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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Lifebridge Health Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2401 West Belvedere Avenue

City or town, state or country, and ZIP + 4
Baltimore, MD 212155271

D Employer identification number
52-1402373

E Telephone number
(410) 601-5653

G Gross receipts $ 97,740,239

F Name and address of Principal Officer
Warren Green
2401 West Belvedere Avenue
Baltimore, MD 21215

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ www lifebridgehealth org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1985

M State of legal domicile MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO SUPPORT THE CHARITABLE MISSIONS OF ITS SUBSIDIARIES, INCLUDING SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, AND LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,789,263	333,279
9	Program service revenue (Part VIII, line 2g)	90,133,575	95,373,401
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	150,166	150,166
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,336,000	1,802,182
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,409,004	97,659,028
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	133,900	286,645
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,628,467	47,478,821
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 1,633,703)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	47,206,724	52,459,893
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	96,969,091	100,225,359
19	Revenue less expenses Subtract line 18 from line 12	-2,560,087	-2,566,331
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	97,721,317	411,258,065
21	Total liabilities (Part X, line 26)	21,679,857	308,871,176
22	Net assets or fund balances Subtract line 21 from line 20	76,041,460	102,386,889

Part II Signature Block

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

Please Sign Here

▶ Signature of officer — Date: 2010-04-28

▶ Charles Orlando SR VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 1660 International Drive McLean, VA 221024848			EIN ▶ Phone no ▶ (703) 286-8000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 9,461,291 including grants of $ 286,645) (Revenue $ 91,666,765)

The Organization is organized exclusively for charitable, educational, and scientific purposes, to establish and manage a health care system in support of the following 501 (c) (3) organizations Sinai Hospital of Baltimore, Inc , Northwest Hospital Center, Inc , and Levindale Hebrew Geriatric Center and Hospital, Inc

4b (Code) (Expenses $ 6,307,950 including grants of $) (Revenue $ 3,706,636)

LifeBridge Anesthesia Associates, LLC is a single member LLC owned by LifeBridge Health, Inc and provides anesthesia services to patients of Northwest Hospital Center, Inc

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 15,769,241 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 24		
b	Enter the number of voting members that are independent . .	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MD

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

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Nancy Kane
2401 West Belvedere Avenue
Baltimore, MD 21215
(410) 601-5653

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

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

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

☑ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								0	9,723,039	1,340,884

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 85

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG LLP PO BOX 120001 DALLAS, TX 75312	AUDIT & TAX SERVICE	744,235
HICKEN CRANLEY AND TAYLOR MD 900 SOUTH CATON AVENUE Baltimore, MD 21229	PATHOLOGY SERVICES	742,662
AMERICAN RADIOLOGY SERVICES 1838 GREENTREE ROAD BALTIMORE, MD 21208	RADIOLOGY SERVICES	633,333
NAVIGANT CONSULTING INC 4511 PAYSHERE CIRCLE CHICAGO, IL 60674	CONSULTING SERVICE	549,652
FAIRCODE ASSOCIATES 1922 RUXTON ROAD BALTIMORE, MD 21204	Consulting Service	546,900

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 34

Part VIII Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	143,726			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	32,995			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	156,558			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total (Add lines 1a-1f)**		333,279			
Program Service Revenue			Business Code				
	2a	CORPORATE ALLOCATION	900,099	91,614,768	91,614,768		
	b	MEDICAL STAFF FEES	900,099	22,180	22,180		
	c	COMMUNITY SERVICE	900,099	14,831	14,831		
	d	EDUCATION PROGRAMS	900,099	14,986	14,986		
	e	NET PATIENT REVENUE	900,099	3,706,636	3,706,636		
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 95,373,401					
	3	Investment income (including dividends, interest other similar amounts)		150,166			150,166
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,765,238				
	b	Less rental expenses					
	c	Rental income or (loss)	1,765,238				
	d	Net rental income or (loss)		1,765,238			1,765,238
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including $ 70,655 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a 163,965				
	b	Less direct expenses	b 81,211				
	c	Net income or (loss) from fundraising events		-10,556			-10,556
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	EARNINGS ON UNCONSOLIDATED AFFILIATES	900,099	47,500	47,500	0	
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d**	$ 47,500				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		97,659,028	95,420,901	0	1,904,848

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	286,645	286,645		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,046,820		6,826,709	220,111
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	31,785,910	9,008,799		411,710
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	8,646,091	1,758,900	6,741,285	145,906
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	130,438		130,438	
c Accounting	507,174		507,174	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	10,653,332	152,017	10,342,197	159,118
12 Advertising and promotion	4,325,196	4,246	4,196,119	124,831
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,022,061	983	944,600	76,478
17 Travel	83,360	1,569	74,925	6,866
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	483,509	18,766	372,093	92,650
20 Interest	1,012,411		1,012,411	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	11,578,611		11,578,611	
23 Insurance	10,947,735	92,918	10,854,817	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROFESSIONAL & TECHNICAL	5,173,916	881,398	4,007,729	284,789
b SUPPLIES	4,257,926	1,882,879	2,318,950	56,097
c DUES/MEMBERSHIPS	334,116	20,576	291,273	22,267
d PHYSICIANS FEES	980,097	980,097		
e PROVISION FOR BAD DEBT	571,303	571,303		
f All other expenses	398,708	108,145	257,683	32,880
25 **Total functional expenses.** Add lines 1 through 24f	100,225,359	15,769,241	82,822,415	1,633,703
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	3,862,706	2	9,217,522
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,084,367	4	1,458,265
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,236,474	9	4,148,408
	10a	Land, buildings, and equipment cost basis — 10a: 71,404,294			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 40,823,019	32,850,877	10c	30,581,275
	11	Investments—publicly traded securities	3,260,620	11	30,394,732
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	1,247,073	12	0
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	45,140,049	13	45,140,049
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	6,039,151	15	290,317,814
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	97,721,317	16	411,258,065
Liabilities	17	Accounts payable and accrued expenses	9,836,974	17	6,397,844
	18	Grants payable		18	
	19	Deferred revenue	0	19	7,450
	20	Tax-exempt bond liabilities	0	20	285,980,408
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	9,155,987	23	9,489,247
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	2,686,896	25	6,996,227
	26	**Total liabilities.** *Add lines 17 through 25*	21,679,857	26	308,871,176
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	75,762,446	27	102,158,203
	28	Temporarily restricted net assets	279,014	28	228,686
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	76,041,460	33	102,386,889
	34	Total liabilities and net assets/fund balances	97,721,317	34	411,258,065

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Lifebridge Health Inc

Employer identification number
52-1402373

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**
2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)
4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)
11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
a ☐ Type I **b** ☑ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other
e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
SINAI HOSPITAL OF BALTIMORE	520486540	03	Yes			No		No	6433678
NORTHWEST HOSPITAL CENTER	521372665	03	Yes			No		No	1986871
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL	520607913	03	Yes			No		No	1040742
Total									9,461,291

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 52-1402373
Name: Lifebridge Health Inc

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
SINAI HOSPITAL OF BALTIMORE	520486540	03	Yes			No		No	6433678
NORTHWEST HOSPITAL CENTER	521372665	03	Yes			No		No	1986871
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL	520607913	03	Yes			No		No	1040742

Additional Data

Software ID:
Software Version:
EIN: 52-1402373
Name: Lifebridge Health Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Walter Amprey PhD , Director	1 0	X						0	0	0
Jimmy Berg , Ex-Officio Director	1 0	X						0	0	0
Marc P Blum Esquire , Director	1 0	X						0	0	0
Michael D Cohen MD , Director	1 0	X						0	0	0
Cardella W Coleman MD , Director	1 0	X						0	5,000	0
Joseph A Cooper , Treasurer / Director	1 0	X						0	0	0
Lee Coplan , Director	1 0	X						0	0	0
Ronnie B Footlick , Chairman / Director	1 0	X						0	0	0
Eugene A Friedman Esquire , Director	1 0	X						0	0	0
Louis F Friedman Esquire , Director	1 0	X						0	0	0
Lowell R Glazer , Director	1 0	X						0	0	0
Michelle A Gourdine MD , Director	1 0	X						0	0	0
Warren A Green , CEO / Ex-Officio Director	40 0	X		X				0	1,757,610	247,133
Betty J Hines , Director	1 0	X						0	0	0
Donald Kirson , Director	1 0	X						0	0	0
Marla Oros , Director	1 0	X						0	0	0
A Samuel Penn , Director	1 0	X						0	0	0
Allan S Pristoop MD , Director	1 0	X						0	0	0
S Mark Redwood , Director	1 0	X						0	0	0
Michael Renbaum , Director	1 0	X						0	0	0
Frank B Rosenberg , Director	1 0	X						0	0	0
Benjamin S Schapiro , Vice Chairman / Director	1 0	X						0	0	0
Marc B Terrill , Director	1 0	X						0	0	0
Ellen Wasserman , Director	1 0	X						0	0	0
Michael Weinman , Director	1 0	X						0	0	0
Howard M Weiss , Secretary / Director	1 0	X						0	0	0
Ev Amaral , VP Operations Engineering	40 0			X				0	206,142	37,627
Peter Arn , VP Capital Improvements	40 0			X				0	326,156	50,397
Karen Barker , VP CIO	40 0			X				0	578,858	70,478
Julie Cox , VP Development	40 0			X				0	180,599	38,474

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christine DeAngelis , VP Physician Services	40 0			X				0	281,721	39,187
Barbara Epke , Vice President	40 0			X				0	281,951	50,875
Debra Foss , VP Human Resources	40 0			X				0	443,405	58,705
David Krajewski , VP Finance	40 0			X				0	447,350	57,919
Ruth Miller , VP Marketing	40 0			X				0	343,322	46,360
Anthony Morris , VP Revenue Cycle	40 0			X				0	296,468	53,927
Martha Nathanson , VP Government Relations	40 0			X				0	278,359	36,636
Charles Orlando , CFO / Senior VP	40 0			X				0	694,472	131,797
Joel Suldan , VP General Counsel	40 0			X				0	513,691	68,230
Lionel Weeks , VP Facilities	40 0			X				0	162,085	28,976
Brian M White , VP Business Development	40 0			X				0	254,629	46,268
Alan Levine MD , Physician	28 0					X		0	849,007	106,703
Harinath Meda MD , Anesthesiologist	40 0					X		0	619,185	41,386
David Tarantino MD , Anesthesiologist	40 0					X		0	412,972	52,374
Peter Arches MD , Anesthesiologist	40 0					X		0	424,506	36,046
Elizabeth Hayward MD , Anesthesiologist	40 0					X		0	365,551	41,386

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a CORPORATE ALLOCATION	900,099	91,614,768	91,614,768		
b MEDICAL STAFF FEES	900,099	22,180	22,180		
c COMMUNITY SERVICE	900,099	14,831	14,831		
d EDUCATION PROGRAMS	900,099	14,986	14,986		
e NET PATIENT REVENUE	900,099	3,706,636	3,706,636		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES, TO ESTABLISH AND MANAGE A HEALTH CARE SYSTEM IN SUPPORT OF THE FOLLOWING 501(C)(3) ORGANIZATIONS: SINAI HOSPITAL OF BALTIMORE, INC.; NORTHWEST HOSPITAL CENTER, INC.; AND LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC. LifeBridge Health exists primarily to support the charitable missions of its subsidiaries, including Sinai Hospital of Baltimore, Northwest Hospital Center, and Levindale Hebrew Geriatric Center and Hospital. During 2009, these institutions collectively provide approximately 41,950 inpatient admissions, 132,342 emergency room visits, and tens of thousands of outpatient visits. The missions and some of the accomplishments of these facilities are described in their individual Form 990's. In addition to the activities described in the Form 990s of its subsidiaries, LifeBridge Health has pursued many other initiatives to benefit the communities served by its component institution

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Lifebridge Health Inc

Employer identification number
52-1402373

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		227,987		227,987
b Buildings		12,380,494	4,119,427	8,261,067
c Leasehold improvements		633,292	605,879	27,413
d Equipment		55,369,301	36,097,713	19,271,588
e Other		2,793,220		2,793,220
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				30,581,275

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
CAPITAL ACCUMULATION	655,794
SPLIT DOLLAR INSURANCE	257,909
RECEIVABLE FROM AFFILIATES	3,423,703
DUE FROM AFFILIATES BONDS	285,980,408
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	290,317,814

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PAYABLE TO AFFILIATES	6,029,478
SECURITY DEPOSITS	103,083
DEFERRED COMPENSATION	63,666
OTHER LONG TERM LIABILITIES	800,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	6,996,227

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Lifebridge Health Inc

Employer identification number
52-1402373

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☐ Yes ☑ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean			Program Services	Insurance (Captive)	1,922,500
Totals . . . . . ▶					1,922,500

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1402373
Name: Lifebridge Health Inc

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Lifebridge Health Inc

Employer identification number
52-1402373

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 LBH Gala 2008 (event type)	(b) Event #2 LBH Golf 2008 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	85,710	78,255		163,965
	2 Less Charitable contributions	86,126	57,600		143,726
	3 Gross revenue (line 1 minus line 2)	-416	20,655		20,239
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses		30,795		30,795
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				30,795
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-10,556

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Lifebridge Health Inc

Employer identification number
52-1402373

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Associated Black Charities 1114 Cathedral Street Baltimore, MD 21201	52-1427774	501(c)(3)	7,500				Annual Fundraiser Gala 2009
Associated Black Charities 1114 Cathedral Street Baltimore, MD 21201	52-1427774	501(c)(3)	10,000				Annual Fundraiser Gala 2009
Maryland Public Television 11767 Owings Mills Blvd Owings Mills, MD 21117	52-6002033	501(c)(3)	10,000				Anniversary Gala
Maryland Healthcare Education Institute6820 Deerpath Road Elkridge, MD 21075	52-0901664	501(c)(3)	200,000				Nursing Education support Auction
United Way of Central Maryland100 S Charles St Baltimore, MD 21203	52-0591543	501(c)(3)	10,000				Emergency Response Fund
Stevenson University1525 Greenspring Valley Rd Stevenson, MD 21153	52-0705392	501(c)(3)	10,000				Sponsor 2008 Baltimore Speaker Series

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

3 Enter total number of other organizations . . . . . ▶ 42

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

See Additional Data Table

Identifier	Return Reference	Explanation
GRANTS AND ASSISTANCE	PART IV, LINE 22	The LifeBridge Health Sponsorship committee meets monthly and maintains records to substantiate the amount of grants or assistance provided by LifeBridge Health Inc and its subsidiaries Selection criteria for assistance awards are based on the specific needs of the organization applying for assistance and any prior history of the grants awarded by the LifeBridge system Members of the LifeBridge Executive Committee review the Sponsorship Committee awards and provide recommendations as needed

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Lifebridge Health Inc

Employer identification number
52-1402373

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PART I, LINE 4B	During the year, the following LifeBridge Health, Inc Board members, Officers, and Highest Paid employees were participants in a LifeBridge Health sponsored supplemental nonqualified retirement plan and received the following payments Warren A Green $333,748 Karen Barker $ 42,399 David Krajewski $ 88 Ev Amaral NONE Peter Arn NONE Julie Cox NONE Christine DeAngelis NONE Barbara Epke NONE Debra Foss NONE Ruth Miller NONE Anthony Morris NONE Martha Nathanson NONE Charles Orlando NONE Joel Suldan NONE Lionel Weeks NONE Brian White NONE Alan Levine MD NONE
COMPENSATION INFORMATION	PART I	Mr White received a $10,000 housing allowance A written policy regarding provisions for the housing allowance was followed $985 was paid by Sinai Hospital of Baltimore, Inc for Mr Green's membership at Center Club Travel expenses incurred by Officers, Directors, and Executives are substantiated prior to payments and reimbursements at LifeBridge Health, Inc and subsidiary organizations
COMPENSATION PROVIDED BY RELATED ORGANIZATIONS		Mr Green's compensation was paid by Sinai Hospital of Baltimore He received compensation as President / CEO LifeBridge Health, Inc , not as a Director Bonus and incentive compensation includes $396,206 from the Executive Long-Term incentive plan, covering fiscal years 2006 through 2008 Dr Coleman received compensation for administrative services provided to Sinai Hospital of Baltimore, Inc Ms Amaral received compensation as VP Operations Improvement for LifeBridge Health, Inc Her compensation was paid by Sinai Hospital of Baltimore, Inc Mr Arn received compensation as VP Capital Improvements and Campus Services for LifeBridge Health, Inc His compensation was paid by Sinai Hospital of Baltimore, Inc Bonus and incentive compensation includes $53,457 from the Executive Long-Term incentive plan, covering fiscal years 2006 through 2008 Ms Barker received compensation as VP CIO for LifeBridge Health, Inc Her compensation was paid by Sinai Hospital of Baltimore, Inc Bonus and incentive compensation includes $144,180 from the Executive Long-Term incentive plan, covering fiscal years 2006 through 2008 Ms Cox received compensation as VP Development for LifeBridge Health, Inc Her compensation was paid by Sinai Hospital of Baltimore, Inc Ms DeAngelis received compensation as VP Physician Services for LifeBridge Health, Inc Her compensation was paid by Sinai Hospital of Baltimore, Inc Bonus and incentive compensation includes $77,220 from the Executive Long-Term incentive plan, covering fiscal years 2006 through 2008 Ms Epke received compensation as a VP of LifeBridge Health, Inc Her compensation was paid by Sinai Hospital of Baltimore, Inc Ms Foss received compensation as VP Human Resources for LifeBridge Health, Inc Her compensation was paid by Sinai Hospital of Baltimore, Inc Bonus and incentive compensation includes $119,561 from the Executive Long-Term incentive plan, covering fiscal years 2006 through 2008 Mr Krajewski received compensation as VP Finance for LifeBridge Health, Inc His compensation was paid by Northwest Hospital Center, Inc Bonus and incentive compensation includes $119,700 from the Executive Long-Term incentive plan, covering fiscal years 2006 through 2008 Ms Miller received compensation as VP Marketing for LifeBridge Health, Inc Her compensation was paid by Sinai Hospital of Baltimore, Inc Bonus and incentive compensation includes $94,772 from the Executive Long-Term incentive plan, covering fiscal years 2006 through 2008 Mr Morris received compensation as VP Revenue Cycle for LifeBridge Health, Inc His compensation was paid by Sinai Hospital of Baltimore, Inc Ms Nathanson received compensation as VP Government Relations and Advocacy for LifeBridge Health, Inc Her compensation was paid by Northwest Hospital Center, Inc Bonus and incentive compensation includes $71,820 from the Executive Long-Term incentive plan, covering fiscal years 2006 through 2008 Mr Orlando received compensation as Sr VP / CFO for LifeBridge Health, Inc His compensation was paid by Sinai Hospital of Baltimore, Inc Bonus and incentive compensation includes $162,400 from the Executive Long-Term incentive plan, covering fiscal years 2006 through 2008 Mr Suldan received compensation as VP and General Counsel for LifeBridge Health, Inc His compensation was paid by Sinai Hospital of Baltimore, Inc Bonus and incentive compensation includes $139,140 from the Executive Long-Term incentive plan, covering fiscal years 2006 through 2008 Mr Weeks received compensation as VP Facilities for LifeBridge Health, Inc His compensation was paid by Levindale Hebrew Geriatric Center and Hospital, Inc Mr White received compensation as VP Business Development for LifeBridge Health, Inc His compensation was paid by Sinai Hospital of Baltimore, Inc Alan Levine MD devoted 70% of his time to LifeBridge Health Inc He also provided Physician services to Sinai Hospital of Baltimore, Inc for the remaining 30% of his time His compensation was paid by Sinai Hospital of Baltimore, Inc Compensation shown in schedule J represents Dr Levine's total compensation for 100% of the hours he worked

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1402373
Name: Lifebridge Health Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Warren A Green	(I)	0	0	0	0	0	0	0
	(II)	714,782	707,553	335,275	151,709	95,424	2,004,743	208,712
Ev Amaral	(I)	0	0	0	0	0	0	0
	(II)	153,266	51,760	1,116	17,166	20,461	243,769	0
Peter Arn	(I)	0	0	0	0	0	0	0
	(II)	203,585	122,571	0	22,992	27,405	376,553	0
Karen Barker	(I)	0	0	0	0	0	0	0
	(II)	287,081	245,702	46,075	32,153	38,325	649,336	0
Julie Cox	(I)	0	0	0	0	0	0	0
	(II)	155,599	25,000	0	17,552	20,922	219,073	0
Christine DeAngelis	(I)	0	0	0	0	0	0	0
	(II)	149,779	131,942	0	17,877	21,310	320,908	0
Barbara Epke	(I)	0	0	0	0	0	0	0
	(II)	207,232	73,083	1,636	23,210	27,665	332,826	0
Debra Foss	(I)	0	0	0	0	0	0	0
	(II)	239,125	203,703	577	26,782	31,923	502,110	0
David Krajewski	(I)	0	0	0	0	0	0	0
	(II)	235,924	202,499	8,927	26,423	31,496	505,269	0
Ruth Miller	(I)	0	0	0	0	0	0	0
	(II)	188,836	154,419	67	21,150	25,210	389,682	0
Anthony Morris	(I)	0	0	0	0	0	0	0
	(II)	219,065	77,403	0	24,602	29,325	350,395	0
Martha Nathanson	(I)	0	0	0	0	0	0	0
	(II)	149,230	122,222	6,907	16,714	19,922	314,995	0
Charles Orlando	(I)	0	0	0	0	0	0	0
	(II)	381,468	306,403	6,601	80,871	50,926	826,269	0
Joel Suldan	(I)	0	0	0	0	0	0	0
	(II)	276,630	237,061	0	31,127	37,103	581,921	0
Lionel Weeks	(I)	0	0	0	0	0	0	0
	(II)	118,026	36,588	7,471	13,219	15,757	191,061	0
Brian M White	(I)	0	0	0	0	0	0	0
	(II)	188,461	60,665	5,503	21,108	25,160	300,897	0
Alan Levine MD	(I)	0	0	0	0	0	0	0
	(II)	700,003	73,750	75,254	52,500	54,203	955,710	0
Harinath Meda MD	(I)	0	0	0	0	0	0	0
	(II)	310,003	252,557	56,625	0	41,386	660,571	0
David Tarantino MD	(I)	0	0	0	0	0	0	0
	(II)	386,722	26,250	0	0	52,374	465,346	0
Peter Arches MD	(I)	0	0	0	0	0	0	0
	(II)	270,005	125,646	28,855	0	36,046	460,552	0
Elizabeth Hayward MD	(I)	0	0	0	0	0	0	0
	(II)	310,003	54,622	926	0	41,386	406,937	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Lifebridge Health Inc

Employer identification number
52-1402373

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Maryland Health and Higher Educational Facilities	52-0936091	000574217	01-17-2008	289,093,562	Construction, expansion and refund		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Lifebridge Health Inc

Employer identification number
52-1402373

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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	(e) No
Lee Coplan	Director	2,221,994	See Schedule O		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Lifebridge Health Inc

Employer identification number
52-1402373

Identifier	Return Reference	Explanation
SCHEDULE O DISCLOSURES		Consolidated Financial Statement Audit Form 990, Part IV, Line 12 LifeBridge Health, Inc and subsidiaries are included in a consolidated financial statement audit prepared by an independent accounting firm in accordance with Generally Accepted Accounting Principles (GAAP) The Form 990 filer is included in the consolidated financial statements The LifeBridge Health Audit and Compliance committee assumes responsibility for oversight of the consolidated financial statement audit and selection of an independent accounting firm Review of Form 990 by Governing Body and Committees Form 990, Part VI, Line 10 The LifeBridge Exempt Entities 990's are initially reviewed by the Corporate Director of Finance In addition, an independent accounting firm also reviews all the 990 returns A formal meeting is then scheduled with the Chief Financial Officer, Vice Presidents of Finance and General Counsel, Corporate Controller and the Corporate Director of Finance to review in their entirety all the LifeBridge Exempt Entities 990's Management then provides a copy of the 990's to each individual Board Director at the meeting immediately prior to the filing date for review Conflict of Interest Policy Form 990, Part VI, Line 12c All directors, officers, employees, medical staff members, and volunteers are expected to recognize and disclose at the earliest possible time actual and potential conflicts of interest An individual is considered to have a conflict of interest with regard to a matter or transaction if the individual or a family member of the individual has a personal or financial interest that has the potential to influence the action taken by the individual on behalf of LifeBridge Health Additional information regarding what constitutes a conflict of interest and how to disclose a conflict is contained in the institutional Conflict of Interest policies outlined below LifeBridge and all of its subsidiaries shall require all employees, medical staff, members of the Board, and the executive staff to disclose any activities that could result in a possible conflict of interest An annual questionnaire is distributed to the employees titled Directors and above and it is also sent to all the LifeBridge and subsidiary Board members The Office of the General Counsel reviews all responses and determines whether a potential conflict exists If a conflict is identified, the person involved would recuse him/herself from deliberations regarding the transactions An individual is considered to have a conflict of interest with regard to a matter or transaction if the individual has a personal or financial interest that has the potential to influence the action taken by the individual on behalf of LifeBridge or any of its subsidiaries An individual is considered to have a "personal interest" in a matter if it is likely to have a direct and material impact on the individual's relationship with LifeBridge or any of its subsidiaries (e g , the individual's continued membership on a subsidiary hospital's medical staff), or on the individual's own health care, or the individual is personally involved in a substantial way (e g , serves as an officer or director) with another organization that has a significant interest in the matter An individual is considered to have a "financial interest" in a transaction if the individual is a party to the transaction, or if the individual has, directly or indirectly a current or potential ownership or investment interest in a party to the transaction or a current or potential compensation arrangement with a party to the transaction A "compensation arrangement" includes direct and indirect remuneration as well as gifts or favors of a substantial nature An individual will be considered to have a conflict of interest with respect to a matter or transaction if a member of the individual's immediate family has such a conflict For these purposes, a "member" of an individual's immediate family" means an individual's spouse, mother, father, mother-in-law, father-in-law, grandfather, grandmother, brother, sister, brother-in-law, sister-in-law, son, daughter, son-in-law, or daughter-in-law "Step" relationships (e g , stepchildren and stepparents) will be treated the same as blood relationships, except as determined otherwise in a specific circumstance by the LifeBridge CEO or the president or designee of the appropriate LifeBridge subsidiary Ordinarily, ownership of less than 5% of an entity does not constitute an ownership interest for which disclosure is needed Conflicts of interest are to be reported by employees to their supervisor, who will be responsible for determining whether further dissemination is necessary Members of the medical staff should report conflicts to the chief of their department, and members of the Board should report them to either the chairman of the Board or the Office of General Counsel One or more questionnaires are sent out to members of the Board on an annual basis If questions arise or further guidance is sought, conflicts should also be reported to the Integrity Hotline (410-601-9700) or Office of General Counsel (410-601-5129) Nothing in this definition is intended to relieve any person of any additional obligations that may be imposed by state or federal law Process for Determining Executive Compensation Form 990, Part VI, Line 15a & 15b Executive compensation at LifeBridge Health is overseen by the Compensation Committee of the Board of Directors Committee members may not have any financial ties to the organization and must be Board members of LifeBridge Health or a LifeBridge hospital The Chair of the LifeBridge Health Board of Directors serves as Committee Chair The Committee provides a report of its activities to the full Board of Directors at least annually Compensation packages have been designed to attract and retain skilled and experienced executives and to incentivize them to work toward key strategic objectives The Committee employs independent consultants to ensure that compensation levels are consistent with market norms Greatest emphasis is placed upon data from healthcare organizations of comparable size and organizational complexity in the mid-Atlantic region All executive incentive and benefit programs are established by the Compensation Committee, as is the base salary of the Chief Executive Officer and all Senior Vice Presidents Base salaries of other executives are set by their respective supervisors, in accordance with guidelines established by the Committee and subject to the Committee's oversight A substantial portion of all executives' total compensation is contingent upon the achievement of both System-wide and individual objectives Each year's System-wide objectives are approved by the Compensation Committee and typically include both financial and nonfinancial goals A group of senior executives is also eligible to participate in a long-term pay-for-performance program Goals for this program are established by the Compensation Committee in three-year cycles and are related to the organization's long-term mission and strategic direction An executive who fails to achieve the objectives established for the incentive programs will earn below market levels, conversely, the attainment of extraordinary results will be rewarded by above-average compensation Governing Documents, Financial Statements and Conflict Policy Form 990, Part VI, Line 19 It is the policy of LifeBridge Health Inc and its subsidiaries to make available upon request the audited financial statements to the general public The LifeBridge Health Inc and subsidiary governing documents are not made available to the general public upon request or via a website The conflict of interest policy is included on Schedule O

Identifier	Return Reference	Explanation
SCHEDULE O DISCLOSURES (continued)		Board of Directors Address Form 990, Part VI, line 13 All of the officers, directors, trustees, and key employees listed in Part VII, Section A, can be reached at the organization's mailing address LifeBridge Health, Inc 2401 West Belvedere Avenue Baltimore, MD 21215 Due From Affiliates - Bonds Form 990, Schedule K On January 8, 2008, LifeBridge Health, Inc , together with its affiliates Northwest Hospital Center, Sinai Hospital of Baltimore, 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 and Higher Educational Facilities Authority (the Authority) to finance the advance refunding of the 2004 Series A and 2004 Series B bonds and to finance various construction and renovation projects The Authority obtained the funds for this financing through the issuance of bonds under the Maryland Health and Higher and Higher Educational Facilities Authority (MHHEFA) Revenue Bonds, LifeBridge Health issue, Series 2008, collateralized by all receipts of the Obligated Group The bonds were issued at a premium of $3,278,562 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, 2009 $285,980,408 of the total amount borrowed 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 Business Transactions Form 990, Schedule L, Part IV, line 28c LifeBridge Health, Inc and subsidiaries received $2,221,994 in architectural services from the firm Hord Coplan Macht Mr Lee Coplan, a board director of LifeBridge Health, Inc , is a 20% owner and CEO of the firm All transactions were at fair market value and negotiated at arm's length Joint Venture Policy Form 990, Part VI, line 16 It is the policy of LifeBridge Health, Inc that LifeBridge Exempt Entities do not participate directly in joint ventures with for-profit entities To the extent that such a joint venture is considered appropriate, the investment is made by LifeBridge Health's for-profit subsidiary, LifeBridge Investments, Inc ("Investments") Any exceptions to the policy of not having LifeBridge Exempt Entities invest directly in joint ventures with for-profit entities will require the approval of the LifeBridge Health Board of Directors or an appropriate Board committee This policy is not intended to limit the ability of LifeBridge Exempt Entities to invest excess operating reserves and endowment funds in securities issued by for-profit entities, in accordance with policies adopted by the Investments Subcommittee of the Budget and Finance Committee

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Lifebridge Health Inc

Employer identification number
52-1402373

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
LifeBridge Anesthesia Associates LLC 2401 West Belvedere Avenue Baltimore, MD 21215 20-5548159	Healthcare	MD	3,706,636	592,403	LBH

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III 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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
LifeBridge Investments Inc 2401 West Belvedere Avenue Baltimore, MD21215 52-1483166	Healthcare	MD	LBH	C Corp	10,297,513	77,038,119	100 %
HealthStar Medical Services Inc 2401 West Belvedere Avenue Baltimore, MD21215 52-1829098	Healthcare	MD	LBH	C Corp	0	0	100 %
Practice Dynamics Inc 124 Business Center Drive Reisterstown, MD21136 52-1960319	Healthcare	MD	LBH	C Corp	3,953,008	844,457	100 %
Surgical Oncology Associates Inc 2401 West Belvedere Avenue Baltimore, MD21215 52-1804659	Healthcare	MD	LBH	C Corp	737,739	585,629	100 %
LifeBridge Insurance Company Ltd PO Box 1109 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0415396	Insurance	CJ	LBH	C Corp	8,780,932	64,014,005	100 %

Part V Transactions with Related Organizations

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

			Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	1o		No
p	Reimbursement paid by other organization for expenses	1p		No
q	Other transfer of cash or property to other organization(s)	1q	Yes	
r	Other transfer of cash or property from other organization(s)	1r		No

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Sinai Hospital of Baltimore Inc	C	15,000,000
(2)	Northwest Hospital Center Inc	C	12,000,000
(3)	Sinai Hospital of Baltimore Inc	C	254,008
(4)	Northwest Hospital Center Inc	C	67,644
(5)	LifeBridge Insurance Company Ltd	q	10,685,988
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

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Software ID:
Software Version:
EIN: 52-1402373
Name: Lifebridge Health Inc

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Sinai Hospital of Baltimore Inc 2401 West Belvedere Avenue Baltimore, MD21215 52-0486540	Hospital	MD	501 c 3	3	LBH
Northwest Hospital Center Inc 5401 Old Court Road Randallstown, MD21133 52-1372665	Hospital	MD	501 c 3	3	LBH
Levindale Hebrew Geriatric Ctr Hospital 2434 West Belvedere Avenue Baltimore, MD21215 52-0607913	Spec Hosp	MD	501 c 3	3	LBH
Courtland Gardens Nursing and Rehab Ctr 7920 Scotts Level Road Baltimore, MD21208 52-0607907	Skill Nursing	MD	501 c 3	9	LBH
Children's Hospital of Baltimore City 2401 West Belvedere Avenue Baltimore, MD21215 52-0591592	Holding Co	MD	501 c 3	11b	LBH
The Baltimore Jewish Health Fndtn Inc 2401 West Belvedere Avenue Baltimore, MD21215 52-2111541	Investments	MD	501 c 3	11b	LBH
Children's Hospital at Sinai Foundation 2401 West Belvedere Avenue Baltimore, MD21215 52-2167587	Investments	MD	501 c 3	11b	LBH
The Baltimore Jewish Eldercare Fndtn 2401 West Belvedere Avenue Baltimore, MD21215 52-2337669	Investments	MD	501 c 3	11b	LBH

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TY 2008 Earnings and Profits Other Adjustments Statement

Name: Lifebridge Health Inc

EIN: 52-1402373

Description	Amount
RELATED PARTY PREMIUMS	0
LOSSES PAID INDEMNITY	5,121,033
REINSURANCE RECOVERIES	0
RELATED PARTY MOVEMENT IN LOSS RESERVES	4,664,414

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TY 2008 Earnings and Profits Other Adjustments Statement

Name: Lifebridge Health Inc

EIN: 52-1402373

Description	Amount
RELATED PARTY PREMIUMS	8,903,651
LOSSES PAID INDEMNITY	0
REINSURANCE RECOVERIES	2,707,392
RELATED PARTY MOVEMENT IN LOSS RESERVES	0

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TY 2008 Itemized Other Current Liabilities Schedule

Name: Lifebridge Health Inc

EIN: 52-1402373

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		LOSSES PAYABLE	674,575	2,275,122
		DUE TO BROKER	303,361	0

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TY 2008 Itemized Other Current Assets Schedule

Name: Lifebridge Health Inc

EIN: 52-1402373

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		REINSURANCE RECOVERIES	17,531,565	20,238,957
		PREPAID EXPENSES	4,977	42,883
		ACCRUED INTEREST	292,459	335,393

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TY 2008 Other Deductions Schedule

Name: Lifebridge Health Inc

EIN: 52-1402373

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LOSSES PAID		5,121,033
LOSS EXPENSES PAID		1,057,556
MOVEMENT - OUTSTANDING LOSS RESERVE		4,664,414
MOVEMENT IN REINSURANCE RECOVERIES		-2,707,392
INVESTMENT MANAGEMENT FEES		174,570
PROFESSIONAL FEES		171,645
MANAGEMENT FEES		76,959
TRAVEL EXPENSES		26,399
GOVERNMENT FEES		9,975
MISCELLANEOUS EXPENSES		6,701
BANK CHARGES		1,560
CEDING COMMISSION		129,093
WITHHOLDING TAXES		48,419

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TY 2008 Itemized Other Investments Schedule

Name: Lifebridge Health Inc

EIN: 52-1402373

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		U S CORPORATE BONDS	8,836,938	12,052,969
		U S TREASURY SECURITIES	17,075,381	18,808,700
		EQUITIES	9,103,403	10,907,675
		MUTUAL FUNDS	1,650,000	0

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TY 2008 Itemized Other Liabilities Schedule

Name: Lifebridge Health Inc

EIN: 52-1402373

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		RESERVES FOR LOSSES AND LOSS		
		ADJUSTMENT EXPENSES	55,115,996	61,562,747