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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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 $ 96,335,842

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 Website: ▶ www lifebridgehealth org

K Form 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 net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
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, column (C), line 12	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)	333,279	2,962,009
9	Program service revenue (Part VIII, line 2g)	95,373,401	91,097,866
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)	1,802,182	1,597,811
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,659,028	95,807,852
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	286,645	284,100
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)	47,478,821	47,045,119
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,970,340		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	52,459,893	50,996,057
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	100,225,359	98,325,276
19	Revenue less expenses Subtract line 18 from line 12	-2,566,331	-2,517,424
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	411,258,065	424,677,809
21	Total liabilities (Part X, line 26)	308,871,176	308,135,803
22	Net assets or fund balances Subtract line 21 from line 20	102,386,889	116,542,006

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-04-25

▶ Charles Orlando CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 1676 International Drive McLean, VA 22102			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

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 2010, these institutions collectively provided approximately 42,268 inpatient admissions, 135,997 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 institutio

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 9,731,751 including grants of $ 284,100) (Revenue $ 87,161,665)

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 $ 6,539,645 including grants of $) (Revenue $ 3,936,201)

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** ▶ $ 16,271,396

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school 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 United States?	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 United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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 sections 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**	Yes	
36	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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 on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			No
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	26		
b	Enter the number of voting members that are independent	1b	22		
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	Yes	
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 current or former 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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	0	8,082,399	1,264,613

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 102

			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 on line 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
FTI CONSULTING PO BOX 631916 BALTIMORE, MD 21263	CONSULTING	1,979,191
NAVIGANT CONSULTING INC 4511 PAYSHERE CIRCLE CHICAGO, IL 60674	CONSULTING	964,988
BIRDSALL VOSS KLOPPENBURG 250 W COVENTRY COURT MILWAUKEE, WI 53217	ADVERTISING	792,930
HICKEN CRANLEY TAYLOR MD 900 S CATON AVENUE BALTIMORE, MD 21229	PATHOLOGY	768,506
KPMG LLP PO BOX 120001 DALLAS, TX 75312	AUDIT & TAX	764,748

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 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 sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,822,896			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	79,724			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	59,389			
	g	Noncash contributions included in lines 1a-1f $ 5,000					
	h	**Total.** Add lines 1a-1f		2,962,009			
Program Service Revenue			Business Code				
	2a	CORPORATE ALLOCATION	900,099	87,102,238	87,102,238		
	b	MEDICAL STAFF FEES	900,099	20,821	20,821		
	c	COMMUNITY SERVICE	900,099	5,250	5,250		
	d	EDUCATION PROGRAMS	900,099	33,356	33,356		
	e	NET PATIENT REVENUE	900,099	3,936,201	3,936,201		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		91,097,866			
Other Revenue	3	Investment income (including dividends, interest and 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	1,831,002				
	b	Less rental expenses					
	c	Rental income or (loss)	1,831,002				
	d	Net rental income or (loss)			1,831,002			1,831,002
			(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			
	8a	Gross income from fundraising events (not including $ 2,822,896 of contributions reported on line 1c) See Part IV, line 18	a	242,799			
	b	Less direct expenses	b	527,990			
	c	Net income or (loss) from fundraising events			-285,191			-285,191
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory			0			
		Miscellaneous Revenue		Business Code				
	11a	EARNINGS ON UNCONSOLIDATED AFFILIATES		900,099	52,000	52,000		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d			52,000			
	12	**Total revenue.** See Instructions			95,807,852	91,149,866	0	1,695,977

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	284,100	284,100		
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	5,460,835		5,292,272	168,563
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	32,654,171	9,090,745	22,794,830	768,596
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	8,930,113	1,974,304	6,731,214	224,595
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	525,884		525,884	
c Accounting	657,863		657,863	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	9,105,066	228,990	8,714,837	161,239
12 Advertising and promotion	4,727,075	2,738	4,617,188	107,149
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,371,702	1,139	1,270,985	99,578
17 Travel	74,082	1,757	68,760	3,565
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	445,038	20,387	321,371	103,280
20 Interest	1,001,019		1,001,019	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,473,743		10,473,743	
23 Insurance	9,480,325	99,323	9,381,002	
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	6,215,224	967,201	5,005,065	242,958
b SUPPLIES	4,533,496	1,813,854	2,676,548	43,094
c PHYSICIAN FEES	909,970	909,970		
d PROVISION FOR BAD DEBT	583,345	583,345		
e DUES/MEMBERSHIPS	376,171	19,489	337,437	19,245
f All other expenses	516,054	274,054	213,522	28,478
25 **Total functional expenses.** Add lines 1 through 24f	98,325,276	16,271,396	80,083,540	1,970,340
26 **Joint costs.** Check here ▶ ☐ 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		9,217,522	2	6,468,744
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,458,265	4	1,967,585
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,148,408	9	7,212,527
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 76,451,394			
	b	Less accumulated depreciation	10b 51,296,761	30,581,275	10c	25,154,633
	11	Investments—publicly traded securities		30,394,732	11	44,702,293
	12	Investments—other securities See Part IV, line 11		45,140,049	12	49,006,397
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		290,317,814	15	290,165,630
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		411,258,065	16	424,677,809
Liabilities	17	Accounts payable and accrued expenses		6,397,844	17	4,537,362
	18	Grants payable			18	
	19	Deferred revenue		7,450	19	129,500
	20	Tax-exempt bond liabilities		285,980,408	20	285,971,035
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		9,489,247	23	8,090,258
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		6,996,227	25	9,407,648
	26	**Total liabilities.** Add lines 17 through 25		308,871,176	26	308,135,803
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		102,158,203	27	116,423,379
	28	Temporarily restricted net assets		228,686	28	118,627
	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		102,386,889	33	116,542,006
	34	Total liabilities and net assets/fund balances		411,258,065	34	424,677,809

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such 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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LifeBridge Health Inc

Employer identification number
52-1402373

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									9,709,034

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check 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—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III Support Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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

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						6602143
NORTHWEST HOSPITAL CENTER	521372665	03	Yes						2038897
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL	520607913	03	Yes						1067994

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
JOSEPH A COOPER DIRECTOR	1.0	X						0	0	0
LEE COPLAN DIRECTOR	1.0	X						0	0	0
RONNIE B FOOTLICK CHAIRMAN / DIRECTOR	1.0	X		X				0	0	0
EUGENE A FRIEDMAN ESQUIRE DIRECTOR	1.0	X						0	0	0
LOUIS F FRIEDMAN ESQUIRE TREASURER/DIRECTOR	1.0	X		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	1,320,668	102,313
BETTY J HINES DIRECTOR	1.0	X						0	0	0
JULIAN JAKOBOVITS MD DIRECTOR	1.0	X						0	25,875	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 MD DIRECTOR	1.0	X						0	25,000	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		X				0	0	0
WILBERT H SIROTA ESQUIRE DIRECTOR	1.0	X						0	0	0
LEONARD STOLER DIRECTOR	1.0	X						0	0	0
MARC B TERRILL DIRECTOR	1.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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		X				0	0	0
EV AMARAL VP OPERATIONS ENGINEERING	4 0 0			X				0	192,712	40,036
PETER ARN VP CAPITAL IMPROVEMENTS	4 0 0			X				0	267,101	56,289
KAREN BARKER VP CIO	4 0 0			X				0	410,141	74,953
JULIE COX VP DEVELOPMENT	4 0 0			X				0	228,315	51,500
CHRISTINE DEANGELIS VP PHYSICIAN SERVICES	4 0 0			X				0	207,250	43,340
BARBARA EPKE VICE PRESIDENT	4 0 0			X				0	276,692	54,089
DEBRA FOSS VP HUMAN RESOURCES	4 0 0			X				0	299,765	62,568
DAVID KRAJEWSKI VP FINANCE	4 0 0			X				0	305,066	59,903
RUTH MILLER VP MARKETING	4 0 0			X				0	238,848	49,311
ANTHONY MORRIS VP REVENUE CYCLE	4 0 0			X				0	274,274	57,617
MARTHA NATHANSON VP GOVERNMENT RELATIONS	4 0 0			X				0	195,481	39,278
CHARLES ORLANDO CFO / SENIOR VP	4 0 0			X				0	491,357	135,624
JOEL SULDAN VP GENERAL COUNSEL	4 0 0			X				0	345,207	72,913
LIONEL WEEKS VP FACILITIES	4 0 0			X				0	152,277	29,633
BRIAN M WHITE VP BUSINESS DEVELOPMENT	4 0 0			X				0	234,682	50,988
ALAN LEVINE MD PHYSICIAN	4 0 0					X		0	967,927	106,701
DAVID TARANTINO MD ANESTHESIOLOGIST	4 0 0					X		0	421,629	53,401
HARINATH MEDA MD ANESTHESIOLOGIST	4 0 0					X		0	433,600	41,385
WILLIAM SU MD ANESTHESIOLOGIST	4 0 0					X		0	403,295	41,385
ELIZABETH HAYWARD MD ANESTHESIOLOGIST	4 0 0					X		0	365,237	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
CORPORATE ALLOCATION	900,099	87,102,238	87,102,238		
MEDICAL STAFF FEES	900,099	20,821	20,821		
COMMUNITY SERVICE	900,099	5,250	5,250		
EDUCATION PROGRAMS	900,099	33,356	33,356		
NET PATIENT REVENUE	900,099	3,936,201	3,936,201		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROFESSIONAL & TECHNICAL	6,215,224	967,201	5,005,065	242,958
SUPPLIES	4,533,496	1,813,854	2,676,548	43,094
PHYSICIAN FEES	909,970	909,970		
PROVISION FOR BAD DEBT	583,345	583,345		
DUES/MEMBERSHIPS	376,171	19,489	337,437	19,245

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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) Accumulated depreciation	(d) Book value
1a Land		227,987		227,987
b Buildings		12,601,142	5,272,916	7,328,226
c Leasehold improvements		633,292	611,055	22,237
d Equipment		59,922,400	45,412,790	14,509,610
e Other		3,066,573		3,066,573
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				25,154,633

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	0	

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	1,844,869
SPLIT DOLLAR INSURANCE	225,810
RECEIVABLE FROM AFFILIATES	2,123,916
DUE FROM AFFILIATES BONDS	285,971,035
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	290,165,630

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
PAYABLE TO AFFILIATES	6,992,699
SECURITY DEPOSITS	92,014
DEFERRED COMPENSATION	1,722,935
OTHER LONG TERM LIABILITIES	600,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	9,407,648

2. Fin 48 Footnote 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	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This 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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FOOTNOTE IN FINANCIAL STATEMENTS FOR FIN 48		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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 for region
Central America and the Caribbean			Program Services	Insurance (Captive)	1,908,950
Totals . . . . . ▶					1,908,950

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 (Form 990) 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 recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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 additional information.

Identifier	ReturnReference	Explanation

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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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

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. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations
b ☐ Internet and e-mail 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? Yes	No	**(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
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 2010 (event type)	(b) Event #2 LBH Golf 2010 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	2,916,045	87,319		3,003,364
	2 Less Charitable contributions	2,760,565	87,319		2,847,884
	3 Gross income (line 1 minus line 2)	155,480			155,480
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	440,671	54,213		494,884
	10 Direct expense summary Add lines 4 through 9 in column (d)				494,884
	11 Net income summary Combine lines 3, column d, and line 10				-339,404

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, column d, and line 7				

			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	Enter 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 United States

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

OMB No 1545-0047

2009

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CHARITIES1114 Cathedral Street Baltimore, MD 21201	521427774	501(c)(3)	10,000				Annual Gala
CYLBURN ARBORETUM 4915 Greenspring Avenue Baltimore, MD 21209	237091589	501(c)(3)	10,000				Sponsorship
FOUNDATION OF NATIONAL STUDENT NURSES ASSOC45 Main Street Brooklyn, NY 11201	133123125	501(c)(3)	7,500				Promise of Nursing Gala
MARYLAND HEALTHCARE EDUCATION INSTITUTE 6820 Deerpath Road Elkridge, MD 21075	520901664	501(c)(3)	200,000				Nursing Education Support

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 4

3 Enter total number of other organizations . . . ▶ 47

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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.

Identifier	Return Reference	Explanation
GRANTS AND ASSISTANCE	PART IV, LINE 2	The LifeBridge Health Sponsorship committee meets monthly and maintains records to substantiate the amount of grants or assistance provided by LifeBridge Health Inc and its subsidiaries Selection criteria for assistance awards are based on the specific needs of the organization applying for assistance and any prior history of the grants awarded by the LifeBridge system Members of the LifeBridge Executive Team review the Sponsorship Committee awards and provide recommendations as needed

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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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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 $ 1,373,687 KAREN BARKER $ 57,024 ALAN LEVINE MD $ 29,030 CHARLES ORLANDO $ 27,549 DAVID KRAJEWSKI $ 22,959 BARBARA EPKE $ 21,056 JOEL SULDAN $ 17,885 HARINATH MEDA MD $ 17,450 ELIZABETH HAYWARD MD $ 16,798 WILLIAM SU MD $ 16,796 DAVID TARANTINO MD $ 15,986 CHRISTINE DEANGELIS $ 10,987 LIONEL WEEKS $ 7,102 RUTH MILLER $ 6,257 MARTHA NATHANSON $ 5,859 EV AMARAL NONE PETER ARN NONE JULIE COX NONE DEBRA FOSS NONE ANTHONY MORRIS NONE BRIAN WHITE NONE
COMPENSATION INFORMATION	PART I	$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 Mr Green's supplemental retirement plan payment includes $1,059,816 earned in prior years Dr Jakobovits provides medical coverage at Sinai Hospital of Baltimore and received payments of $25,875 Dr Redwood is a medical staff member for Sinai and Northwest Hospitals and received compensation of $25,000 as a Physician, not as a Director 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 Ms Barker received compensation as VP CIO for LifeBridge Health, Inc Her compensation was paid by Sinai Hospital of Baltimore, Inc 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 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 Mr Krajewski received compensation as VP Finance for LifeBridge Health, Inc His compensation was paid by Northwest Hospital Center, Inc Ms Miller received compensation as VP Marketing for LifeBridge Health, Inc Her compensation was paid by Sinai Hospital of Baltimore, Inc 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 Mr Orlando received compensation as CFO / Sr VP for LifeBridge Health, Inc His compensation was paid by Sinai Hospital of Baltimore, Inc Mr Suldan received compensation as VP and General Counsel for LifeBridge Health, Inc His compensation was paid by Sinai Hospital of Baltimore, Inc 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)	766,390	110,701	443,577	0	102,313	1,422,981	1,059,816
EV AMARAL	(I)	0	0	0	0	0	0	0
	(II)	163,080	28,267	1,365	18,265	21,771	232,748	0
PETER ARN	(I)	0	0	0	0	0	0	0
	(II)	227,358	39,743	0	25,680	30,609	323,390	0
KAREN BARKER	(I)	0	0	0	0	0	0	0
	(II)	305,307	44,100	60,734	34,194	40,759	485,094	0
JULIE COX	(I)	0	0	0	0	0	0	0
	(II)	207,407	20,908	0	23,495	28,005	279,815	0
CHRISTINE DEANGELIS	(I)	0	0	0	0	0	0	0
	(II)	176,537	30,600	113	19,772	23,568	250,590	10,987
BARBARA EPKE	(I)	0	0	0	0	0	0	0
	(II)	220,320	33,415	22,957	24,676	29,413	330,781	21,056
DEBRA FOSS	(I)	0	0	0	0	0	0	0
	(II)	254,858	44,176	731	28,544	34,024	362,333	0
DAVID KRAJEWSKI	(I)	0	0	0	0	0	0	0
	(II)	244,005	39,031	22,030	27,328	32,575	364,969	22,959
RUTH MILLER	(I)	0	0	0	0	0	0	0
	(II)	200,858	30,986	7,004	22,496	26,815	288,159	6,257
ANTHONY MORRIS	(I)	0	0	0	0	0	0	0
	(II)	233,594	40,680	0	26,286	31,331	331,891	0
MARTHA NATHANSON	(I)	0	0	0	0	0	0	0
	(II)	159,994	28,799	6,688	17,919	21,359	234,759	5,859
CHARLES ORLANDO	(I)	0	0	0	0	0	0	0
	(II)	392,545	50,401	48,411	83,219	52,405	626,981	27,549
JOEL SULDAN	(I)	0	0	0	0	0	0	0
	(II)	297,000	34,320	13,887	33,264	39,649	418,120	17,885
LIONEL WEEKS	(I)	0	0	0	0	0	0	0
	(II)	120,702	21,727	9,848	13,519	16,114	181,910	7,102
BRIAN M WHITE	(I)	0	0	0	0	0	0	0
	(II)	202,282	32,400	0	23,261	27,727	285,670	0
ALAN LEVINE MD	(I)	0	0	0	0	0	0	0
	(II)	700,003	25,000	242,924	52,500	54,201	1,074,628	29,030
DAVID TARANTINO MD	(I)	0	0	0	0	0	0	0
	(II)	400,005	12,500	9,124	0	53,401	475,030	15,896
HARINATH MEDA MD	(I)	0	0	0	0	0	0	0
	(II)	310,003	91,258	32,339	0	41,385	474,985	17,450
WILLIAM SU MD	(I)	0	0	0	0	0	0	0
	(II)	310,003	57,567	35,725	0	41,385	444,680	16,796
ELIZABETH HAYWARD MD	(I)	0	0	0	0	0	0	0
	(II)	310,003	28,754	26,480	0	41,386	406,623	16,798

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LifeBridge Health Inc

Employer identification number
52-1402373

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES	52-0936091	574217P66	01-17-2008	289,093,562	construction and expansion		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	289,093,562				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	170,564,048				
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,995,348				
6	Working capital expenditures from proceeds	21,534,166				
7	Capital expenditures from proceeds	95,000,000				
8	Year of substantial completion	2010				

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

Part III Private Business Use

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

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?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
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?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 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 section 501(c)(3) organization, or a state or local government ▶		0 690 %								
6	Total of lines 4 and 5		0 690 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b	Name of provider	Lehman Brothers Inc									
c	Term of hedge		0 58								
4a	Were gross proceeds invested in a GIC?		X								
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?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LifeBridge Health Inc

Employer identification number
52-1402373

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? 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.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
Lee Coplan	Director		See Schedule O		No
Howard Weiss	Director		See Schedule O		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LifeBridge Health Inc

Employer identification number
52-1402373

Identifier	Return Reference	Explanation
SCHEDULE O DISCLOSURES		REVIEW OF FORM 990 BY GOVERNING BODY AND COMMITTEES FORM 990, PART VI, LINE 11 THE LIFEBRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY THE CORPORATE DIRECTOR OF FINANCE IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM ALSO REVIEWS ALL THE 990 RETURNS A FORMAL MEETIN G IS THEN SCHEDULED WITH THE CHIEF FINANCIAL OFFICER, VICE PRESIDENTS OF FINANCE AND GENER AL 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 DAT E FOR REVIEW CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12C LIFEBRIDGE AND ALL O F ITS SUBSIDIARIES SHALL REQUIRE ALL EMPLOYEES, MEDICAL STAFF, MEMBERS OF THE BOARD, AND T HE 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 ABO VE AND IT IS ALSO SENT TO ALL THE LIFEBRIDGE AND SUBSIDIARY BOARD MEMBERS THE OFFICE OF T HE GENERAL COUNSEL REVIEWS ALL RESPONSES AND DETERMINES WHETHER A POTENTIAL CONFLICT EXIST S IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM DELIBERA TIONS REGARDING THE TRANSACTIONS AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTERE ST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL IN TEREST 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 IN TEREST" 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 CONTINU ED 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 O FFICER OR DIRECTOR) WITH ANOTHER ORGANIZATION THAT HAS A SIGNIFICANT INTEREST IN THE MATTE R AN INDIVIDUAL IS CONSIDERED TO HAVE A "FINANCIAL INTEREST" IN A TRANSACTION IF THE INDI VIDUAL IS A PARTY TO THE TRANSACTION, OR IF THE INDIVIDUAL HAS, DIRECTLY OR INDIRECTLY A C URRENT OR POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN A PARTY TO THE TRANSACTION OR A CU RRENT OR POTENTIAL COMPENSATION ARRANGEMENT WITH A PARTY TO THE TRANSACTION A "COMPENSATI ON 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 R ESPECT TO A MATTER OR TRANSACTION IF A MEMBER OF THE INDIVIDUAL'S IMMEDIATE FAMILY HAS SUC H 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, GRANDMOTH ER, 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 SAM E 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 ORD INARILY, 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 T HEIR 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 DEPA RTMENT, 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 SHOU LD ALSO BE REPORTED TO THE INTEGRITY HOTLINE OR OFFICE OF GENERAL COUNSEL NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE IM POSED BY STATE OR FEDERAL LAW PROCESS FOR DETERMINING EXECUTIVE COMPENSATION FORM 990, PA RT VI, LINE 15A & 15B EXECUTIVE COMPENSATION AT LIFEBRIDGE HEALTH IS OVERSEEN BY THE COMPE NSATION 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 HO SPITAL THE CHAIR OF THE LIFEBRIDGE HEALTH BOARD OF DIRECTORS SERVES AS COMMITTEE CHAIR T HE COMMITTEE PROVIDES A REPORT OF ITS ACTIVITIES TO THE FULL BOARD OF DIRECTORS AT LEAST A NNUALLY COMPENSATION PACKAGES HAVE BEEN DESIGNED TO ATTRACT AND RETAIN SKILLED AND EXPERI ENCED EXECUTIVES AND TO INCENTIVIZE THEM TO WORK TOWARD KEY STRATEGIC OBJECTIVES THE COMM ITTEE EMPLOYS INDEPENDENT CONSULTANTS TO ENSURE THAT COMPENSATION LEVELS ARE CONSISTENT WI TH MARKET NORMS GREATEST EMPHASIS IS PLACED UPON DATA FROM HEALTHCARE ORGANIZATIONS OF CO MPARABLE SIZE AND ORGANIZATIONAL COMPLEXITY IN THE

Identifier	Return Reference	Explanation
SCHEDULE O DISCLOSURES		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 SENIO R VICE PRESIDENTS BASE SALARIES OF OTHER EXECUTIVES ARE SET BY THEIR RESPECTIVE SUPERVISO RS, IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE COMMITTEE AND SUBJECT TO THE COMMITTE E'S OVERSIGHT A SUBSTANTIAL PORTION OF ALL EXECUTIVES' TOTAL COMPENSATION IS CONTINGENT U PON 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 FINANCIA L 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 COM PENSATION COMMITTEE IN THREE-YEAR CYCLES AND ARE RELATED TO THE ORGANIZATION'S LONG-TERM M ISSION AND STRATEGIC DIRECTION AN EXECUTIVE WHO FAILS TO ACHIEVE THE OBJECTIVES ESTABLISH ED 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 FIN ANCIAL STATEMENTS TO THE GENERAL PUBLIC THE LIFEBRIDGE HEALTH INC AND SUBSIDIARY GOVERNI NG DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST OR VIA A WEBSITE T HE CONFLICT OF INTEREST POLICY IS INCLUDED ON SCHEDULE O BOARD OF DIRECTORS ADDRESS FORM 990, PART VI, LINE 9 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 HEA LTH, INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 Compensation of Officers and Direc tors Form 990, Part VII, line 1a and 2 LifeBridge Health Inc reports compensation from em ployees w ho receive their W-2 from various supporting entities, Sinai Hospital of Baltimor e, Northw est Hospital Center, and Levindale Hebrew Geriatric Center and Hospital in its fi nancial statement presentation Five Highest Paid Independent Contractors Form 990, Part V II, Section B, Line 1 LifeBridge Health Inc reports the distribution of expense for goods and services provided to the entity in its financial statement presentation DUE FROM AFF ILIATES - BONDS FORM 990, SCHEDULE K ON JANUARY 8, 2008, LIFEBRIDGE HEALTH, INC , TOGETHER WITH ITS AFFILIATES NORTHWEST HOSPITAL CENTER, SINAI HOSPITAL OF BALTIMORE, LEVINDALE HEB REW AND GERIATRIC CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWIS H HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED $285,815,000 FROM THE MAR YLAND HEALTH AND HIGHER AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FIN ANCE THE ADVANCE REFUNDING OF THE 2004 SERIES A AND 2004 SERIES B BONDS AND TO FINANCE VAR IOUS CONSTRUCTION AND RENOVATION PROJECTS THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINAN CING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER AND HIGHER EDUCATI ONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2008, CO LLATERALIZED 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 O BLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AN D INTEREST THEREON AS OF JUNE 30, 2010, $285,971,035 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

Identifier	Return Reference	Explanation
SCHEDULE O DISCLOSURES		Due From Affiliates - Bonds Form 990, Schedule K Part II, Line 11 The final allocation of proceeds from the January 2008 Maryland Health and Higher Educational Facilities bond proc eeds w as complete in December 2010 LifeBridge Health did maintain adequate records to sup port the final allocation BUSINESS TRANSACTIONS FORM 990, SCHEDULE L, PART IV, LINE 28C L ifeBridge Health, Inc and Subsidiaries received $3,262,092 in architectural services from the firm Hord Coplan Macht Mr Lee Coplan, a board director of LifeBridge Health, Inc , is a 20% ow ner and CEO of the firm All transactions w ere at fair market value and negotia ted at arm's length LifeBridge Health, Inc and Subsidiaries received approximately $10,9 00 in banking services from Bank of America Mr Weiss is a Board director of LifeBridge H ealth, Inc and is an Officer of the firm All transactions w ere at fair market value and negotiated at arm's length JOINT VENTURE POLICY FORM 990, PART VI, LINE 16 IT IS THE POLI CY 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 CON SIDERED APPROPRIATE, THE INVESTMENT IS MADE BY LIFEBRIDGE HEALTH'S FOR-PROFIT SUBSIDIARY, LIFEBRIDGE INVESTMENTS, INC ("INVESTMENTS") ANY EXCEPTIONS TO THE POLICY OF NOT HAVING L IFEBRIDGE 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 C OMMITTEE THIS POLICY IS NOT INTENDED TO LIMIT THE ABILITY OF LIFEBRIDGE EXEMPT ENTITIES T O 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 BUDGE T AND FINANCE COMMITTEE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LifeBridge Health Inc

Employer identification number
52-1402373

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LifeBridge Anesthesia Associates LLC 2401 West Belvedere Avenue Baltimore, MD 21215 20-5548159	Healthcare	MD	3,936,201	767,447	LBH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
LifeBridge Investments Inc 2401 West Belvedere Avenue Baltimore, MD21215 52-1483166	Healthcare	MD	LBH	C Corp	33,100,180	89,976,931	100 000 %
HealthStar Medical Services Inc 2401 West Belvedere Avenue Baltimore, MD21215 52-1829098	Healthcare	MD	LBH	C Corp	0	0	100 000 %
Practice Dynamics Inc 124 Business Center Drive Reisterstown, MD21136 52-1960319	Healthcare	MD	LBH	C Corp	4,462,040	842,196	100 000 %
Surgical Oncology Associates Inc 2401 West Belvedere Avenue Baltimore, MD21215 52-1804659	Healthcare	MD	LBH	C Corp	693,667	483,134	100 000 %
LifeBridge Insurance Company Ltd PO Box 1109 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0415396	Insurance	CJ	LBH	C Corp	11,912,099	56,705,665	100 000 %

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

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

		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	(b) Transaction type(a-r)	(c) Amount involved
(1) Sinai Hospital of Baltimore Inc	c	6,465,009
(2) Northwest Hospital Center Inc	c	4,491,628
(3) Levindale Hebrew Geriatric Center & Hospital	c	1,698,361
(4) LifeBridge Insurance Company Ltd	q	7,514,177
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

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	CHAR SUPPORT	MD	501 (c)(3)	11b	LBH
The Baltimore Jewish Health Fndtn Inc 2401 West Belvedere Avenue Baltimore, MD21215 52-2111541	CHAR SUPPORT	MD	501 (c)(3)	11b	LBH
Children's Hospital at Sinai Foundation 2401 West Belvedere Avenue Baltimore, MD21215 52-2167587	CHAR SUPPORT	MD	501 (c)(3)	11b	LBH
The Baltimore Jewish Eldercare Fndtn 2401 West Belvedere Avenue Baltimore, MD21215 52-2337669	CHAR SUPPORT	MD	501 (c)(3)	11b	LBH

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TY 2009 Itemized Other Current Liabilities Schedule

Name: LifeBridge Health Inc

EIN: 52-1402373

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

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TY 2009 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	20,238,957	
		PREPAID EXPENSES	42,883	
		ACCRUED INTEREST	335,393	

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TY 2009 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		
LOSS EXPENSES PAID		
MOVEMENT - OUTSTANDING LOSS RESERVE		
MOVEMENT IN REINSURANCE RECOVERIES		
INVESTMENT MANAGEMENT FEES		
PROFESSIONAL FEES		
MANAGEMENT FEES		
TRAVEL EXPENSES		
GOVERNMENT FEES		
MISCELLANEOUS EXPENSES		
BANK CHARGES		
CEDING COMMISSION		
WITHHOLDING TAXES		

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TY 2009 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	12,052,969	
		U S TREASURY SECURITIES	18,808,700	
		EQUITIES	10,907,675	
		MUTUAL FUNDS	0	

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TY 2009 Itemized Other Liabilities Schedule

Name: LifeBridge Health Inc

EIN: 52-1402373

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		ADJUSTMENT EXPENSES	61,562,747	