

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

Header section containing organization name (LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.), employer ID number (52-0607913), telephone number (410) 601-5653, gross receipts (\$84,708,056), and principal officer name (BRIAN WHITE).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown (Total revenue: 84,708,056), expense breakdown (Total expenses: 77,495,182), and net assets (End of Year: 104,475,290).

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.

Signature block containing signature of David Krajewski, Senior VP/CFO, and preparer information for Lori S. Burghauer, SC&H Tax & Advisory Services, LLC.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: LEVINDALE IS A GERIATRIC CENTER AND HOSPITAL DEDICATED TO PROVIDING SUPERIOR SERVICE IN A COST EFFECTIVE MANNER FOR THE AGED, FRAIL AND ILL IN INSTITUTIONAL, COMMUNITY AND HOME SETTINGS. AS AN ADVOCATE FOR THE ELDERLY, LEVINDALE ACCEPTS A LEADERSHIP ROLE IN DEFINING AND

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

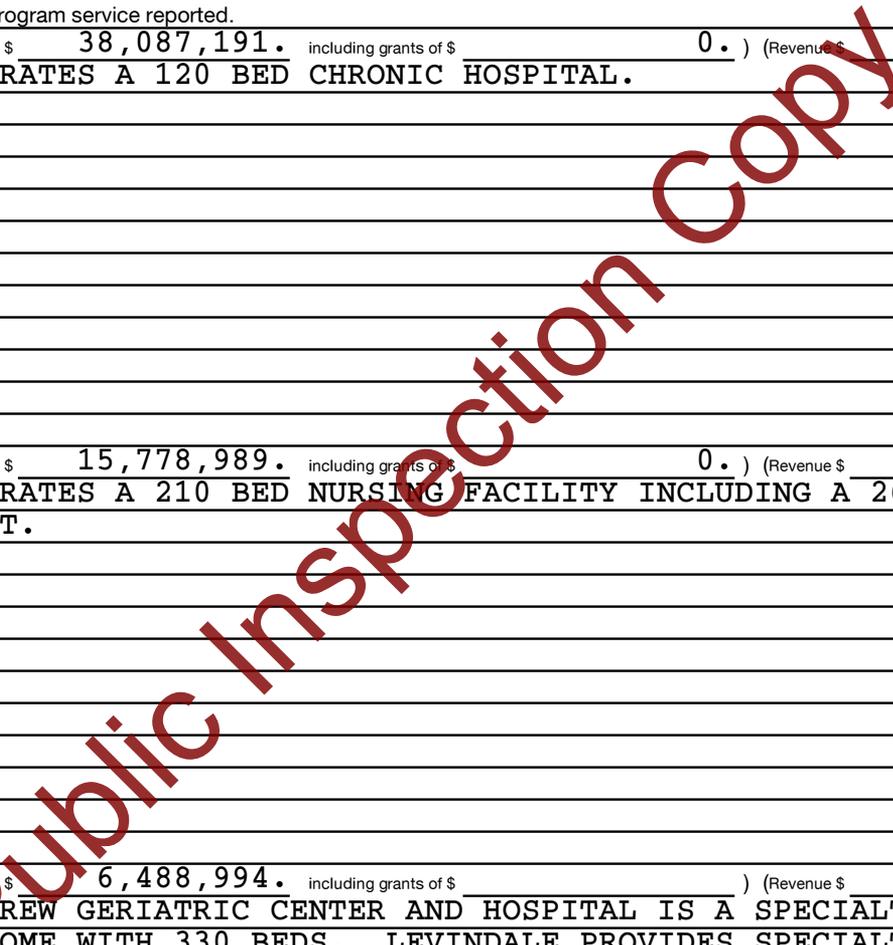
4a (Code:) (Expenses \$ 38,087,191. including grants of \$ 0.) (Revenue \$ 46,902,274.) LEVINDALE OPERATES A 120 BED CHRONIC HOSPITAL.

4b (Code:) (Expenses \$ 15,778,989. including grants of \$ 0.) (Revenue \$ 25,592,355.) LEVINDALE OPERATES A 210 BED NURSING FACILITY INCLUDING A 26 BED SUB-ACUTE UNIT.

4c (Code:) (Expenses \$ 6,488,994. including grants of \$) (Revenue \$ 6,482,504.) LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL IS A SPECIALTY HOSPITAL AND NURSING HOME WITH 330 BEDS. LEVINDALE PROVIDES SPECIALTY LONG-STAY HOSPITAL SERVICE, REHABILITATION CARE, BEHAVIORAL HEALTH CARE. LEVINDALE'S MISSION IS TO PROVIDE TO THE COMMUNITY QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE OR ABILITY TO PAY. LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL PROVIDED 35,535 INPATIENT DAYS: 9,127 IN THE CHRONIC UNIT, 521 IN THE REHABILITATION UNIT AND 25,887 IN THE BEHAVIORAL HEALTH UNIT. FURTHERMORE, LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL'S NURSING FACILITY PROVIDED 56,966 PATIENT DAYS IN ADDITION TO 16,597 IN THE SKILLED NURSING FACILITY. LEVINDALE HAS ALSO PROVIDED 19,596 DAYS IN ITS ADULT DAY CARE PROGRAM. THE PARTIAL HOSPITALIZATION PROGRAM HAD

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 60,355,174.



Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

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AND HOSPITAL, INC.

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)?		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c)		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) JASON A BLAVATT CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(2) DAVID UHLFELDER CPA VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(3) BERNARD RUBIN MD TREASURER	1.00 1.00	X		X				0.	1,068.	0.
(4) RICHARD SHATZKIN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(5) MICHAEL ALBO DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) ALLAN C ALPERSTEIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) KEITH ATTMAN DIRECTOR	1.00 0.00	X						0.	1,068.	0.
(8) SHARON CAPLAN DIRECTOR	1.00 0.00	X						0.	828.	0.
(9) MARC A COHEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) ANNETTE COOPER DIRECTOR	1.00 0.00	X						0.	1,068.	0.
(11) ROBERT DAMIE DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) GERALD B FELDMAN MD DIRECTOR	1.00 0.00	X						0.	1,068.	0.
(13) JASON A FRANK ESQUIRE DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) BARRY GARBER DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) GIL HORWITZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) ESTHER JACOBSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) ELLIE KAGAN DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) ALAN KOTZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) HERSHEL LANGENTHAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) SCOTT LONDON DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) BRENDA MANDEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) EDWARD MORRIS, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) ABBA DAVID POLIAKOFF ESQUIRE DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) MICHAEL H RENBAUM DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) LEE ROSENBERG DIRECTOR	1.00 0.00	X						0.	1,068.	0.
(26) LOUIS E. SAPPERSTEIN DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Sub-total								0.	6,168.	0.
c Total from continuation sheets to Part VII, Section A								2,525,580.	4,166,948.	933,081.
d Total (add lines 1b and 1c)								2,525,580.	4,173,116.	933,081.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **33**

	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	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC & AFFILIATES P.O. BOX 536922, ATLANTA, GA 30353	FOOD SERVICE	1,984,849.
LOVING CARE SERVICES 222 MILFORD MILL ROAD, PIKESVILLE, MD 21208	AGENCY NURSING	443,298.
SMITH NURSING AGENCY, 24 WEST PENNSYLVANIA AVENUE, TOWSON, MD 21204	AGENCY NURSING	414,844.
TOTAL RENAL CARE, P.O. BOX 8500 - 1607, PHILADELPHIA, PA 19178	RENAL DIALYSIS	372,400.
MEDICAL STAFFING NETWORK P.O. BOX 202996, DALLAS, TX 75320	AGENCY NURSING	328,345.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **11**

SEE PART VII, SECTION A CONTINUATION SHEETS

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LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

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Form 990

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) ROBERT SMELKINSON DIRECTOR	1.00 0.00	X					0.	0.	0.	
(28) HOWARD D WEISS, MD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(29) HOWARD M WEISS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(30) CHARLES S WINNER ESQUIRE DIRECTOR	1.00 0.00	X					0.	1,068.	0.	
(31) STEVEN WIONS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(32) ARIC SPITULNIK PRESIDENT/COO/DIRECTOR (PART YEAR)	40.00 0.00	X		X			434,854.	0.	107,740.	
(33) BRIAN WHITE PRES POST-ACUTE SERV/DIR. (PART YEAR)	40.00 0.00	X		X			0.	656,759.	101,603.	
(34) NEIL MELTZER PRES & CEO/DIR, LIFE BRIDGE HEALTH	1.00 40.00			X			0.	1,091,276.	238,505.	
(35) SUSAN LEVY-STROHM VP MEDICAL AFFAIRS/DIRECTOR	40.00 0.00			X			386,477.	0.	77,787.	
(36) DAVID KRAJEWSKI SR VP/CFO, LIFE BRIDGE HEALTH	1.00 40.00			X			0.	554,751.	68,264.	
(37) BARRY EISENBERG EXECUTIVE DIRECTOR/COO POST-ACUTE SE	40.00 0.00			X			0.	0.	0.	
(38) CANDY HAMNER VP PATIENT CARE SERVICES/CNO POST-AC	40.00 0.00			X			310,037.	0.	13,121.	
(39) JENNIFER LABUTE VP NURSING HOME OPERATIONS, POST-ACU	40.00 0.00			X			130,299.	0.	30,835.	
(40) JOHN ROBISON VP CHRONIC HOSPITAL OPERATIONS	40.00 0.00			X			67,926.	0.	11,089.	
(41) WARREN GREEN CEO/DIRECTOR, LIFE BRIDGE HEALTH	1.00 40.00				X		0.	1,506,122.	39,506.	
(42) CHARLES ORLANDO SR. VICE PRES/CFO, LIFE BRIDGE HEALTH	1.00 40.00				X		0.	356,972.	83,190.	
(43) SURAIYA BEGUM PHYSICIAN	40.00 0.00					X	262,838.	0.	34,731.	
(44) SUNIL RAJANI PHYSICIAN	40.00 0.00					X	263,074.	0.	53,002.	
(45) GIZAW WOLDEHIWOT PHYSICIAN	40.00 0.00					X	216,712.	0.	32,224.	
(46) ALPNA ASNANI PHYSICIAN	40.00 0.00					X	223,265.	0.	30,023.	
Total to Part VII, Section A, line 1c										

LEVINDALE HEBREW GERIATRIC CENTER
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	420,079.			
	e Government grants (contributions)	1e	23,910.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,653,812.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		3,097,801.			
	Program Service Revenue	2 a MEDICARE/MEDICAID PAYMENTS	Business Code 623000	65,169,068.	65,169,068.	
b PATIENT SERVICE REVENUE		623000	13,803,472.	13,803,472.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			78,972,540.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		573,666.		573,666.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	157,195.			
		(ii) Personal	0.			
		b Less: rental expenses				
		c Rental income or (loss)	157,195.			
	d Net rental income or (loss)		157,195.		157,195.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	975,383.			
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)	975,383.			
	d Net gain or (loss)		975,383.		975,383.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c. See Part IV, line 18)	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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					
Miscellaneous Revenue		Business Code				
11 a RESPIRATORY THERAPY SERVICES	541900	794,985.		794,985.		
b OTHER OPERATING	900099	131,893.		131,893.		
c PURCHASE DISCOUNTS	900099	4,593.	4,593.			
d All other revenue						
e Total. Add lines 11a-11d		931,471.				
12 Total revenue. See instructions.		84,708,056.	78,977,133.	0.	2,633,122.	

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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).

Check if Schedule O contains a response or note to any line in this Part IX X

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,329,591.		1,296,351.	33,240.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	36,461,811.	29,049,230.	7,412,581.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	790,533.	641,825.	148,708.	
9 Other employee benefits	5,304,925.	3,991,624.	1,313,301.	
10 Payroll taxes	2,909,086.	2,361,856.	547,230.	
11 Fees for services (non-employees):				
a Management				
b Legal	41,825.	41,825.		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,239.		15,239.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,272,591.	5,440,023.	2,832,568.	
12 Advertising and promotion	15,249.	23,080.	22,169.	
13 Office expenses	7,334,818.	303,492.	1,031,326.	
14 Information technology				
15 Royalties				
16 Occupancy	1,797,901.	1,340,371.	457,530.	
17 Travel	137,939.	137,939.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	117,408.	33,022.	84,386.	
20 Interest	534,867.	534,867.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,215,816.	2,444,020.	771,796.	
23 Insurance	875.	875.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	8,676,838.	7,699,207.	977,631.	
b PROVISION FOR BAD DEBT	2,647,131.	2,647,131.		
c AGENCY NURSES	1,470,483.	1,470,483.		
d MEDICAID TAX ASSESSMENT	1,460,843.	1,460,843.		
e All other expenses	929,413.	733,461.	195,952.	
25 Total functional expenses. Add lines 1 through 24e	77,495,182.	60,355,174.	17,106,768.	33,240.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	6,871,398.	1	12,196,226.	
	2	Savings and temporary cash investments	788,182.	2	803,881.	
	3	Pledges and grants receivable, net	1,692,279.	3	275,712.	
	4	Accounts receivable, net	8,712,976.	4	8,986,251.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L	0.			
	7	Notes and loans receivable, net	0.	7		
	8	Inventories for sale or use	98,880.	8	134,749.	
	9	Prepaid expenses and deferred charges	125,801.	9	124,606.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 76,841,801.			
	b	Less: accumulated depreciation	10b 34,213,182.	44,907,138.	10c 42,628,619.	
	11	Investments - publicly traded securities	26,151,569.	11	26,579,208.	
	12	Investments - other securities. See Part IV, line 11	9,234,504.	12	10,258,297.	
	13	Investments - program-related. See Part IV, line 11	0.	13		
	14	Intangible assets	0.	14		
	15	Other assets. See Part IV, line 11	1,332,706.	15	2,487,741.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	99,915,433.	16	104,475,290.		
Liabilities	17	Accounts payable and accrued expenses	6,833,391.	17	7,326,961.	
	18	Grants payable	0.	18	0.	
	19	Deferred revenue	3,137,852.	19	3,373,489.	
	20	Tax-exempt bond liabilities	0.	20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22		
	23	Secured mortgages and notes payable to unrelated third parties	0.	23		
	24	Unsecured notes and loans payable to unrelated third parties	0.	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,304,032.	25	16,010,303.	
	26	Total liabilities. Add lines 17 through 25	28,275,275.	26	26,710,753.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	62,568,450.	27	69,502,545.	
	28	Temporarily restricted net assets	4,848,474.	28	4,038,758.	
	29	Permanently restricted net assets	4,223,234.	29	4,223,234.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	71,640,158.	33	77,764,537.		
34	Total liabilities and net assets/fund balances	99,915,433.	34	104,475,290.		

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	84,708,056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,495,182.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,212,874.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,640,158.
5	Net unrealized gains (losses) on investments	5	2,055,201.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,143,696.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	77,764,537.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

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Public Inspection Copy

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Public Inspection Copy

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number 52-0607913
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ **See separate instructions.** ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.** Employer identification number **52-0607913**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures \$ _____
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

LEVINDALE HEBREW GERIATRIC CENTER

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1 a and 1 b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1 c and 1 d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		9,057.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		33,820.
j Total. Add lines 1c through 1i			42,877.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING INCLUDES A PORTION OF MARYLAND HOSPITAL

ASSOCIATION DUES RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED

JUNE 30, 2014 AND OTHER LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE

HOSPITAL REGARDING COMMUNITY STABILIZATION AND DEVELOPMENT, HEALTHCARE

MALPRACTICE AND LONG TERM CARE.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization **LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.**

Employer identification number
52-0607913

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax 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 8/17/09, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII.
- 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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	4,223,234.	4,223,234.	4,223,234.	4,223,234.	4,223,234.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,223,234.	4,223,234.	4,223,234.	4,223,234.	4,223,234.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		58,040,831.	23,307,252.	34,733,579.
c Leasehold improvements				
d Equipment		17,058,648.	10,201,912.	6,856,736.
e Other		1,742,322.	704,018.	1,038,304.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				42,628,619.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ECONOMIC INTEREST IN		
(B) FOUNDATION	10,258,297.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,258,297.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION LIABILITY	504,860.
(3) DEFERRED COMPENSATION	161,789.
(4) CAPTIVE PROFESSIONAL LIABILITY	205,911.
(5) A/P - RELATED PARTIES	3,820,013.
(6) OTHER LIABILITIES	1,560,000.
(7) A/P DUE TO AFFILIATE BONDS	9,757,730.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,010,303.

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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 XIII.)	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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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 XIII.)	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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part VII, line 18.)		5	

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE PERMANENTLY ENDOWED FUNDS HELD BY THE BALTIMORE JEWISH ELDERCARE FOUNDATION, INC. ARE USED TO SUPPORT LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.

PART X, LINE 2:

THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF LIFE BRIDGE HEALTH, INC. AND SUBSIDIARIES. LIFE BRIDGE HEALTH AND ITS NOT-FOR-PROFIT SUBSIDIARIES HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC TOPIC 740. THE ORGANIZATION'S FINANCIALS

Part XIII Supplemental Information (continued)

STATEMENTS DO NOT INCLUDE ANY LIABILITY FOR UNCERTAIN TAX POSITIONS IN
ACCORDANCE WITH ASC TOPIC 740.

Public Inspection Copy

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

**Open to Public
Inspection**

Name of the organization **LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.** Employer identification number **52-0607913**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2087557.		2087557.	2.79%
b Medicaid (from Worksheet 3, column a)			16330295.		16330295.	21.82%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			18417852.		18417852.	24.61%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1097451.	70,360.	1027091.	1.37%
f Health professions education (from Worksheet 5)			99,336.		99,336.	.13%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,469.		1,469.	.00%
j Total. Other Benefits			1198256.	70,360.	1127896.	1.50%
k Total. Add lines 7d and 7j			19616108.	70,360.	19545748.	26.11%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group LEVINDALE HEBREW GERIATRIC CENTER & HOSP

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>2012</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/D</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
8c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule H (Form 990) 2013

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Part V Facility Information (continued) LEVINDALE HEBREW GERIATRIC CENTER & HOSP

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>300</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>500</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Schedule H (Form 990) 2013

Part V Facility Information (continued) **LEVINDALE HEBREW GERIATRIC CENTER & HOSP**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19		X

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

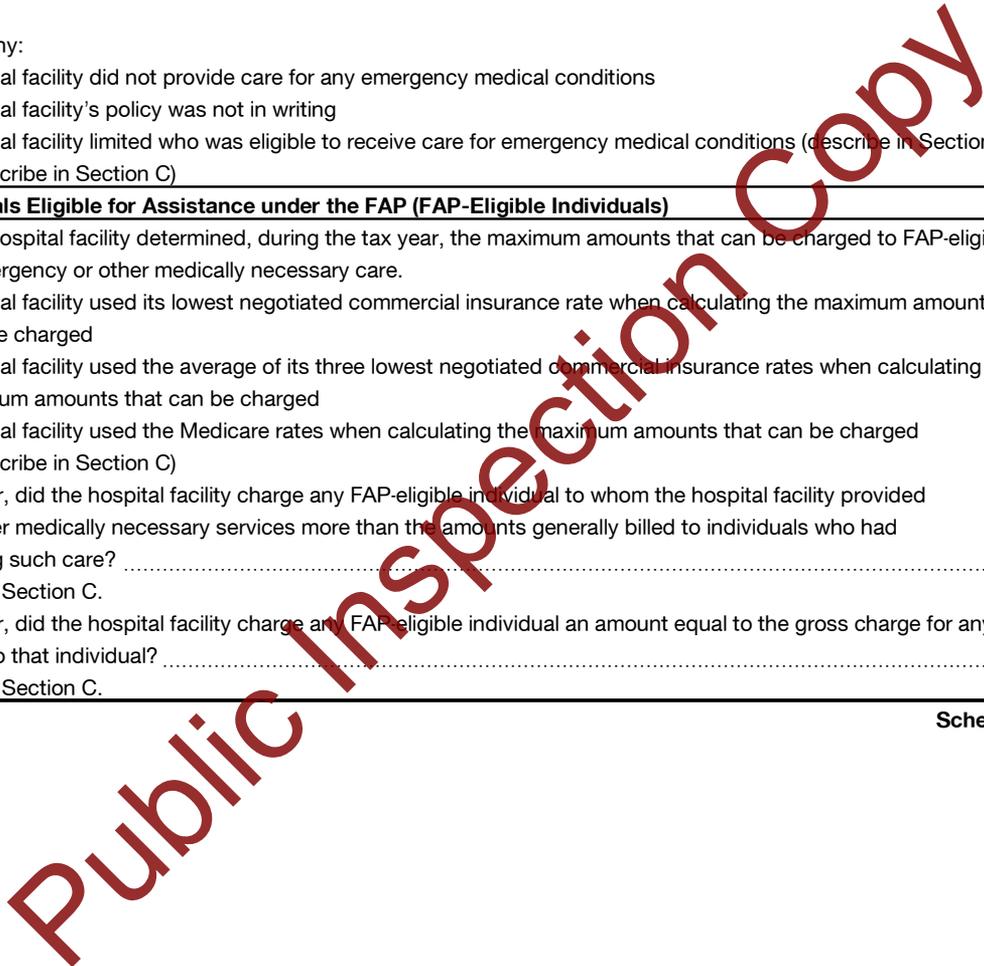
21		X
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If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

22	X	
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If "Yes," explain in Section C.



Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

PART V, SECTION B, LINE 1J: THERE WERE NO INFORMATION GAPS IDENTIFIED IN THE ASSESSMENT. IN ADDITION TO THE ITEMS LISTED IN LINE 1, THE CHNA DESCRIBES THE HOSPITAL'S DEMOGRAPHICS.

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

PART V, SECTION B, LINE 3: SINAI & LEVINDALE

LIFEBRIDGE HEALTH, INC., A REGIONAL MARYLAND HEALTH SYSTEM WITH HOSPITALS LOCATED IN BOTH BALTIMORE CITY AND BALTIMORE COUNTY, INITIATED EARLY TALKS WITH BOTH BALTIMORE CITY AND BALTIMORE COUNTY HEALTH DEPARTMENTS AROUND LOCAL HEALTH IMPROVEMENT PLANS TO SUPPORT THE MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP). IN FALL 2011, LIFEBRIDGE HEALTH PRESIDENT, NEIL MELTZER (FORMERLY SINAI PRESIDENT), INVITED DR. OXIRIS BARBOT, BALTIMORE CITY HEALTH COMMISSIONER, TO PRESENT HEALTHY BALTIMORE 2015, THE CITY'S HEALTH POLICY AGENDA, TO THE SINAI HOSPITAL BOARD. THIS INVITATION AND DR. BARBOT'S PRESENTATION SPARKED AN EARLY PARTNERSHIP BETWEEN THE BALTIMORE CITY HEALTH DEPARTMENT (BCHD) AND LIFEBRIDGE HEALTH, LEADING TO INCREASED PRESENCE AND INVOLVEMENT OF BALTIMORE CITY PUBLIC HEALTH OFFICIALS IN THE PROCESS OF IDENTIFYING AND RESPONDING TO COMMUNITY NEEDS IN PARK HEIGHTS. CHNA STAFF SUPPORTED BCHD'S FIRST NEIGHBORHOOD COMMUNITY FORUM IN JANUARY 2012 HELD IN PARK HEIGHTS. THIS MEETING WAS THE FIRST OF MANY CITY-WIDE MEETINGS AS PART OF THE HEALTH DEPARTMENT'S NEIGHBORHOOD HEALTH INITIATIVE, AN INITIATIVE AIMED TO BEGIN A DIALOGUE WITH LOCAL COMMUNITY RESIDENTS ABOUT THEIR HEALTH CONCERNS AND CONDITIONS THAT INFLUENCE HEALTH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

OUTCOMES WHERE THEY LIVE, WORK, LEARN AND PLAY. A SECOND PARK HEIGHTS COMMUNITY FORUM WAS HELD IN JUNE OF 2012 IN A COMMUNITY LOCATION SELECTED TO INCREASE COMMUNITY RESIDENT PARTICIPATION. THE CHNA TEAM COLLABORATED CLOSELY WITH THE CITY AND WITH COMMUNITY RESIDENTS TO PROMOTE THE FORUM. IN FURTHER SUPPORT OF OUR PARTNERSHIP WITH THE BALTIMORE CITY HEALTH DEPARTMENT (BCHD), THE CHNA TEAM INVITED BCHD'S DIRECTOR OF POLICY AND PLANNING TO PRESENT THE CITY'S HEALTH IMPROVEMENT PLAN TO THE COMMUNITY MISSION COMMITTEE, A COMMITTEE OF THE LIFE BRIDGE HEALTH BOARD THAT GUIDES AND MONITORS COMMUNITY BENEFIT PROGRAMMING. THE CHNA TEAM AND BCHD STAFF MET REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN ORDER TO ENSURE ALIGNMENT BETWEEN THE HOSPITAL'S ASSESSMENT AND THE BCHD'S HEALTHY BALTIMORE 2015 PLAN.

IN ADDITION TO CONSULTING WITH PUBLIC HEALTH PARTNERS TO BETTER UNDERSTAND COMMUNITY HEALTH NEEDS, LEVINDALE SOUGHT INFORMATION FROM KEY COMMUNITY AND HUMAN SERVICES PARTNERS IN PARK HEIGHTS. KEY PARTNERS INCLUDED THE PARK HEIGHTS COMMUNITY HEALTH ALLIANCE (PHCHA), PARK HEIGHTS RENAISSANCE (PHR), THE ZETA CENTER FOR HEALTHY AND ACTIVE AGING AND THE ZETA HEALTHY AGING PARTNERSHIP (Z-HAP). CHNA TEAM MEMBERS REGULARLY ATTENDED MEETINGS OF EACH ORGANIZATION AND SOUGHT SUPPORT FROM EACH TO FACILITATE THE CHNA PROCESS. ASSISTANCE FROM PARTNER ORGANIZATIONS INCLUDED SPREADING THE WORD ABOUT THE ASSESSMENT, DISTRIBUTING AND COLLECTING COMMUNITY SURVEYS, PROVIDING SPACE AND ALLOCATING MEETING TIME FOR GATHERING COMMUNITY INPUT ON HEALTH NEEDS, AND OFFERING CONSISTENT SUPPORT FOR OTHER TASKS AS NEEDED. IN ADDITION, PARTNERS CONTRIBUTED FEEDBACK ABOUT COMMUNITY HEALTH NEEDS. ANOTHER KEY ROLE OF COMMUNITY PARTNERS WILL BE PARTICIPATION IN PROJECT-PLANNING AS WE DETERMINE SPECIFIC COMPONENTS OF THE COMMUNITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

HEALTH IMPROVEMENT PROJECT AND THE ROLE THAT EACH COMMUNITY PARTNER WILL PLAY IN ITS IMPLEMENTATION. THROUGH ITS DESIGNATION AS A CONSTITUENT AGENCY OF THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, LEVINDALE ALSO GAINED VALUABLE FEEDBACK ABOUT COMMUNITY HEALTH NEEDS SPECIFICALLY RELATED TO THE COMMUNITY'S ELDERLY POPULATION. IN 2012, ASSOCIATED PARTNERS SHARED WITH LEVINDALE PRESIDENT, ARIC SPITULNIK, THE CONCERN THAT ELDER VICTIMS OF DOMESTIC VIOLENCE IN AND AROUND BALTIMORE ARE NOT ADEQUATELY SERVED BY EXISTING DOMESTIC VIOLENCE PROGRAMS AND RESOURCES. THIS LED TO THE CONVENING OF A PLANNING GROUP INCLUDING THE ASSOCIATED, LEVINDALE, AND TWO ADDITIONAL CONSTITUENT AGENCIES OF THE ASSOCIATED, CHANA AND JEWISH COMMUNITY SERVICES (JCS). THE SMALL GROUP MET APPROXIMATELY FIVE TIMES THROUGHOUT THE YEAR IN ORDER TO DEVELOP A MORE TAILORED INTERVENTION FOR SENIOR VICTIMS OF DOMESTIC VIOLENCE OR 'ELDER ABUSE'. ALTHOUGH LIFEBRIDGE HEALTH CURRENTLY SERVES VICTIMS OF DOMESTIC VIOLENCE THROUGH PROGRAMS AT BOTH SINAI AND NORTHWEST HOSPITALS, THE GROUP IDENTIFIED A GAP IN THE AVAILABILITY OF SERVICES EQUIPPED TO MEET THE SPECIALIZED NEEDS OF ELDERLY EXPERIENCING DOMESTIC VIOLENCE. THE RESULT OF THIS COLLABORATIVE EFFORT IS THE DEVELOPMENT OF A PLAN MODELED AFTER A NEW YORK BASED ELDER ABUSE CENTER THAT OFFERS A FULL RANGE OF HEALTHCARE AND SUPPORTIVE SERVICES, INCLUDING A COORDINATED SYSTEM THAT PROVIDES SAFE AND MEDICALLY SUPPORTIVE EMERGENCY SHELTER, EMOTIONAL SUPPORT, PSYCHOLOGICAL COUNSELING, LEGAL ADVOCACY AND REPRESENTATION FOR VICTIMS OF ABUSE. THE FOLLOWING COMMUNITY MEMBERS WERE CONSULTED: BETSY D. SIMON, M.S., CHES, FOUNDER/DIRECTOR ZETA HEALTHY AGING PARTNERSHIP (Z-HAP); LESLIE YANCEY, MANAGER ZETA CENTER FOR HEALTHY AND ACTIVE AGING; JULIUS COLON, PRESIDENT AND CEO PARK HEIGHTS RENAISSANCE, INC.; DR. OXIRIS BARBOT, COMMISSIONER OF HEALTH BALTIMORE CITY HEALTH DEPARTMENT; SARAH MORRIS-COMPTON, DIRECTOR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

OFFICE OF POLICY AND PLANNING, BALTIMORE CITY HEALTH DEPARTMENT; WILLIE FLOWERS, EXECUTIVE DIRECTOR PARK HEIGHTS COMMUNITY HEALTH ALLIANCE; SINAI HOSPITAL COMMUNITY ADVISORY PANEL; PARK HEIGHTS SERVICE PROVIDERS' NETWORK; PARK HEIGHTS RENAISSANCE, INC. AND MEMBERS OF THE COMMUNITY WHO ATTENDED SINAI HOSPITAL COMMUNITY FEEDBACK SESSIONS.

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:
PART V, SECTION B, LINE 5D: COPIES OF THE CHNA WERE DISTRIBUTED TO KEY COMMUNITY PARTNERS.

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL
[HTTP://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY%20HEALTH/LEVINDALE_COMMUNITYHEALTHNEEDSASSESSMENTIMPLEMENTATIONSTRATEGY_JUNE2013.PDF](http://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY%20HEALTH/LEVINDALE_COMMUNITYHEALTHNEEDSASSESSMENTIMPLEMENTATIONSTRATEGY_JUNE2013.PDF)

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:
PART V, SECTION B, LINE 20D: HEALTH SERVICES COST REVIEW COMMISSION REGULATED RATES.

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:
PART V, SECTION B, LINE 22: ONLY PATIENTS APPROVED RETROSPECTIVELY (DETERMINED ELIGIBLE AFER THE DATE OF SERVICE) ARE CHARGED. ONCE ELIGIBILITY IS DETERMINED, CHANGES ARE ADJUSTED IN ACCORDANCE WITH POLICY.

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. PROVIDES CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY CARE POLICY. IT DOES NOT PURSUE THE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE AND THOSE AMOUNTS ARE NOT REPORTED AS REVENUE. THE CRITERIA FOR CHARITY CARE CONSIDER GROSS INCOME AND FAMILY SIZE ACCORDING TO CURRENT FEDERAL POVERTY GUIDELINES. PATIENTS WITH AN ANNUAL INCOME UP TO 300% OF THE FEDERAL POVERTY LEVEL MAY HAVE 100% OF THEIR HOSPITAL BILLS COVERED BY FINANCIAL ASSISTANCE. TO QUALIFY, THE PATIENT MUST SHOW PROOF OF INCOME 300% OR LESS OF THE FEDERAL POVERTY GUIDELINES. PATIENTS ABOVE 300% ANNUAL INCOME MAY HAVE A PORTION OF THEIR MEDICAL BILLS COVERED BY FINANCIAL ASSISTANCE BASED ON A SLIDING SCALE. ELIGIBILITY IS CALCULATED BASED ON THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD.

PART I, LINE 7:

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH

Part VI Supplemental Information (Continuation)

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

THE COSTING METHODOLOGY USED TO REPORT COMMUNITY BENEFIT EXPENSE INCLUDES THE EXPENSES DIRECTLY RELATED TO PROVIDING THE BENEFIT ALONG WITH AN ALLOCATION OF INDIRECT COSTS, NET OF ANY DIRECT REVENUE.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 2,647,131.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

Part VI Supplemental Information (Continuation)

THE CHANGING HEARTS/HEALTH HEARTS INITIATIVE HOLDS SCREENINGS FOR THE OUTSIDE COMMUNITY TO IDENTIFY HEART HEALTHY LIFESTYLES, TO PROVIDE EDUCATION AND TO IDENTIFY INDIVIDUALS AT RISK FOR HEART DISEASE.

THE CAREER COACH WORKS WITH FRONT LINE EMPLOYEES TO PROVIDE SOCIAL, RETENTION AND CAREER DEVELOPMENT SERVICES. THIS POSITION PROMOTES THE HEALTH OF THE COMMUNITY BECAUSE MANY OF THE CLIENTS SERVED BY THE COACH LIVE IN THE SURROUNDING COMMUNITY. ONE SERVICE THAT THE COACH FOCUSES ON FOR MANY EMPLOYEES IS FINANCIAL HEALTH, PROVIDING THEM WITH RESOURCES AND TIPS TO ENSURE THEIR STABILITY. THE WORKFORCE DEVELOPMENT DEPARTMENT OFFERS EDUCATIONAL COURSES LIKE MEDICAL TERMINOLOGY THAT ARE OPEN TO THE COMMUNITY. PARTICIPATION IN THESE COURSES PROVIDES FOUNDATIONAL KNOWLEDGE NEEDED FOR MANY ENTRY LEVEL POSITIONS WITHIN OUR HEALTH SYSTEM.

PART III, LINE 2:

SEE PART III, LINE 4 NARRATIVE.

PART III, LINE 3:

SEE PART III, LINE 4 NARRATIVE.

PART III, LINE 4:

THE PREPARATION OF CONSOLIDATED FINANCIAL STATEMENTS, IN CONFORMITY WITH U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, REQUIRES MANAGEMENT TO MAKE ESTIMATES AND ASSUMPTIONS. ALL PATIENT ACCOUNTS ARE HANDLED CONSISTENTLY AND APPROPRIATELY TO MAXIMIZE CASH FLOW AND TO IDENTIFY BAD DEBT ACCOUNTS TIMELY. ACTIVE ACCOUNTS ARE CONSIDERED BAD DEBT ACCOUNTS WHEN THEY MEET SPECIFIC COLLECTION ACTIVITY GUIDELINES AND/OR ARE

Part VI Supplemental Information (Continuation)

REVIEWED BY THE APPROPRIATE MANAGEMENT AND DEEMED TO BE UNCOLLECTIBLE.
EVERY EFFORT IS MADE TO IDENTIFY AND PURSUE ALL ACCOUNT BALANCE
LIQUIDATION OPTIONS INCLUDING, BUT NOT LIMITED TO THIRD PARTY PAYOR
REIMBURSEMENT, PATIENT PAYMENT ARRANGEMENTS, MEDICAID ELIGIBILITY AND
FINANCIAL ASSISTANCE. THIRD PARTY RECEIVABLE MANAGEMENT AGENCIES PROVIDE
EXTENDED BUSINESS OFFICE SERVICES AND INSURANCE OUTSOURCE SERVICES TO
ENSURE MAXIMUM EFFORT IS TAKEN TO RECOVER INSURANCE AND SELF-PAY DOLLARS
BEFORE TRANSFER TO BAD DEBT. CONTRACTUAL ARRANGEMENTS WITH THIRD PARTY
COLLECTION AGENCIES ARE USED TO ASSIST IN THE RECOVERY OF BAD DEBT DOLLARS
AFTER ALL INTERNAL COLLECTION EFFORTS HAVE BEEN EXHAUSTED. IN SO DOING,
THE COLLECTION AGENCIES MUST OPERATE CONSISTENTLY WITH LEVINDALE HEBREW
GERIATRIC CENTER AND HOSPITAL'S GOAL OF MAXIMUM BAD DEBT RECOVERY AND
STRICT ADHERENCE WITH FAIR DEBT COLLECTIONS PRACTICES ACT (FDCPA) RULES
AND REGULATIONS, WHILE MAINTAINING POSITIVE PATIENT RELATIONS.

PART III, LINE 8:

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

PART III, LINE 9B:

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. PROVIDES
CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO
PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY CARE POLICY. IT DOES NOT

Part VI Supplemental Information (Continuation)

PURSUe THE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE AND THOSE AMOUNTS ARE NOT REPORTED AS REVENUE. THE CRITERIA FOR CHARITY CARE CONSIDER GROSS INCOME AND FAMILY SIZE ACCORDING TO CURRENT FEDERAL POVERTY GUIDELINES. PATIENTS WITH AN ANNUAL INCOME UP TO 300% OF THE FEDERAL POVERTY LEVEL MAY HAVE 100% OF THEIR HOSPITAL BILLS COVERED BY FINANCIAL ASSISTANCE. TO QUALIFY, THE PATIENT MUST SHOW PROOF OF INCOME 300% OR LESS OF THE FEDERAL POVERTY GUIDELINES. PATIENTS ABOVE 300% ANNUAL INCOME MAY HAVE A PORTION OF THEIR MEDICAL BILLS COVERED BY FINANCIAL ASSISTANCE BASED ON A SLIDING SCALE. ELIGIBILITY IS CALCULATED BASED ON THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD.

PART VI, LINE 2:

COMMUNITY NEEDS ASSESSMENTS ARE DONE IN A VARIETY OF WAYS, ACCORDING TO THE HOSPITAL DEPARTMENTS INVOLVED AND THE CONSTITUENCIES THEY SERVE. THE FOLLOWING ARE USED MOST COMMONLY: A) CLINICAL DEPARTMENT NEEDS RECOGNITION BASED ON DAILY PATIENT CARE AND PROFESSIONAL EXPERIENCE, B) PARTICIPATION IN COMMUNITY COALITIONS, C) PROGRAM DEVELOPMENT BASED ON EXPRESSED CLIENT NEEDS, AND D) FORMAL NEEDS ASSESSMENT CONDUCTED BY AN EXTERNAL CONSULTANT.

PART VI, LINE 3:

FINANCIAL ASSISTANCE INFORMATION IS MADE AVAILABLE TO THE PUBLIC THROUGH MULTIPLE SOURCES INCLUDING: THE ADMISSION PACKET, PAMPHLETS LOCATED IN PATIENT ACCESS, PATIENT FINANCIAL SERVICES, AS WELL AS OTHER PATIENT ACCESS POINTS THROUGHOUT THE HOSPITAL.

PART VI, LINE 4:

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL IS LOCATED IN

Part VI Supplemental Information (Continuation)

THE NORTHWEST QUADRANT OF BALTIMORE CITY. IT DRAWS MANY PATIENTS FROM THE NEIGHBORHOODS PROXIMATE TO THE FACILITY. CONSISTENT WITH ITS MISSION TO SERVE THE JEWISH COMMUNITY, LEVINDALE ALSO SERVES PATIENTS FROM THROUGHOUT THE BALTIMORE METROPOLITAN AREA. IN ADDITION, AS ONE OF A SMALL NUMBER OF CHRONIC HOSPITALS IN THE STATE, LEVINDALE DRAWS PATIENTS FROM ACROSS CENTRAL MARYLAND. THE NEIGHBORHOODS SURROUNDING LEVINDALE ARE IDENTIFIED BY THE BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE (BNIA) AS SOUTHERN PARK HEIGHTS (PARK HEIGHTS) AND PIMLICO/ARLINGTON/HILLTOP (PIMLICO). TOGETHER THEY CONSTITUTE AN AREA THAT IS PREDOMINANTLY AFRICAN AMERICAN WITH A BELOW AVERAGE MEDIAN FAMILY INCOME, BUT ABOVE AVERAGE RATES FOR UNEMPLOYMENT, AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH. PARK HEIGHTS AND PIMLICO'S MEDIAN HOUSEHOLD INCOME WAS \$27,365 AND \$29,031 RESPECTIVELY. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$37,395. THE PERCENT OF FAMILIES EARNING LESS THAN THE FEDERAL SELF-SUFFICIENCY STANDARD IN PARK HEIGHTS WAS 25.9% AND PIMLICO'S INDICATORS WERE 21.3%. THE UNEMPLOYMENT RATE FOR BALTIMORE CITY WAS 10.0%. PARK HEIGHTS AND PIMLICO HAD UNEMPLOYMENT RATES OF 17.5% AND 17.0% RESPECTIVELY. THE NINE ZIP CODES THAT REPRESENT THE PRIMARY SERVICE AREA IN FISCAL YEAR 2012 WERE 21215, 21207, 21208, 21209, 21117, 21216, 21133, 21244 AND 21136. THE BALTIMORE CITY HEALTH DEPARTMENT USES COMMUNITY STATISTICAL AREAS (CSA) WHEN ANALYZING HEALTH OUTCOMES AND RISK FACTORS. THE DATA PROVIDED FOR THE PRIMARY RACIAL COMPOSITION, MEDICAN INCOME AND HOUSEHOLD BELOW POVERTY LEVEL WAS OBTAINED FROM THE US CENSUS BUREAU. THE LIFE EXPECTANCY DATA WAS OBTAINED FROM THE BALTIMORE CITY HEALTH DEPARTMENT. THE RACIAL COMPOSITION AND INCOME DISTRIBUTION OF THESE ZIP CODES REFLECT THE SEGREGATION AND INCOME DISPARITY CHARACTERISTICS OF THE BALTIMORE METROPOLITAN REGION. AS INDICATED ABOVE, THOSE ZIP CODES THAT HAVE A PREDOMINANTLY AFRICAN AMERICAN POPULATION, INCLUDING 21215, IN

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Part VI Supplemental Information (Continuation)

WHICH THE HOSPITAL IS LOCATED, REFLECT THE RACIAL SEGREGATION AND POVERTY REPRESENTATIVE OF BALTIMORE CITY. THIS IS IN CONTRAST TO THE NEIGHBORING BALTIMORE COUNTY ZIP CODES (21208 & 21209) IN WHICH THE MEDIAN HOUSEHOLD INCOME WAS MUCH HIGHER, AND IN WHICH THE POPULATION IS PREDOMINANTLY WHITE.

PART VI, LINE 5:

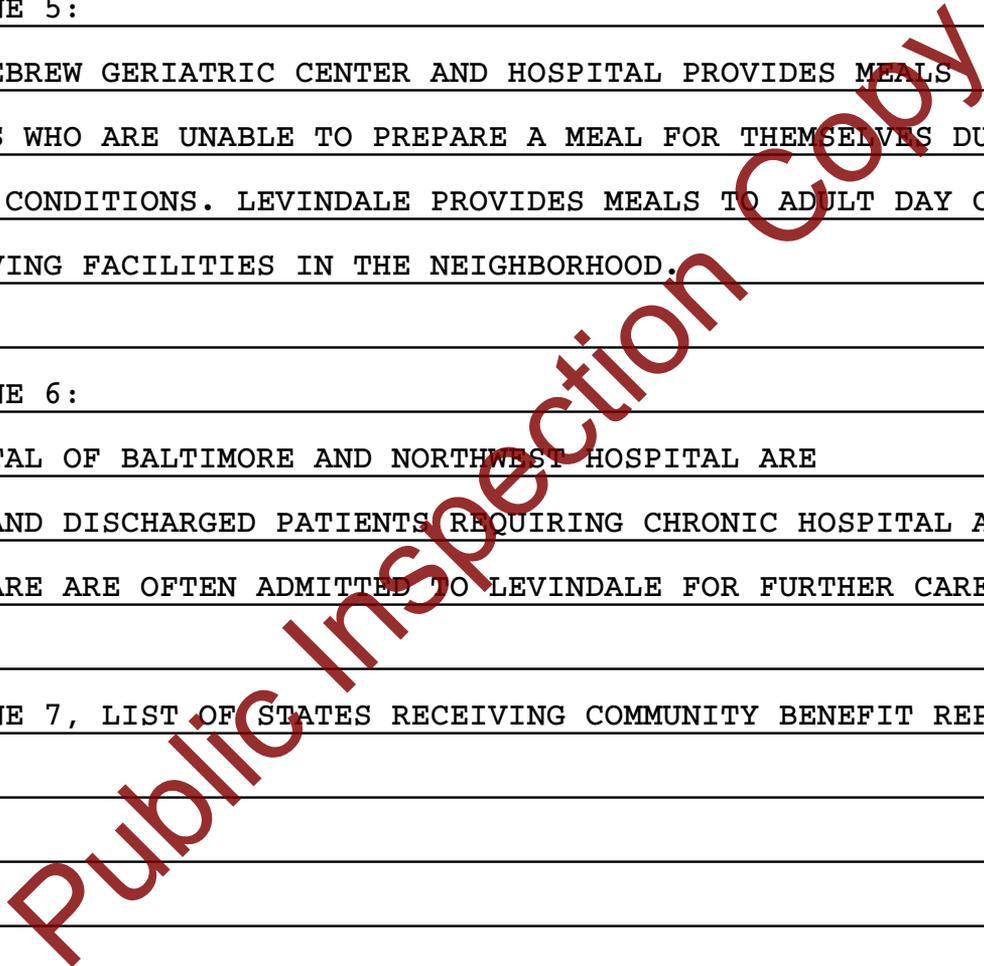
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL PROVIDES MEALS TO RESIDENTS WHO ARE UNABLE TO PREPARE A MEAL FOR THEMSELVES DUE TO AGE AND MEDICAL CONDITIONS. LEVINDALE PROVIDES MEALS TO ADULT DAY CARE AND ASSISTED LIVING FACILITIES IN THE NEIGHBORHOOD.

PART VI, LINE 6:

SINAI HOSPITAL OF BALTIMORE AND NORTHWEST HOSPITAL ARE AFFILIATES AND DISCHARGED PATIENTS REQUIRING CHRONIC HOSPITAL AND SUB-ACUTE CARE ARE OFTEN ADMITTED TO LEVINDALE FOR FURTHER CARE.

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

MD



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
**LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.**

Employer identification number
52-0607913

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

52-0607913

Schedule J (Form 990) 2013

Page 2

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ARIC SPITULNIK PRESIDENT/COO/DIRECTOR (PART YEAR)	(i)	267,038.	89,182.	78,634.	79,296.	28,444.	542,594.	69,871.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN WHITE PRES POST-ACUTE SERV/DIR.(PART YEAR)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	452,862.	123,999.	79,898.	77,230.	24,364.	758,362.	70,925.
(3) NEIL MELTZER PRES & CEO/DIR, LIFE BRIDGE HEALTH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	655,007.	201,971.	234,298.	210,716.	27,789.	1,329,781.	195,712.
(4) SUSAN LEVY-STROHM VP MEDICAL AFFAIRS/DIRECTOR	(i)	253,089.	71,225.	62,163.	61,073.	16,714.	464,264.	38,095.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID KRAJEWSKI SR VP/CFO, LIFE BRIDGE HEALTH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	415,631.	130,220.	8,900.	44,548.	23,716.	623,015.	0.
(6) CANDY HAMNER VP PATIENT CARE SERVICES/CNO POST-AC	(i)	183,985.	77,612.	48,440.	3,905.	9,216.	323,158.	22,476.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JENNIFER LABUTE VP NURSING HOME OPERATIONS, POST-ACU	(i)	117,648.	12,178.	473.	9,443.	21,392.	161,134.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) WARREN GREEN CEO/DIRECTOR, LIFE BRIDGE HEALTH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	604,005.	403,831.	498,786.	28,878.	10,628.	1,545,628.	477,536.
(9) CHARLES ORLANDO SR. VICE PRES/CFO, LIFE BRIDGE HEALTH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	226,390.	0.	130,582.	75,133.	8,057.	440,162.	121,841.
(10) SURAIYA BEGUM PHYSICIAN	(i)	176,153.	84,100.	2,585.	10,671.	24,060.	297,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SUNIL RAJANI PHYSICIAN	(i)	178,178.	62,753.	22,143.	27,679.	25,323.	316,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GIZAW WOLDEHIWOT PHYSICIAN	(i)	170,109.	37,220.	9,383.	10,120.	22,104.	248,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ALPNA ASNANI PHYSICIAN	(i)	175,277.	47,455.	533.	8,715.	21,308.	253,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOCELYN EL-SAYED PHYSICIAN	(i)	182,600.	47,130.	368.	10,591.	870.	241,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

PART I, LINE 4B:

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

CHARLES ORLANDO \$ 50,821

ARIC SPITULNIK \$ 66,270

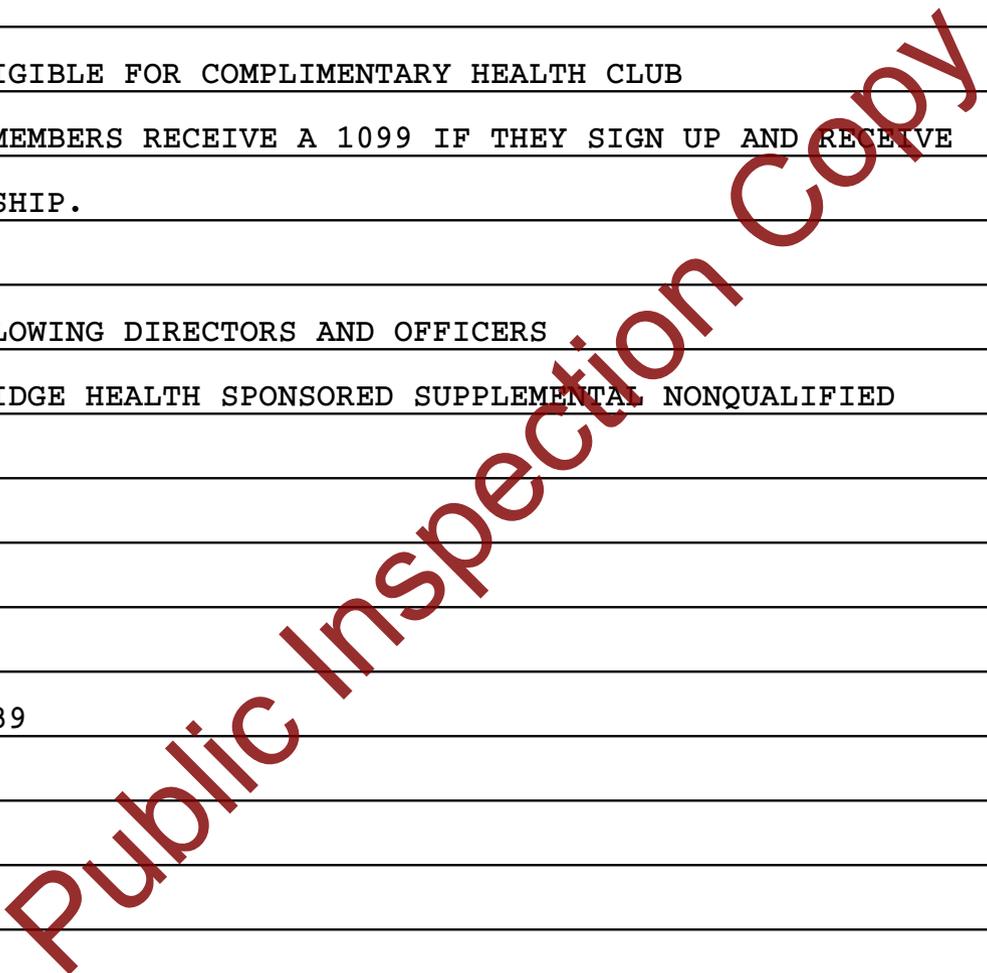
SUSAN LEVY-STROHM \$ 38,139

NEIL MELTZER \$ 181,838

BRIAN WHITE \$ 75,570

DAVID KRAJEWSKI \$39,795

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



Part III Supplemental Information

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

NONQUALIFIED RETIREMENT PLAN:

WARREN A GREEN \$ 477,536

CHARLES ORLANDO \$ 121,841

ARIC SPITULNIK \$ 69,871

SUSAN LEVY-STROHM \$ 38,095

CANDY HAMNER \$ 22,476

NEIL MELTZER \$ 195,712

BRIAN WHITE \$ 70,925

COMPENSATION PROVIDED BY RELATED ORGANIZATIONS:

MR. GREEN RECEIVED COMPENSATION IN THE CALENDAR YEAR FOR
HIS SERVICES AS PRESIDENT / CEO OF LIFEBRIDGE HEALTH, INC. THROUGH JUNE
30, 2013, NOT AS A DIRECTOR.

MR. MELTZER RECEIVED COMPENSATION AS THE PRESIDENT / CEO LIFEBRIDGE
HEALTH, INC., NOT AS A DIRECTOR.

MR. WHITE'S RECEIVED COMPENSATION AS PRESIDENT OF NORTHWEST HOSPITAL

Part III Supplemental Information

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

AND POST-ACUTE SERVICES FOR LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR.

MR. ORLANDO RECEIVED COMPENSATION IN THE CALENDAR YEAR FOR HIS SERVICES
AS THE CHIEF FINANCIAL OFFICER OF LIFEBRIDGE HEALTH THROUGH APRIL 19,
2013, NOT AS A DIRECTOR.

MR. KRAJEWSKI RECEIVED COMPENSATION AS CHIEF FINANCIAL OFFICER
LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR.

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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. Employer identification number 52-0607913

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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ACME PAPER & SUPPLY CO	INDIRECT BUSINESS	2,000,000.	LEVINDALE H		X
THE LAW OFFICE OF FRED S.	INDIRECT BUSINESS	953,012.	LIFEBRIDGE		X
DEUTSCHE BANK ALEX BROWN	INDIRECT BUSINESS	489,931.	LIFEBRIDGE		X
M&T BANK	INDIRECT BUSINESS	370,655.	LIFEBRIDGE		X
BALTIMORE HEART ASSOCIATES	INDIRECT BUSINESS	234,501.	LEVINDALE H		X
THE HEALTH ASSOCIATES	INDIRECT BUSINESS	198,797.	LEVINDALE H		X
BANK OF AMERICA	INDIRECT BUSINESS	157,337.	LIFEBRIDGE		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: ACME PAPER & SUPPLY CO

(D) DESCRIPTION OF TRANSACTION: LEVINDALE HEBREW GERIATRIC CENTER, INC.

AND OTHER LIFEBRIDGE HEALTH SUBSIDIARIES PURCHASED APPROXIMATELY

\$2,000,000 IN PAPER SUPPLIES FROM ACME PAPER AND SUPPLY, CO. ONE OF THE

DIRECTORS OF LEVINDALE, MR. KEITH ATTMAN, IS THE DIRECTOR OF PURCHASING

FOR ACME PAPER AND SUPPLY, CO. MR. ATTMAN'S FAMILY ALSO OWNS ACME PAPER

AND SUPPLY, CO. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND

NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: THE LAW OFFICE OF FRED S. LONDON P.C.

(D) DESCRIPTION OF TRANSACTION: LIFEBRIDGE HEALTH SUBSIDIARIES PAID

\$953,012 FOR COLLECTION SERVICES FROM THE LAW OFFICE OF FRED S. LONDON

PC. ONE OF THE DIRECTORS OF LEVINDALE, SCOTT LONDON, IS AN ATTORNEY FOR

THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND WERE NEGOTIATED

AT ARM'S LENGTH.

(A) NAME OF PERSON: DEUTSCHE BANK ALEX BROWN

(D) DESCRIPTION OF TRANSACTION: LIFEBRIDGE HEALTH SUBSIDIARIES PAID

\$489,931 FOR INVESTMENT SERVICES FROM DEUTSCHE BANK ALEX BROWN. ONE OF

Part V Supplemental Information

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

THE DIRECTORS OF LEVINDALE, MR. BARRY GARBER, IS MANAGING DIRECTOR AND CLIENT ADVISOR. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND WERE NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: M&T BANK

(D) DESCRIPTION OF TRANSACTION: LIFE BRIDGE HEALTH SUBSIDIARIES PAID \$370,655 FOR BANKING SERVICES FROM M & T BANK ONE OF THE DIRECTORS OF LEVINDALE, MR. RICHARD SHATZKIN, IS A ADMINISTRATIVE VICE PRESIDENT AT AN AFFILIATED BROKER DEALER. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND WERE NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: BALTIMORE HEART ASSOCIATES

(D) DESCRIPTION OF TRANSACTION: LEVINDALE HEBREW GERIATRIC CENTER AND OTHER LIFE BRIDGE HEALTH SUBSIDIARIES PURCHASED \$234,501 IN EKG AND ECHO READING SERVICES FROM BALTIMORE HEART ASSOCIATES, PA. ONE OF THE DIRECTORS OF LEVINDALE, DR. BERNARD RUBIN, IS ASSOCIATED WITH THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: THE HEALTH ASSOCIATES

(D) DESCRIPTION OF TRANSACTION: LEVINDALE HEBREW GERIATRIC CENTER AND OTHER LIFE BRIDGE HEALTH SUBSIDIARIES RECEIVED \$198,797 FROM THE HEALTH ASSOCIATES. ONE OF THE DIRECTORS OF LEVINDALE, DR. EDWARD MORRIS, IS PRESIDENT OF THE HEALTH ASSOCIATES, WHICH RENTS SPACE FROM LIFE BRIDGE HEALTH AT THE QUARRY LAKE LOCATION. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND NEGOTIATED AT ARM'S LENGTH.

(A) NAME OF PERSON: BANK OF AMERICA

Part V Supplemental Information

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

(D) DESCRIPTION OF TRANSACTION: LIFE BRIDGE HEALTH SUBSIDIARIES PAID \$157,337 FOR BANKING SERVICES FROM BANK OF AMERICA. ONE OF THE DIRECTORS OF LEVINDALE HEBREW GERIATRIC CENTER, INC., MR. HOWARD M. WEISS, IS A SENIOR VICE PRESIDENT AT THE BANK. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND WERE NEGOTIATED AT ARM'S LENGTH.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization **LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.**

Employer identification number
52-0607913

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

EFFECTIVE MANNER FOR THE AGED, FRAIL AND ILL IN INSTITUTIONAL,
COMMUNITY AND HOME SETTINGS.

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

DEVELOPING, IN COLLABORATION WITH OTHER AGENCIES, A COMPREHENSIVE
CONTINUUM OF NURSING, MEDICAL, AND SOCIAL SERVICES WITHIN THE JEWISH
COMMUNITY OF THE BALTIMORE METROPOLITAN AREA. PROGRAMS ARE OPERATED
WITHIN THE VALUES INHERENT IN JUDAISM PURSUANT TO LEVINDALE'S CHARTER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

3,605 DAYS. OTHER PROGRAM SERVICE EXPENSES INCLUDE CAFETERIA FOR
RESIDENTS, VISITORS AND STAFF, AS WELL AS TRANSPORTATION FOR THE
ELDERLY TO PROGRAMS RUN BY LEVINDALE.

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

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

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

THE MEMBER SHALL HAVE THE EXCLUSIVE POWER AND AUTHORITY TO
TAKE THE FOLLOWING ACTIONS: (1) EXCEPT FOR EX OFFICIO DIRECTORS AS PROVIDED
FOR IN THE BYLAWS, TO NOMINATE, ELECT, AND REMOVE, WITH OR WITHOUT CAUSE,
THE DIRECTORS OF THE CORPORATION; (2) TO APPOINT THE PRESIDENT OF THE
CORPORATION WITH THE ADVICE AND CONSENT OF THE BOARD OF DIRECTORS; TO

Name of the organization **LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.**

Employer identification number
52-0607913

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

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

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

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

THE LIFEBRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY
THE CORPORATE DIRECTOR OF FINANCE. IN ADDITION, AN INDEPENDENT ACCOUNTING
FIRM ALSO REVIEWS ALL THE 990 RETURNS. A FORMAL MEETING IS THEN SCHEDULED
WITH THE CHIEF FINANCIAL OFFICER, ASSISTANT VICE PRESIDENT OF FINANCE,
GENERAL COUNSEL, AND THE CORPORATE DIRECTOR OF FINANCE TO REVIEW IN THEIR
ENTIRETY ALL THE LIFEBRIDGE EXEMPT ENTITIES 990'S. MANAGEMENT THEN PROVIDES
A COPY OF THE 990'S TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE LIFEBRIDGE
HEALTH BOARD AND TO EACH INDIVIDUAL BOARD DIRECTOR PRIOR TO THE FILING DATE
FOR REVIEW.

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

LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES REQUIRE ALL EMPLOYEES,
MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE
ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. IF A
CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM
DELIBERATIONS REGARDING THE TRANSACTIONS. AN INDIVIDUAL IS CONSIDERED TO
HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE
INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFE BRIDGE OR ANY OF ITS SUBSIDIARIES. AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S RELATIONSHIP WITH LIFE BRIDGE OR ANY OF ITS SUBSIDIARIES (E.G., THE INDIVIDUAL'S CONTINUED MEMBERSHIP ON A SUBSIDIARY HOSPITAL'S MEDICAL STAFF), OR ON THE INDIVIDUAL'S OWN HEALTH CARE, OR THE INDIVIDUAL IS PERSONALLY INVOLVED IN A SUBSTANTIAL WAY (E.G., SERVES AS AN OFFICER OR DIRECTOR) WITH ANOTHER ORGANIZATION THAT HAS A SIGNIFICANT INTEREST IN THE MATTER. AN INDIVIDUAL IS CONSIDERED TO HAVE A "FINANCIAL INTEREST" IN A TRANSACTION IF THE INDIVIDUAL IS A PARTY TO THE TRANSACTION, OR IF THE INDIVIDUAL HAS, DIRECTLY OR INDIRECTLY A CURRENT OR POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN A PARTY TO THE TRANSACTION OR A CURRENT OR POTENTIAL COMPENSATION ARRANGEMENT WITH A PARTY TO THE TRANSACTION. A "COMPENSATION ARRANGEMENT" INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS OF A SUBSTANTIAL NATURE. AN INDIVIDUAL WILL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A MATTER OR TRANSACTION IF A MEMBER OF THE INDIVIDUAL'S IMMEDIATE FAMILY HAS SUCH A CONFLICT. FOR THESE PURPOSES, A "MEMBER" OF AN INDIVIDUAL'S "IMMEDIATE FAMILY" MEANS AN INDIVIDUAL'S SPOUSE, MOTHER, FATHER, MOTHER-IN-LAW, FATHER-IN-LAW, GRANDFATHER, GRANDMOTHER, BROTHER, SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, SON, DAUGHTER, SON-IN-LAW, OR DAUGHTER-IN-LAW. "STEP" RELATIONSHIPS (E.G., STEPCHILDREN AND STEPPARENTS) WILL BE TREATED THE SAME AS BLOOD RELATIONSHIPS, EXCEPT AS DETERMINED OTHERWISE IN A SPECIFIC CIRCUMSTANCE BY THE LIFE BRIDGE CEO OR THE PRESIDENT OR DESIGNEE OF THE APPROPRIATE LIFE BRIDGE SUBSIDIARY. ORDINARILY, OWNERSHIP OF LESS THAN 5% OF AN ENTITY DOES NOT CONSTITUTE AN OWNERSHIP INTEREST FOR WHICH DISCLOSURE IS NEEDED. CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER DISSEMINATION IS NECESSARY.

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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MEMBERS OF THE MEDICAL STAFF SHOULD REPORT CONFLICTS TO THE CHIEF OF THEIR DEPARTMENT, AND MEMBERS OF THE BOARD SHOULD REPORT THEM TO EITHER THE CHAIRMAN OF THE BOARD OR THE OFFICE OF GENERAL COUNSEL. QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS. IF QUESTIONS ARISE OR FURTHER GUIDANCE IS SOUGHT, CONFLICTS SHOULD ALSO BE REPORTED TO THE INTEGRITY HOTLINE OR OFFICE OF GENERAL COUNSEL. NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.

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

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

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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UPON THE ACHIEVEMENT OF BOTH SYSTEM-WIDE AND INDIVIDUAL OBJECTIVES. EACH YEAR'S SYSTEM-WIDE OBJECTIVES ARE APPROVED BY THE COMPENSATION COMMITTEE AND TYPICALLY INCLUDE BOTH FINANCIAL AND NONFINANCIAL GOALS. AN EXECUTIVE WHO FAILS TO ACHIEVE THE OBJECTIVES ESTABLISHED FOR THE INCENTIVE PROGRAMS WILL EARN BELOW MARKET LEVELS; CONVERSELY, THE ATTAINMENT OF EXTRAORDINARY RESULTS WILL BE REWARDED BY ABOVE-AVERAGE COMPENSATION.

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

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

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC
2434 WEST BELVEDERE AVENUE
BALTIMORE, MD 21215

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

FOOD SERVICE CONTRACT:

PROGRAM SERVICE EXPENSES	3,309,063.
MANAGEMENT AND GENERAL EXPENSES	4,936.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,313,999.

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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CAFETERIA SALES RECOVERIES:

PROGRAM SERVICE EXPENSES	-123,931.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-123,931.

PUR SVC RCVRY-ARAMARK REV OFFSET:

PROGRAM SERVICE EXPENSES	-299,294.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-299,294.

PURCHASED TEMP HELP :

PROGRAM SERVICE EXPENSES	357,937.
MANAGEMENT AND GENERAL EXPENSES	162,537.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	520,474.

CONTRACT CLEANING:

PROGRAM SERVICE EXPENSES	35,939.
MANAGEMENT AND GENERAL EXPENSES	307,218.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	343,157.

LABORATORY SERVICE:

PROGRAM SERVICE EXPENSES	278,592.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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TOTAL EXPENSES	278,592.
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BUNDLE BILLING SERVICE FEES:

PROGRAM SERVICE EXPENSES	276,817.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	276,817.
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COLLECTION SERVICE FEES:

PROGRAM SERVICE EXPENSES	205,206.
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MANAGEMENT AND GENERAL EXPENSES	156,823.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	362,029.
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MISC. PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	300,913.
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MANAGEMENT AND GENERAL EXPENSES	257,257.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	558,170.
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AMBULANCE SERVICES:

PROGRAM SERVICE EXPENSES	135,155.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	135,155.
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SPECIAL PATIENT TRANSPORTATION:

PROGRAM SERVICE EXPENSES	106,393.
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Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 106,393.

OTHER :

PROGRAM SERVICE EXPENSES 857,233.

MANAGEMENT AND GENERAL EXPENSES 1,943,797.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,801,030.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 8,272,591.

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

ADJUSTMENT TO PENSION BENEFIT OBLIGATION 547,685.

DECREASE IN PLEDGE RECEIVABLES -1,416,567.

CHANGE IN THE NET ASSETS OF BALTIMORE JEWISH ELDERCARE

FOUNDATION 1,023,793.

TRANSFER TO AFFILIATES -3,298,607.

NET ASSETS RELEASED FROM RESTRICTION

TOTAL TO FORM 990, PART XI, LINE 9 -3,143,696.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

DUE TO AFFILIATES - BONDS

ON JANUARY 8, 2008, LIFE BRIDGE HEALTH, INC., TOGETHER WITH

ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER,

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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LEVINDALE HEBREW AND GERIATRIC CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$285,815,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE THE ADVANCE REFUNDING OF THE 2004 SERIES A AND 2004 SERIES B BONDS AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2008, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$3,278,562, OF WHICH LEVINDALE'S PORTION IS \$27,730, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2014, THE TOTAL AMOUNT OUSTANDING WAS \$271,890,416 (DUE TO LIFEBRIDGE HEALTH,) OF WHICH LEVINDALE'S PORTION IS \$2,299,603. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON MARCH 30, 2011, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$50,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE A CONSTRUCTION AND EXPANSION PROJECT OF LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS AT SINAI HOSPITAL OF BALTIMORE AND NORTHWEST HOSPITAL CENTER. THE

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number 52-0607913
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AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2011, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A DISCOUNT OF \$55,766, OF WHICH LEVINDALE'S PORTION IS \$8,474, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2014, \$49,083,001 OF THE TOTAL AMOUNT BORROWED, OF WHICH LEVINDALE'S PORTION IS \$7,458,548, 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.

Public Inspection Copy

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization **LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.** Employer identification number **52-0607913**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LIFEBRIDGE HEALTH, INC. - 52-1402373 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	TO SUPPORT THE CHARITABLE MISSIONS OF ITS SUBSIDIARIES.	MARYLAND	501(C)(3)	11B	N/A		X
SINAI HOSPITAL OF BALTIMORE INC. - 52-0486540, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	QUALITY MEDICAL CARE, EDUCATE STUDENTS, PERFORM MEDICAL RESEARCH	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
NORTHWEST HOSPITAL CENTER, INC. - 52-1372665 5410 OLD COURT ROAD BALTIMORE, MD 21133	A HOSPITAL ASPIRING TO IMPROVE THE WELLBEING OF THE COMMUNITY IT SERVES	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
COURTLAND GARDENS NURSING AND REHABILITATION CENTER - 52-0607907, 2434 WEST BELEVEDERE AVENUE, BALTIMORE, MD 21215	SKILLED NURSING CARE FOR THE ELDERLY AND DISABLED	MARYLAND	501(C)(3)	9	LEVINDALE	X	

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

Schedule R (Form 990) 2013

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o	X	
1p	X	
1q	X	
1r	X	
1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LIFEBRIDGE HEALTH, INC.	R	3,298,607.	FMV (INVESTMENT TRANSFER)
(2) BALTIMORE JEWISH ELDERCARE FOUNDATION	C	420,079.	FMV
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Public Inspection Copy

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number (EIN) or 52-0607913
	Number, street, and room or suite no. If a P.O. box, see instructions. 2434 WEST BELVEDERE AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21215	

Enter the Return code for the return that this application is for (file a separate application for each return)

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

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

NANCY KANE

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

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2015**

5 For calendar year , or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature Title Date