2015**, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

813335 04-01-16 JWA

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (e) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	NORTHWEST HOSPITAL CENTER, INC. 52-1372665	17-06	0.	0.	0.	0.	0.	
2	LIFEBRIDGE INVESTMENTS, INC. & SUBS 52-1483166	17-06	0.	0.	0.	0.	0.	
3	SINAI HOSPITAL OF BALTIMORE, INC. 52-0486540	17-06	0.	0.	0.	0.	0.	
4	CARROLL COUNTY MED SERVICES, INC. 52-1891102	17-06	0.	0.	0.	0.	0.	
5	CARROLL COUNTY HEALTH SERVICES CORP 52-0691413	17-06	0.	0.	0.	0.	0.	
6	CARROLL HOSPITAL CENTER FOUNDATION, INC. 52-1115038	17-06	0.	0.	0.	0.	0.	
7	CARROLL HOSPITAL CENTER, INC. 52-1452024	17-06	0.	0.	0.	0.	0.	
8	LIFEBRIDGE HEALTH, INC. 52-1402373	17-06	50,000.	25,000.	25,131.	100,131.	100,131.	
9								
10								
11								
12								
	Total		50,000.	25,000.	25,131.	100,131.	100,131.	

Schedule O (Form 1120) (Rev. 12-2012)

Part III Income Tax Apportionment (See instructions)

	(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
		(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1	NORTHWEST HOSPITAL CENTER, INC.	0.	0.	0.	0.	0.	0.	0.	
2	LIFEBRIDGE INVESTMENTS, INC. & SUBS	0.	0.	0.	0.	0.	0.	0.	
3	SINAI HOSPITAL OF BALTIMORE, INC.	0.	0.	0.	0.	0.	0.	0.	
4	CARROLL COUNTY MED SERVICES, INC.	0.	0.	0.	0.	0.	0.	0.	
5	CARROLL COUNTY HEALTH SERVICES CORP	0.	0.	0.	0.	0.	0.	0.	
6	CARROLL HOSPITAL CENTER FOUNDATION, INC.	0.	0.	0.	0.	0.	0.	0.	
7	CARROLL HOSPITAL CENTER, INC.	0.	0.	0.	0.	0.	0.	0.	
8	LIFEBRIDGE HEALTH, INC.	7,500.	6,250.	8,545.				7.	22,302.
9									
10									
11									
12									
Total		7,500.	6,250.	8,545.				7.	22,302.

Part IV Other Apportionments (See instructions)

		Other Apportionments				
	(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1	NORTHWEST HOSPITAL CENTER, INC.		2,380.			
2	LIFEBRIDGE INVESTMENTS, INC. & SUBS					
3	SINAI HOSPITAL OF BALTIMORE, INC.		35,542.			
4	CARROLL COUNTY MED SERVICES, INC.					
5	CARROLL COUNTY HEALTH SERVICES CORP					
6	CARROLL HOSPITAL CENTER FOUNDATION, INC.		2,078.			
7	CARROLL HOSPITAL CENTER, INC.					
8	LIFEBRIDGE HEALTH, INC.		0.	150,000.		
9						
10						
11						
12						
	Total		40,000.	150,000.		

Schedule O (Form 1120) (Rev. 12-2012)

Public Disclosure

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2016

Name NORTHWEST HOSPITAL CENTER, INC.		Employer identification number 52-1372665
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	23,797.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	23,797.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	4a 23,797.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b 0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e 0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5 23,797.
6	Alternative tax net operating loss deduction. See instructions	6 STATEMENT 7 21,417.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7 2,380.
8	Exemption phase-out (if line 7 is \$30,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a 0.
b	Multiply line 8a by 25% (0.25)	8b 0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c 2,380.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9 0.
10	Multiply line 9 by 20% (0.20)	10 0.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11
12	Tentative minimum tax. Subtract line 11 from line 10	12 0.
13	Regular tax liability before applying all credits except the foreign tax credit	13
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14 0.

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	23,797.
2	ACE depreciation adjustment:			
a	AMT depreciation	2a		
b	ACE depreciation:			
(1)	Post-1993 property	2b(1)		
(2)	Post-1989, pre-1994 property	2b(2)		
(3)	Pre-1990 MACRS property	2b(3)		
(4)	Pre-1990 original ACRS property	2b(4)		
(5)	Property described in sections 168(f)(1) through (4)	2b(5)		
(6)	Other property	2b(6)		
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a		
b	Death benefits from life insurance contracts	3b		
c	All other distributions from life insurance contracts (including surrenders)	3c		
d	Inside buildup of undistributed income in life insurance contracts	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a		
b	Circulation expenditures	5b		
c	Organizational expenditures	5c		
d	LIFO inventory adjustments	5d		
e	Installment sales	5e		
f	Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	23,797.

Public Disclosure Copy

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

PASSTHROUGH PARTNERSHIP INCOME/LOSS AND RENTAL

TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	1,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,000.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 3

CORPORATION'S NAME	IDENTIFYING NO
LIFEBRIDGE HEALTH, INC.	52-1402373

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/02	58,253.	41,020.	17,233.	17,233.
06/30/03	4,739.	0.	4,739.	4,739.
06/30/04	134,476.	0.	134,476.	134,476.
06/30/05	44,074.	0.	44,074.	44,074.
06/30/06	64,770.	0.	64,770.	64,770.
06/30/07	8,154.	0.	8,154.	8,154.
06/30/09	2,833.	0.	2,833.	2,833.
06/30/14	4,458.	0.	4,458.	4,458.
NOL CARRYOVER AVAILABLE THIS YEAR			280,737.	280,737.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS		STATEMENT 5
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
PREMIER PURCHASING PARTNERS, L.P.	5,602.	0.	5,602.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	5,602.	0.	5,602.

FORM 990-T	DEDUCTIONS CONNECTED WITH RENTAL INCOME		STATEMENT 6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		2,605.	
- SUBTOTAL -	1		2,605.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			2,605.

FORM 4626	ALTERNATIVE MINIMUM TAX NOL DEDUCTION		STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
06/30/02	58,253.	38,411.	19,842.
06/30/03	4,739.	0.	4,739.
06/30/04	134,476.	0.	134,476.
06/30/05	44,074.	0.	44,074.
06/30/06	64,770.	0.	64,770.
06/30/07	8,154.	0.	8,154.
06/30/09	2,833.	0.	2,833.
06/30/14	4,458.	0.	4,458.
AMT NOL CARRYOVER AVAILABLE THIS YEAR			283,346.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NORTHWEST HOSPITAL CENTER, INC.	Enter filer's identifying number Employer identification number (EIN) or 52-1372665
	Number, street, and room or suite no. If a P.O. box, see instructions. 5401 OLD COURT ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RANDALLSTOWN, MD 21133	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NANCY KANE

• The books are in the care of ► **2401 WEST BELVEDERE ROAD - BALTIMORE, MD 21215**
Telephone No ► **(410) 601-5653** Fax No. ► **(410) 601-8362**

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

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or
► tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
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Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NORTHWEST HOSPITAL CENTER, INC.	Enter filer's identifying number Employer identification number (EIN) or 52-1372665
	Number, street, and room or suite no. If a P.O. box, see instructions. 5401 OLD COURT ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RANDALLSTOWN, MD 21133	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
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Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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