

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

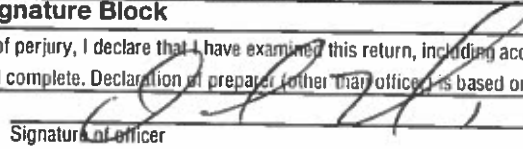
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.		D Employer identification number 52-0607913
	Doing business as		E Telephone number (410) 601-5653
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2434 WEST BELVEDERE AVENUE		G Gross receipts \$ 92,017,835.
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21215		
F Name and address of principal officer: BRIAN WHITE SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.LIFEBRIDGEHEALTH.ORG/LEVINDALE			L Year of formation: 1892 M State of legal domicile: MD
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LEVINDALE IS A GERIATRIC CENTER AND HOSPITAL DEDICATED TO PROVIDING SUPERIOR SERVICE IN A COST		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	993
	6	Total number of volunteers (estimate if necessary)	115
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,632,211. Current Year: 2,037,510.
	9	Program service revenue (Part VIII, line 2g)	73,359,644. 74,625,355.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	756,153. -218,940.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	270,183. 1,101,994.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,018,191. 77,545,919.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47,726,714. 46,803,102.
16a		Professional fundraising fees (Part IX, column (A), line 11a)	0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 31,709.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,768,678. 25,618,415.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	72,495,392. 72,421,517.
	19	Revenue less expenses. Subtract line 18 from line 12	3,522,799. 5,124,402.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 104,549,351. End of Year: 105,110,898.
	21	Total liabilities (Part X, line 26)	27,750,017. 26,324,278.
	22	Net assets or fund balances. Subtract line 21 from line 20	76,799,334. 78,786,620.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 5/27/17
	DAVID KRAJEWSKI, SENIOR VP/CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LORI S. BURGHAUSER	Preparer's signature LORI S. BURGHAUSER	Date 05/11/17	Check <input type="checkbox"/> if self-employed PTIN P00370694
	Firm's name ▶ SC&H TAX & ADVISORY SERVICES, LLC		Firm's EIN ▶ 20-5991824	
	Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152		Phone no. (410) 403-1500	

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

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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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 32,846,996. including grants of \$) (Revenue \$ 46,456,068.) LEVINDALE OPERATES A 120 BED CHRONIC HOSPITAL. LEVINDALE PROVIDES SPECIALTY LONG-STAY HOSPITAL SERVICE, REHABILITATION CARE AND 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 36,204 INPATIENT DAYS: 7,611 IN THE CHRONIC UNIT, 1,088 IN THE REHABILITATION UNIT AND 27,505 IN THE BEHAVIORAL HEALTH UNIT.

4b (Code:) (Expenses \$ 13,098,543. including grants of \$) (Revenue \$ 24,663,071.) LEVINDALE OPERATES A 210 BED NURSING FACILITY INCLUDING A 60 BED SUB-ACUTE UNIT. LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL'S NURSING FACILITY PROVIDED 56,050 PATIENT DAYS IN ADDITION TO 17,862 IN THE SKILLED NURSING FACILITY.

4c (Code:) (Expenses \$ 7,656,748. including grants of \$) (Revenue \$ 3,509,417.) LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL PROVIDES ADULT DAY CARE, PARTIAL HOSPITALIZATION, CLINIC SERVICES, AND REHABILITATION SERVICES. LEVINDALE HAS PROVIDED 17,688 DAYS IN ITS ADULT DAY CARE PROGRAM. THE PARTIAL HOSPITALIZATION PROGRAM HAD 3,135 DAYS. OTHER PROGRAM SERVICE EXPENSES INCLUDE CAFETERIA FOR RESIDENTS, VISITORS AND STAFF, AS WELL AS TRANSPORTATION FOR THE ELDERLY TO PROGRAMS RUN BY LEVINDALE.

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

4e Total program service expenses 53,602,287.

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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 18? <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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? <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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II</i>		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 65% 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 <i>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)? 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? Note. All Form 990 filers are required to complete Schedule O	X	

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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
	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</u>		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring 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		

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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 X

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	27													
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		24												
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.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	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, address, and telephone number of the person who possesses the organization's books and records: **NANCY KANE - (410) 601-5653**
2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215

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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) DAVID UHLPOLDER, C.P.A. CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(2) ABBA DAVID POLIAKOFF, ESQ. VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(3) ALLAN C. ALPERSTEIN TREASURER	1.00 0.00	X		X				0.	0.	0.
(4) KEITH ATTMAN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(5) MICHAEL ALBO DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) SHARON CAPLAN DIRECTOR (PART YEAR)	1.00 0.00	X						0.	828.	0.
(7) MARC A. COHEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) ANNETTE COOPER DIRECTOR	1.00 0.00	X						0.	828.	0.
(9) ROBERT I. DAMIE DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) GERALD B. FELDMAN, M.D. DIRECTOR	1.00 0.00	X						0.	828.	0.
(11) JASON A. FRANK, ESQ. DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) GIL HORWITZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) ESTHER JACOBSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) ALAN KOTZ DIRECTOR (PART YEAR)	1.00 0.00	X						0.	0.	0.
(15) HERSCHEL L. LANGENTHAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) SCOTT LONDON, ESQ. DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) BRENDA MANDEL 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) MARK D. NEUMANN DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) HOWARD PERLOW DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) MICHAEL H. RENBAUM DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) LEE ROSENBERG DIRECTOR	1.00 0.00	X						0.	828.	0.
(22) BERNARD RUBIN, M.D. DIRECTOR	1.00 1.00	X						0.	828.	0.
(23) LOUIS E. SAPPERSTEIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) RICHARD SHATZKIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) ROBERT SMELKINSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) MARC B. TERRILL DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Sub-total								0.	4,140.	0.
c Total from continuation sheets to Part VII, Section A								2,355,676.	3,642,475.	1196555.
d Total (add lines 1b and 1c)								2,355,676.	3,646,615.	1196555.

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 **44**

	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	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	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		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
ARAMARK HEALTHCARE 25271 NETWORK PLACE, CHICAGO, IL 60603-1252	FOOD SERVICE	2,369,428.
CROTHALL SERVICES, 13028 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	EVS & LAUNDRY SERVICES	636,893.
TOTAL RENAL CARE P.O. BOX 781607, PHILADELPHIA, PA 19178	RENAL DIALYSIS	307,140.
MCBEE ASSOCIATES, INC. P. BOX 37135, BALTIMORE, MD 21297-3135	HEALTHCARE CONSULTING	257,886.
SHC SERVICES P.O. BOX 677896, DALLAS, TX 75257-7896	AGENCY NURSING	200,406.
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		8

SEE PART VII, SECTION A CONTINUATION SHEETS

532008 12-16-15

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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 (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) HOWARD D. WEISS, M.D. DIRECTOR (PART YEAR)	1.00 0.00							0.	0.	0.
(28) HOWARD M. WEISS DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) BRIAN WHITE PRES POST-ACUTE SERVICES/D	1.00 40.00	X		X				0.	766,841.	146,410.
(30) STEVEN WIONS DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) NEIL M. MELTZER PRESIDENT & CEO, LIFEBRIDG	1.00 40.00			X				0.	1,573,998.	582,310.
(32) DAVID KRAJEWSKI SR VP/CFO, LIFEBRIDGE HEAL	1.00 40.00			X				0.	823,318.	157,809.
(33) RONALD GINSBERG VP MEDICAL AFFAIRS/CMO	0.00 40.00			X				0.	478,318.	20,558.
(34) JOHN ROBISON VP CHRONIC HOSPITAL OPERAT	40.00 1.00			X				196,814.	0.	43,540.
(35) MARIAN CHIMA VP NURSING HOME OPERATIONS	40.00 0.00			X				173,520.	0.	29,190.
(36) JENNIFER LABUTE VP NURSING HOME OPERATION	40.00 1.00			X				172,830.	0.	48,916.
(37) IDRIZ LIMAJ CHIEF OPERATING OFFICER	40.00 0.00			X				106,444.	0.	1,054.
(38) BERNELIA MCALISTER LISCENSED PRACTICAL NURSE	40.00 1.00					X		183,578.	0.	9,704.
(39) CAROLINE NGAUHAJ REGISTERED NURSE	40.00 1.00					X		160,021.	0.	35,818.
(40) DIANN FERGUSON REGISTERED NURSE	40.00 1.00					X		133,067.	0.	11,454.
(41) MODUPE GIWA REGISTERED NURSE	40.00 1.00					X		131,673.	0.	21,450.
(42) OKPI OKEREKE REGISTERED NURSE	40.00 1.00					X		131,002.	0.	25,218.
(43) SUSAN LEVY-STROHM FORMER VP MEDICAL AFFAIRS	0.00 0.00						X	354,610.	0.	44,713.
(44) CANDACE HAMNER FORMER VP PATIENT CARE SVCS/CNO	0.00 0.00						X	347,957.	0.	8,633.
(45) BARRY EISENBERG FORMER EXECUTIVE DIR/COO POST-ACU	0.00 0.00						X	264,160.	0.	9,778.
Total to Part VII, Section A, line 1c								2,355,676.	3,642,475.1	196,555.

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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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events						
	d	Related organizations	369,796.					
	e	Government grants (contributions)	24,085.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1,643,629.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		2,037,510.				
	Program Service Revenue	2 a	MEDICARE/MEDICAID PAYMENTS	623000	65,964,910.	65,964,910.		
b		PATIENT SERVICE REVENUE	623000	8,660,445.	8,660,445.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		74,625,355.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		547,109.		547,109.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	123,755.				
			(ii) Personal					
			b	Less: rental expenses	0.			
			c	Rental income or (loss)	123,755.			
	d	Net rental income or (loss)		123,755.		123,755.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	13,705,867.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	14,471,916.			
			c	Gain or (loss)	-766,049.			
d	Net gain or (loss)		-766,049.		-766,049.			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b	Less: direct expenses							
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
b	Less: direct expenses							
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold							
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MEANINGFUL USE EHR INCENTIVE	900099	837,132.			837,132.		
b	OTHER OPERATING REVENUE	900099	137,906.			137,906.		
c	PURCHASE DISCOUNTS	900099	3,201.	3,201.				
d	All other revenue							
e	Total. Add lines 11a-11d		978,239.					
12	Total revenue. See instructions.		77,545,919.	74,628,556.	0.	879,853.		

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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

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,268,379.		1,236,670.	31,709.
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	37,141,011.	28,691,225.	8,449,786.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	903,584.	677,688.	225,896.	
9 Other employee benefits	4,515,110.	3,128,876.	1,386,234.	
10 Payroll taxes	2,975,018.	2,231,263.	743,755.	
11 Fees for services (non-employees):				
a Management				
b Legal	42,485.		42,485.	
c Accounting				
d Lobbying	47,523.	13,307.	34,216.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,164,317.	6,769,628.	3,394,689.	
12 Advertising and promotion	25,820.	13,314.	12,506.	
13 Office expenses	1,182,250.	250,415.	931,835.	
14 Information technology				
15 Royalties				
16 Occupancy	1,745,468.	1,293,017.	452,451.	
17 Travel	100,321.	100,321.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	133,352.	52,206.	81,146.	
20 Interest	509,323.	509,323.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,056,172.	2,231,006.	825,166.	
23 Insurance				
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	6,256,632.	5,612,755.	643,877.	
b MEDICAID TAX ASSESSMENT	1,486,111.	1,486,111.		
c PROF. & TECHNICAL EXPS.	493,021.	241,404.	251,617.	
d AGENCY NURSES	286,731.	286,731.		
e All other expenses	88,889.	13,697.	75,192.	
25 Total functional expenses. Add lines 1 through 24e	72,421,517.	53,602,287.	18,787,521.	31,709.
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
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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	15,385,209.	1	20,248,131.
	2	Savings and temporary cash investments	749,295.	2	884,432.
	3	Pledges and grants receivable, net	540,743.	3	375,500.
	4	Accounts receivable, net	7,618,905.	4	8,113,208.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	180,716.	8	183,237.
	9	Prepaid expenses and deferred charges	365,997.	9	349,685.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 79,126,400.		
	b	Less: accumulated depreciation	10b 38,635,556.	10c	40,490,844.
	11	Investments - publicly traded securities	25,387,712.	11	24,718,959.
	12	Investments - other securities. See Part IV, line 11	2,701,898.	12	8,776,329.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,289,239.	15	970,573.
16	Total assets. Add lines 1 through 15 (must equal line 34)	104,549,351.	16	105,110,898.	
Liabilities	17	Accounts payable and accrued expenses	7,360,170.	17	6,616,343.
	18	Grants payable		18	
	19	Deferred revenue	3,604,485.	19	3,434,180.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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	16,785,362.	25	16,273,755.
	26	Total liabilities. Add lines 17 through 25	27,750,017.	26	26,324,278.
	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	68,679,056.	27	70,965,676.
28		Temporarily restricted net assets	3,897,044.	28	3,597,710.
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	76,799,334.	33	78,786,620.	
34	Total liabilities and net assets/fund balances	104,549,351.	34	105,110,898.	

Form 990 (2015)

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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	77,545,919.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,421,517.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,124,402.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	76,799,334.
5	Net unrealized gains (losses) on investments	5	-217,623.
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	-2,919,493.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	78,786,620.

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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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
b 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	
c 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

Public Disclosure Copy

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2014. 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

17a 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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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

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10c, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VII)						
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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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

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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	1	
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	1	
	2	
	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	2a	
	2b	
	3a	
	3b	

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Schedule A (Form 990 or 990-EZ) 2015 AND HOSPITAL, INC.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

LEVINDALE HEBREW GERIATRIC CENTER

Schedule A (Form 990 or 990-EZ) 2015 AND HOSPITAL, INC.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

LEVINDALE HEBREW GERIATRIC CENTER

Schedule A (Form 990 or 990-EZ) 2015 AND HOSPITAL, INC.

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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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

2015

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number 52-0607913
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Organization type (check one):

- Filters 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2015)

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

Employer identification number

52-0607913

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 625,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 369,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number 52-0607913
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 24,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 20,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 11,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number 52-0607913
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number 52-0607913
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Public Disclosure Copy

Name of organization

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.

Employer identification number

52-0607913

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Public Disclosure Copy

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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)(6).

- 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) 2015

LHA
532041
10-05-15

LEVINDALE HEBREW GERIATRIC CENTER

Schedule C (Form 990 or 990-EZ) 2015 AND HOSPITAL, INC.

52-0607913 Page 2

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												
1a	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 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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				

Schedule C (Form 990 or 990-EZ) 2015

LEVINDALE HEBREW GERIATRIC CENTER

Schedule C (Form 990 or 990-EZ) 2015 AND HOSPITAL, INC.

52-0607913 Page 3

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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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		20,531.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		54,208.
j Total. Add lines 1c through 1i			74,739.
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, lines 1 and 2 (see instructions); 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, 2016 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" on 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

2015
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 a 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 8/17/93, 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?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule D (Form 990) 2015

52-0607913 Page 2

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" on 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	
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X.

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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	
3b	X	

b If "Yes" on line 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" on 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		58,502,475.	26,122,732.	32,379,743.
c Leasehold improvements				
d Equipment		18,253,768.	11,753,637.	6,500,131.
e Other		2,370,157.	759,187.	1,610,970.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				40,490,844.

Schedule D (Form 990) 2015

**LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.**

Schedule D (Form 990) 2015

52-0607913 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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	8,776,329.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,776,329.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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" on 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" on 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	3,948,978.
(3) DEFERRED COMPENSATION	31,736.
(4) CAPTIVE PROFESSIONAL LIABILITY	205,911.
(5) A/P - RELATED PARTIES	1,059,002.
(6) OTHER LIABILITIES	1,560,000.
(7) A/P DUE TO AFFILIATE BONDS	9,468,128.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,273,755.

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

Schedule D (Form 990) 2015

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule D (Form 990) 2015

52-0607913 Page 4

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

Complete if the organization answered "Yes" on 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 (losses) 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" on 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 I, 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.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

**LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.**

Employer identification number

52-0607913

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		2,192,000.
3 a Sub-total	0	0			2,192,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,192,000.

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

Schedule F (Form 990) 2015

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule F (Form 990) 2015

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Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule F (Form 990) 2015 **52-0607913** Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Public Disclosure Copy

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Information about Schedule H (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 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<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> %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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.

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)			1124155.		1124155.	1.55%
b Medicaid (from Worksheet 3, column a)			225,443.		225,443.	.31%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			1349598.		1349598.	1.86%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1627833.	6,977.	1620856.	2.24%
f Health professions education (from Worksheet 5)			359,439.		359,439.	.50%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			12,879.		12,879.	.02%
j Total Other Benefits			2000151.	6,977.	1993174.	2.76%
k Total. Add lines 7d and 7j			3349749.	6,977.	3342772.	4.62%

**LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.**

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		85,816.	46,298.	39,518.	.05%
9	Other					
10	Total		85,816.	46,298.	39,518.	.05%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

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

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and WPE)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall)
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year?
- 9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule H (Form 990) 2015

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Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 LEVINDALE HEBREW GERIATRIC CENTER & HO
2434 WEST BELVEDERE AVENUE
BALTIMORE, MD 21215
HTTP://WWW.LIFEBRIDGEHEALTH.ORG/LEVIND
30088

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X									

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LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

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

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

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Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Billing and Collections

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

Schedule H (Form 990) 2015

LEVINDALE HEBREW GERIATRIC CENTER
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Part V Facility Information (continued)

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

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
19		X

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Actions that require a legal or judicial process
- d Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a 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)
- f None of these efforts were made

Policy Relating to Emergency Medical Care

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

	Yes	No
21		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)

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

- a 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)

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

	Yes	No
23		X
24	X	

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

Schedule H (Form 990) 2015

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Part V Facility Information *(continued)*

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

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

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

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

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

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

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

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Part V Facility Information (continued)

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

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

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

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

DISTRIBUTING AND COLLECTING COMMUNITY SURVEYS, PROVIDING SPACE AND

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule H (Form 990) 2015

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Part V Facility Information *(continued)*

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

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

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

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

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Part V Facility Information *(continued)*

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

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

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

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

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

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.

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

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

PART V, SECTION B, LINE 11: THE TEAM, IN CONSULTATION WITH THE DIRECTOR OF POPULATION HEALTH, THE DEPARTMENT CHARGED WITH IMPLEMENTATION OF COMMUNITY HEALTH IMPROVEMENT, ARRIVED AT THE DECISION TO FOCUS ON HEART DISEASE AND DIABETES EDUCATION AND PREVENTION, AS WELL AS VIOLENCE PREVENTION SUPPORT FOR THE ELDERLY FOR LEVINDALE'S COMMUNITY HEALTH IMPROVEMENT PROJECTS. LEVINDALE IS ADDRESSING THE HEALTH NEEDS THAT WERE IDENTIFIED AS PRIORITIES BY:

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

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Part V Facility Information *(continued)*

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

HEART DISEASE AND DIABETES

THE CHANGING HEARTS PROGRAM WAS DEVELOPED TO ADDRESS AND PREVENT HEART DISEASE-RELATED CONDITIONS INCLUDING DIABETES, HIGH BLOOD PRESSURE, STROKE, OBESITY, ETC. THE PROGRAM INCLUDES LIVE HEART HEALTH RISK ASSESSMENTS, HEALTH EDUCATION COUNSELING WITH A REGISTERED NURSE, EDUCATION MATERIALS TO HELP FACILITATE LIFESTYLE CHANGE, FOLLOW-UP CALLS AND/OR HOME VISITS, LIFESTYLE CLASSES, AND WEB-BASED LINKS TO RESOURCES TO IMPROVE CARDIAC HEALTH.

VIOLENCE

ELDER ABUSE IS AFFECTING THE LEVINDALE PATIENT COMMUNITY. THE SAFE (STOP ABUSE OF ELDERS) PROGRAM WAS DEVELOPED TO PROVIDE A BED FOR ELDER ABUSE VICTIMS IN NEED OF EMERGENCY SHELTER. THIS ADDRESSES THE MEDICAL OR LEVEL OF CARE NEEDS ELDER VICTIMS HAVE IN ORDER TO LEAVE THEIR CURRENT ABUSIVE LIVING SITUATION.

DUE TO THE FACT THAT LEVINDALE IS DESIGNATED AS A GERIATRIC CENTER, IT DOES NOT PROVIDE ACUTE CARE SERVICES AND SERVICES A MUCH OLDER POPULATION COMPARED TO ITS SISTER HOSPITALS, SINAI AND NORTHWEST, THAT PROVIDE ACUTE CARE SERVICES AND SERVE A MORE AGE-DIVERSE POPULATION, MANY RESPONSES TO COMMUNITY HEALTH NEEDS WILL BE ADDRESSED AT THE SYSTEM LEVEL, INVOLVING ALL THREE LIFE BRIDGE HEALTH HOSPITALS. THE FOLLOWING HEALTH NEEDS THAT WERE IDENTIFIED AS PRIORITIES BY THE CHNA AND CAN ALREADY BE ADDRESSED WITHIN THE LIFE BRIDGE HEALTH SYSTEM ARE AS FOLLOWS:

CANCER

THE LIFE BRIDGE HEALTH ALVIN & LOIS LAPIDUS CANCER INSTITUTE AT SINAI

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Part V Facility Information *(continued)*

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

HOSPITAL OFFERS ADVANCED SPECIALIZED CARE IN ALL AREAS OF CANCER DIAGNOSIS AND TREATMENT. THEY PROVIDE SUPPORTIVE SERVICES AND PERSONAL DEVELOPMENT AND ENRICHMENT OPPORTUNITIES FOR PATIENTS UNDERGOING CANCER TREATMENT. PROGRAMS SUCH AS THE AMERICAN CANCER SOCIETY'S LOOK AND FEEL BETTER PROGRAM, WHICH PROVIDES MAKEUP DEMONSTRATIONS, SKIN CARE THERAPIES AND SPECIAL PRODUCTS, ARE ALSO AVAILABLE TO PATIENTS. LIFEBRIDGE HEALTH IMPLEMENTED A LUNG CANCER SCREENING PROGRAM, TARGETING HIGH RISK SMOKERS, AGES 55-74. THOSE ELIGIBLE RECEIVE A LUNG CANCER SCREENING, AND FOR THOSE RECEIVING A POSITIVE OR ABNORMAL READING, A NURSE NAVIGATOR HELPS THE PATIENT NEGOTIATE ANY FUTURE TREATMENTS.

ALCOHOL/SUBSTANCE ABUSE AND BEHAVIORAL HEALTH
THE SINAI HOSPITAL ADDICTION RECOVERY PROGRAM PROVIDES OUTPATIENT SUBSTANCE ABUSE TREATMENT TO UNINSURED AND UNDER-INSURED OPIATE-ADDICTED PATIENTS IN BALTIMORE CITY. LEVINDALE'S OUTPATIENT MENTAL HEALTH CENTER PROVIDES MENTAL HEALTH THERAPIES TO INDIVIDUALS FOR THE PURPOSE OF STABILIZING AND MAINTAINING CHRONIC, OR NEW-ONSET PSYCHIATRIC/BEHAVIORAL DISORDERS, AND PROVIDE AN EFFECTIVE FOLLOW-UP PLAN THAT PROMOTES WELL-BEING. LEVINDALE ALSO PROVIDES A PARTIAL HOSPITALIZATION PROGRAM THAT PROVIDES EFFECTIVE, OUTPATIENT GERO-PSYCHIATRIC SERVICES TO OLDER ADULTS (USUALLY 60 OR OLDER) WHO ARE EXPERIENCING BEHAVIORAL OR EMOTIONAL DIFFICULTIES.

HIV/AIDS

SINAI HOSPITAL INFECTIOUS DISEASE AMBULATORY CENTER SERVES HIV+ ADULTS IN A COMPREHENSIVE MEDICAL SETTING WITH ATTENTION TO PATIENTS' MEDICAL CARE AS WELL AS SPECIALTY SERVICES FOR THE HIV INFECTION NEEDS. THE HIV

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Part V Facility Information *(continued)*

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

SUPPORT SERVICES PROVIDE OUTREACH AND ACCESS TO CARE, COUNSELING AND OTHER
SUPPORT SERVICES TO HIV+ ADULTS, CHILDREN AND YOUTH.

STROKE (COMPLICATIONS)

LEVINDALE'S CLINICAL SERVICES PROVIDE CARE FOR INDIVIDUALS WHO HAVE
COMPLICATIONS FROM CO-MORBIDITIES THAT HAVE CAUSED A STROKE. THOSE
PATIENTS REQUIRING SPECIALIZED REHABILITATION MAY BE SERVED BY LEVINDALE'S
REHABILITATION PROGRAM WHERE THEY RECEIVE TWENTY-FOUR HOUR CARE AND
INCLUDE AT LEAST THREE HOURS OF REHABILITATION SERVICES PER DAY.

LEVINDALE HEBREW GERIATRIC CENTER & HOSP

PART V, LINE 16A, FAP WEBSITE:

[HTTP://WWW.LIFEBRIDGEHEALTH.ORG/LEVINDALE/LEVINDALEFINANCIALASSISTANCE.ASPX](http://www.lifebridgehealth.org/levindale/levindalefinancialassistance.aspx)

LEVINDALE HEBREW GERIATRIC CENTER & HOSP

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://WWW.LIFEBRIDGEHEALTH.ORG/LEVINDALE/LEVINDALEFINANCIALASSISTANCE.ASPX](http://www.lifebridgehealth.org/levindale/levindalefinancialassistance.aspx)

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

PART V, SECTION B, LINE 22D: CHARGES FOR ALL HOSPITAL PATIENTS ARE STATE
REGULATED. SERVICES ARE CHARGED TO ALL HOSPITAL PATIENTS AT THE SAME RATE.

CHARGES FOR INDIVIDUALS FOUND ELIGIBLE FOR FAP BASED ON 300% OR LESS OF
THE FEDERAL POVERTY LEVEL (FPL) ARE WRITTEN-OFF IN FULL TO FAP (THERE IS
NO PATIENT LIABILITY). CHARGES FOR INDIVIDUALS FOUND ELIGIBLE FOR FAP

BASED ON THE HSCRC'S FINANCIAL HARDSHIP CRITERIA OF 301%-500% OF FPL ARE

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

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

CHARGED 25% OF THE ANNUAL HOUSEHOLD INCOME PER THE HSCRC'S FINANCIAL
HARDSHIP CRITERIA. THE DIFFERENCE BETWEEN THE TOTAL CHARGES AND THE
CALCULATED 25% OF THE ANNUAL HOUSEHOLD INCOME IS WRITTEN OFF TO FAP.

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

PART V, SECTION B, LINE 24: ONLY PATIENTS APPROVED RETROSPECTIVELY
(DETERMINED ELIGIBLE AFTER THE DATE OF SERVICE) ARE CHARGED. ONCE
ELIGIBILITY IS DETERMINED, CHANGES ARE ADJUSTED IN ACCORDANCE WITH POLICY.

Public Disclosure Copy

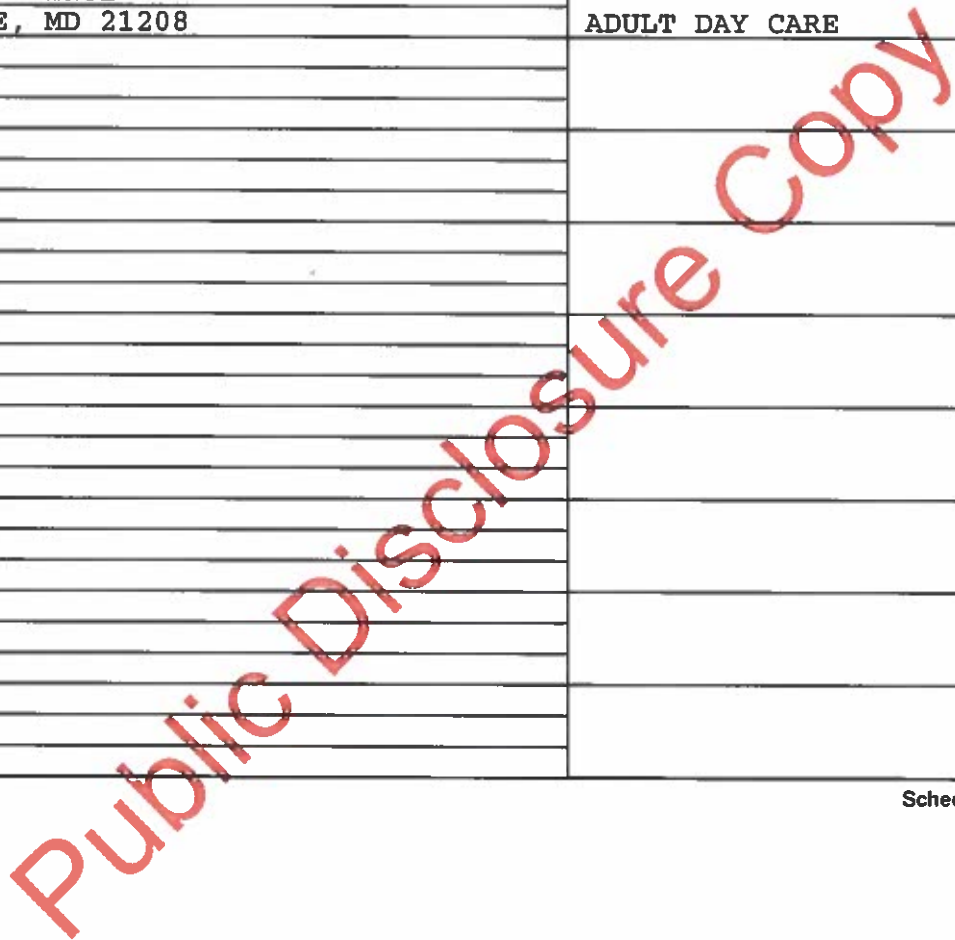
Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 LEVINDALE HEBREW GERIATRIC CENTER & HO 2434 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	NURSING HOME
2 PIKESVILLE ADULT DAY SERVICES 133 SLADE AVENUE PIKESVILLE, MD 21208	ADULT DAY CARE



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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 SERVICES COST REVIEW

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Part VI Supplemental Information (Continuation)

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

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 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.

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,

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Part VI Supplemental Information (Continuation)

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:

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

PART III, LINE 3:

TO CALCULATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY THE TOTAL BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WAS USED. THIS TOTAL AMOUNT WAS THEN MULTIPLIED BY THE CALCULATION OF RATIO OF PATIENT CARE COSTS TO CHARGES. THE RATIO OF PATIENT CARE COSTS TO CHARGES WAS DETERMINED BY TAKING PATIENT CARE COSTS AND DIVIDING THIS BY THE GROSS PATIENT CHARGES. PATIENT CARE COSTS WERE CALCULATED BY TAKING TOTAL OPERATING EXPENSES OF THE ENTITY AND REMOVING ALL NONPATIENT CARE ACTIVITIES AND COMMUNITY BENEFIT AND BUILDING EXPENSES.

PART III, LINE 4:

THE PREPARATION OF CONSOLIDATED FINANCIAL STATEMENTS, IN CONFORMITY WITH

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

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Part VI Supplemental Information (Continuation)

U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, REQUIRES MANAGEMENT TO MAKE ESTIMATES AND ASSUMPTIONS. ALL PATIENT ACCOUNTS ARE HANDLED CONSISTENTLY AND APPROPRIATELY TO MAXIMIZE CASH FLOW AND TO IDENTIFY BAD DEBT ACCOUNTS TIMELY. ACTIVE ACCOUNTS ARE CONSIDERED BAD DEBT ACCOUNTS WHEN THEY MEET SPECIFIC COLLECTION ACTIVITY GUIDELINES AND/OR ARE REVIEWED BY THE APPROPRIATE MANAGEMENT AND DEEMED TO BE UNCOLLECTIBLE. EVERY EFFORT IS MADE TO IDENTIFY AND PURSUE ALL ACCOUNT BALANCE LIQUIDATION OPTIONS INCLUDING, BUT NOT LIMITED TO THIRD PARTY PAYOR REIMBURSEMENT, PATIENT PAYMENT ARRANGEMENTS, MEDICAID ELIGIBILITY AND FINANCIAL ASSISTANCE. THIRD PARTY RECEIVABLE MANAGEMENT AGENCIES PROVIDE EXTENDED BUSINESS OFFICE SERVICES AND INSURANCE OUTSOURCE SERVICES TO ENSURE MAXIMUM EFFORT IS TAKEN TO RECOVER INSURANCE AND SELF-PAY DOLLARS BEFORE TRANSFER TO BAD DEBT. CONTRACTUAL ARRANGEMENTS WITH THIRD PARTY COLLECTION AGENCIES ARE USED TO ASSIST IN THE RECOVERY OF BAD DEBT DOLLARS AFTER ALL INTERNAL COLLECTION EFFORTS HAVE BEEN EXHAUSTED. IN SO DOING, THE COLLECTION AGENCIES MUST OPERATE CONSISTENTLY WITH LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL'S GOAL OF MAXIMUM BAD DEBT RECOVERY AND STRICT ADHERENCE WITH FAIR DEBT COLLECTIONS PRACTICES ACT (FDCA) RULES AND REGULATIONS, WHILE MAINTAINING POSITIVE PATIENT RELATIONS. SEE AUDITED FINANCIAL STATEMENTS PAGE 15.

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

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Part VI Supplemental Information (Continuation)

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 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:

LEVINDALE USES THE FOLLOWING MEANS TO INFORM AND ASSIST PATIENTS REGARDING ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER GOVERNMENTAL PROGRAMS AND THE

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AND HOSPITAL, INC.

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Part VI Supplemental Information (Continuation)

HOSPITAL'S CHARITY CARE PROGRAM. FINANCIAL ASSISTANCE NOTICES, INCLUDING CONTACT INFORMATION, ARE POSTED IN THE BUSINESS OFFICE AND ADMITTING, AS WELL AS POINTS OF ENTRY AND REGISTRATION THROUGHOUT THE HOSPITAL. PATIENT FINANCIAL SERVICES BROCHURE 'FREEDOM TO CARE' IS AVAILABLE TO ALL INPATIENTS. BROCHURES ARE ALSO AVAILABLE IN ALL OUTPATIENT REGISTRATION AND SERVICE AREAS. LEVINDALE EMPLOYS A FINANCIAL ASSISTANCE LIAISON WHO IS AVAILABLE TO ANSWER QUESTIONS AND TO ASSIST PATIENTS AND FAMILY MEMBERS WITH THE PROCESS OF APPLYING FOR FINANCIAL ASSISTANCE. A PATIENT INFORMATION SHEET IS GIVEN TO ALL INPATIENTS PRIOR TO DISCHARGE AND MAILED TO ALL INPATIENTS. LEVINDALE'S UNINSURED (SELF-PAY) AND UNDER-INSURED (MEDICARE BENEFICIARY WITH NO SECONDARY) MEDICAL ASSISTANCE ELIGIBILITY PROGRAM SCREENS, ASSISTS WITH THE APPLICATION PROCESS AND ULTIMATELY CONVERTS PATIENTS TO VARIOUS MEDICAL ASSISTANCE COVERAGE AND INCLUDES ELIGIBILITY SCREENING AND ASSISTANCE WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AS PART OF THAT PROCESS. ALL HOSPITAL STATEMENTS INCLUDE A MESSAGE REFERENCING THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT INFORMATION TO DISCUSS LEVINDALE'S FINANCIAL ASSISTANCE PROGRAM. ALL HOSPITAL PATIENT FINANCIAL SERVICES STAFF, AND MEDICAID ELIGIBILITY VENDORS ARE TRAINED TO IDENTIFY POTENTIAL FINANCIAL ASSISTANCE ELIGIBILITY AND ASSIST PATIENTS WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

PART VI, LINE 4:

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL IS LOCATED IN 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

LEVINDALE HEBREW GERIATRIC CENTER
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Part VI Supplemental Information (Continuation)

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 (SPH) AND PIMLICO/ARLINGTON/HILLTOP (PAH). 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. SPH AND PAH'S MEDIAN
HOUSEHOLD INCOME WAS \$27,365 AND \$25,397 RESPECTIVELY. THIS IS COMPARED
TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$53,889. THE PERCENT OF
FAMILIES WITH INCOMES BELOW THE FEDERAL POVERTY GUIDELINES IN SPH WAS
25.9% AND IN PAH, 22.6%. THE UNEMPLOYMENT RATE FOR BALTIMORE CITY WAS
7.4%. SPH AND PAH HAD UNEMPLOYMENT RATES OF 26.5% AND 19.6% RESPECTIVELY.
THE NINE ZIP CODES THAT REPRESENT THE PRIMARY SERVICE AREA IN FISCAL YEAR
2016 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, MEDIAN INCOME AND HOUSEHOLD
BELOW POVERTY LEVEL WAS OBTAINED FROM THE U.S. 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 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.

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Part VI Supplemental Information (Continuation)

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

Public Disclosure Copy

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

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

▶ Attach to Form 990.

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.**

Employer identification number

52-0607913

Part I Questions Regarding Compensation

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

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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

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

Schedule J (Form 990) 2015

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule J (Form 990) 2015

52-0607913

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (E) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN WHITE	0.	0.	0.	0.	0.	0.	0.
PRES POST-ACUTE SERVICES/D	526,497.	221,066.	19,278.	123,601.	22,809.	913,251.	8,919.
(2) NEIL M. MELTZER	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO, LIFEBRIDGE	820,900.	529,206.	223,892.	557,400.	24,550.	2,156,308.	181,707.
(3) DAVID KRAJEWSKI	0.	0.	0.	0.	0.	0.	0.
SR VP/CFO, LIFEBRIDGE HEAL	518,661.	231,066.	73,591.	152,654.	25,155.	981,127.	39,861.
(4) RONALD GINSBERG	0.	0.	0.	0.	0.	0.	0.
VP MEDICAL AFFAIRS/CMO	294,759.	111,854.	71,705.	3,841.	16,717.	498,876.	33,764.
(5) JOHN ROBISON	145,868.	49,720.	1,226.	24,096.	19,444.	240,354.	0.
VP CHRONIC HOSPITAL OPERAT	0.	0.	0.	0.	0.	0.	0.
(6) MARIAN CHINA	142,550.	30,513.	457.	0.	29,190.	202,710.	0.
VP NURSING HOME OPERATIONS	0.	0.	0.	0.	0.	0.	0.
(7) JENNIFER LABUTE	130,472.	41,234.	1,124.	28,795.	20,121.	221,746.	0.
VP NURSING HOME OPERATION	0.	0.	0.	0.	0.	0.	0.
(8) BERNELIA MCALISTER	183,578.	0.	0.	5,070.	4,634.	193,282.	0.
LICENSED PRACTICAL NURSE	0.	0.	0.	0.	0.	0.	0.
(9) CAROLINE NGAUHAJ	158,068.	500.	1,453.	14,114.	21,704.	195,839.	0.
REGISTERED NURSE	0.	0.	0.	0.	0.	0.	0.
(10) MODUPE GIWA	131,655.	0.	18.	2,209.	19,241.	153,123.	0.
REGISTERED NURSE	0.	0.	0.	0.	0.	0.	0.
(11) OKPI OKEREKE	130,506.	8.	488.	5,657.	19,561.	156,220.	0.
REGISTERED NURSE	0.	0.	0.	0.	0.	0.	0.
(12) SUSAN LEVY-STROHM	0.	0.	354,610.	30,060.	14,653.	399,323.	126,536.
FORMER VP MEDICAL AFFAIRS	0.	0.	0.	0.	0.	0.	0.
(13) CANDACE HAMNER	278,923.	47,212.	29,822.	1,124.	7,509.	356,590.	23,384.
FORMER VP PATIENT CARE SVCS/CHD	0.	0.	0.	0.	0.	0.	0.
(14) BARRY EISENBERG	127,323.	67,893.	68,944.	0.	9,778.	273,938.	19,286.
FORMER EXECUTIVE DIR/COO POST-ACU	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(iii)							
(iv)							

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule J (Form 990) 2015

52-0607913

Page 3

Part III Supplemental Information

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

PART I, LINE 1A:

ALL BOARD MEMBERS ARE ELIGIBLE FOR COMPLIMENTARY HEALTH CLUB MEMBERSHIPS.

THE BOARD MEMBERS RECEIVE A 1099 IF THEY SIGN UP AND RECEIVE THE

COMPLIMENTARY MEMBERSHIP.

PART I, LINES 4A-B:

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS RECEIVED A SEVERANCE

PAYMENT:

BARRY EISENBERG \$ 45,505

SUSAN LEVY-STROHM \$ 231,323

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATED IN A

LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

SUSAN LEVY-STROHM \$ 16,181

NEIL MELTZER \$ 527,778

BRIAN WHITE \$ 119,601

DAVID KRAJEWSKI \$ 127,534

Schedule J (Form 990) 2015

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

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.

JENNIFER LABUTE \$ 15,345

JOHN ROBISON \$ 16,800

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

NONQUALIFIED RETIREMENT PLAN:

SUSAN LEVY-STROHM \$ 126,536

RONALD GINSBERG \$ 33,764

NEIL MELTZER \$ 181,707

BRIAN WHITE \$ 8,919

BARRY EISENBERG \$ 19,286

DAVID KRAJEWSKI \$ 39,861

CANDANCE HAMNER \$ 23,384

COMPENSATION PROVIDED BY RELATED ORGANIZATIONS:

MR. BRIAN WHITE RECEIVED COMPENSATION AS THE PRESIDENT OF POST-ACUTE
SERVICES FOR LIFEBRIDGE HEALTH, NOT AS A DIRECTOR.

LEVINDALE HEBREW GERIATRIC CENTER

Schedule L (Form 990 or 990-EZ) 2015 AND HOSPITAL, INC.

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	2,108,092.	LEVINDALE H		X
THE LAW OFFICE OF FRED S.	INDIRECT BUSINESS	852,681.	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

\$2,108,092 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

APPROXIMATELY \$852,681 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.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 VI, SECTION A, LINE 6:

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

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

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

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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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, 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
INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE OR ANY
OF ITS SUBSIDIARIES. AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL
INTEREST" IN A MATTER IF IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT
ON THE INDIVIDUAL'S RELATIONSHIP WITH LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES
(E.G., THE INDIVIDUAL'S CONTINUED MEMBERSHIP ON A SUBSIDIARY HOSPITAL'S
MEDICAL STAFF), OR ON THE INDIVIDUAL'S OWN HEALTH CARE, OR THE INDIVIDUAL

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

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

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**IS INTENDED TO RELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE
IMPOSED BY STATE OR FEDERAL LAW.**

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

**EXECUTIVE COMPENSATION AT LIFE BRIDGE HEALTH IS OVERSEEN BY THE COMPENSATION
COMMITTEE OF THE BOARD OF DIRECTORS. COMMITTEE MEMBERS MAY NOT HAVE ANY
FINANCIAL TIES TO THE ORGANIZATION AND MUST BE BOARD MEMBERS OF LIFE BRIDGE
HEALTH OR A LIFE BRIDGE HOSPITAL. THE CHAIR OF THE LIFE BRIDGE HEALTH BOARD
OF DIRECTORS SERVES AS COMMITTEE CHAIR. THE COMMITTEE PROVIDES A REPORT OF
ITS ACTIVITIES TO THE FULL BOARD OF DIRECTORS AT LEAST ANNUALLY.
COMPENSATION PACKAGES HAVE BEEN DESIGNED TO ATTRACT AND RETAIN SKILLED AND
EXPERIENCED EXECUTIVES AND TO INCENTIVIZE THEM TO WORK TOWARD KEY STRATEGIC
OBJECTIVES. THE COMMITTEE EMPLOYS INDEPENDENT CONSULTANTS TO ENSURE THAT
COMPENSATION LEVELS ARE CONSISTENT WITH MARKET NORMS. GREATEST EMPHASIS IS
PLACED UPON DATA FROM HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE AND
ORGANIZATIONAL COMPLEXITY IN THE MID-ATLANTIC REGION. ALL EXECUTIVE
INCENTIVE AND BENEFIT PROGRAMS ARE ESTABLISHED BY THE COMPENSATION
COMMITTEE, AS IS THE BASE SALARY OF THE CHIEF EXECUTIVE OFFICER AND ALL
EXECUTIVE AND SENIOR VICE PRESIDENTS. BASE SALARIES OF OTHER EXECUTIVES ARE
SET BY THEIR RESPECTIVE SUPERVISORS, IN ACCORDANCE WITH GUIDELINES
ESTABLISHED BY THE COMMITTEE AND SUBJECT TO THE COMMITTEE'S OVERSIGHT. A
SUBSTANTIAL PORTION OF ALL EXECUTIVES' TOTAL COMPENSATION IS CONTINGENT
UPON THE ACHIEVEMENT OF BOTH SYSTEM-WIDE AND INDIVIDUAL OBJECTIVES. EACH
YEAR'S SYSTEM-WIDE OBJECTIVES ARE APPROVED BY THE COMPENSATION COMMITTEE
AND TYPICALLY INCLUDE BOTH FINANCIAL AND NONFINANCIAL GOALS. AN EXECUTIVE
WHO FAILS TO ACHIEVE THE OBJECTIVES ESTABLISHED FOR THE INCENTIVE PROGRAMS
WILL EARN BELOW MARKET LEVELS; CONVERSELY, THE ATTAINMENT OF EXTRAORDINARY
RESULTS WILL BE REWARDED BY ABOVE-AVERAGE COMPENSATION. THERE IS**

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND
DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS.

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

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

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

FOOD SERVICE CONTRACT:

PROGRAM SERVICE EXPENSES	4,299,262.
MANAGEMENT AND GENERAL EXPENSES	5,933.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,305,195.

CAFETERIA SALES RECOVERIES:

PROGRAM SERVICE EXPENSES	-123,543.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-123,543.

PURCHASED SERVICES RECOVERY - ARAMARK REVENUE OFFSET:

PROGRAM SERVICE EXPENSES	-433,599.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-433,599.

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

PROGRAM SERVICE EXPENSES	252,193.
MANAGEMENT AND GENERAL EXPENSES	87,304.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	339,497.

CONTRACT CLEANING:

PROGRAM SERVICE EXPENSES	41,309.
MANAGEMENT AND GENERAL EXPENSES	296,834.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	338,143.

LABORATORY SERVICE:

PROGRAM SERVICE EXPENSES	252,423.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	252,423.

BUNDLE BILLING SERVICE FEES:

PROGRAM SERVICE EXPENSES	141,050.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	141,050.

MISCELLANEOUS PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	321,189.
MANAGEMENT AND GENERAL EXPENSES	170,559.

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	491,748.
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SPECIAL PATIENT TRANSPORTATION:

PROGRAM SERVICE EXPENSES	149,727.
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MANAGEMENT AND GENERAL EXPENSES	137.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	149,864.
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OTHER EXPENSES:

PROGRAM SERVICE EXPENSES	961,764.
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MANAGEMENT AND GENERAL EXPENSES	2,556,566.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	3,518,330.
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OTHER SUBSIDY:

PROGRAM SERVICE EXPENSES	216,717.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	216,717.
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LAUNDRY SERVICE:

PROGRAM SERVICE EXPENSES	285,956.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	285,956.
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PATIENT ENTERTAINMENT:

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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PROGRAM SERVICE EXPENSES	22,641.
MANAGEMENT AND GENERAL EXPENSES	89,348.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	111,989.

PURCHASED PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	87,639.
MANAGEMENT AND GENERAL EXPENSES	188,008.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	275,647.

CONTRACT RENAL DIALYSIS:

PROGRAM SERVICE EXPENSES	294,900.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	294,900.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,164,317.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT TO PENSION BENEFIT OBLIGATION	-1,974,713.
CHANGE IN THE NET ASSETS OF BALTIMORE JEWISH ELDERCARE FOUNDATION	-925,569.
LOSS ON REFINANCING DEBT	-19,211.
TOTAL TO FORM 990, PART XI, LINE 9	-2,919,493.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION
PROCESS DURING THE TAX YEAR.

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

ON JANUARY 8, 2008, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER, LEVINDALE HEBREW AND GERIATRIC CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$285,815,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE THE ADVANCE REFUNDING OF THE 2004 SERIES A AND 2004 SERIES B BONDS AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2008, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$3,278,562, OF WHICH 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, 2016, THE TOTAL AMOUNT OUTSTANDING WAS \$268,652,386 (DUE TO LIFEBRIDGE HEALTH,) OF WHICH LEVINDALE'S PORTION IS \$2,026,743. 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,

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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THE OBLIGATED GROUP) BORROWED \$50,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE A CONSTRUCTION AND EXPANSION PROJECT OF LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS AT SINAI HOSPITAL OF BALTIMORE AND NORTHWEST HOSPITAL CENTER. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2011, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A DISCOUNT OF \$55,766, OF WHICH 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, 2016, \$48,270,642 OF THE TOTAL AMOUNT BORROWED, OF WHICH LEVINDALE'S PORTION IS \$7,206,336, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON MAY 1, 2015, A SINGLE OBLIGATED GROUP (THE OBLIGATED GROUP) WAS FORMED, CONSISTING OF LIFEBRIDGE HEALTH INC, SINAI HOSPITAL OF BALTIMORE INC, NORTHWEST HOSPITAL CENTER INC, LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC, THE BALTIMORE JEWISH HEALTH FOUNDATION INC, CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC, CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC, CARROLL COUNTY MED SERVICES INC, CARROLL HEALTH GROUP LLC, CARROLL HOSPICE INC, AND CARROLL REGIONAL CANCER CENTER PHYSICIANS LLC. MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR ALL OF THE OUTSTANDING BONDS. THE BONDS INCLUDE THE ONES DETAILED ABOVE AS WELL AS THE BONDS

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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ORIGINALLY OBTAINED BY CARROLL COUNTY HEALTH SERVICES INC AND ITS RELATED SUBSIDIARIES. THESE BONDS ISSUED BY THE AUTHORITY ON BEHALF OF LIFEBRIDGE HEALTH INC AND CARROLL COUNTY HEALTH SERVICES INC AND THEIR RESPECTIVE AFFILIATES, TOGETHER WITH THE OTHER OBLIGATIONS ON PARITY WITH SUCH BONDS. ALL THE BONDS ARE REPORTED ON SCHEDULE K OF THE LIFEBRIDGE HEALTH INC FORM 990.

ON JULY 30, 2015, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., CARROLL HEALTH GROUP LLC, CARROLL HOSPICE INC., AND CARROLL REGIONAL CANCER CENTER PHYSICIANS LLC (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$159,685,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE AND REFINANCE THE COST OF CONSTRUCTION, RENOVATION, AND EQUIPPING OF CERTAIN ADDITIONAL FACILITIES FOR THE OBLIGATED GROUP, TO REFUND A PORTION OF THE SERIES 2008 BONDS AND THE AUTHORITY'S CARROLL ISSUE, SERIES 2006 BONDS, AND REFINANCE A PORTION OF AN OUTSTANDING LINE OF CREDIT. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2015, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$7,389,102, OF WHICH LEVINDALE'S PORTION IS \$16,510, 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

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number 52-0607913
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AND INTEREST THEREON. AS OF JUNE 30, 2016, \$167,074,102 OF THE TOTAL
 AMOUNT BORROWED, OF WHICH LEVINDALE'S PORTION IS \$249,385, 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 Disclosure Copy

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule R (Form 990) 2015 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Part III

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARROLL COUNTY GENERAL HOSPITAL SOUTH CARROLL MEDICAL CENTER CONDOMINIUM, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	REAL ESTATE	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL COUNTY MED SERVICES, INC. 52-1891102, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CEN-MAR ASSURANCE COMPANY - 98-6011600, PO BOX 1085 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
HEALTHSTAR MEDICAL SERVICES, INC. 52-1829098, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
LIFEBRIDGE COMMUNITY PHYSICIANS, INC. 80-0719005, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL, INC.

Schedule R (Form 990)

52-0607913

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

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

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

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

	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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BALTIMORE JEWISH ELDERCARE FOUNDATION	C	369,796.FMV	
(2)	LIFEBRIDGE HEALTH, INC	P	5,793,060.FMV	
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

COURTLAND GARDENS NURSING AND REHABILITATION CENTER

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC

EIN: 46-2863298

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY PULMONOLOGY, LLC

EIN: 46-1401312

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC
SPECIALISTS, LLC)

EIN: 45-0719598

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

Part VII Supplemental Information

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC

EIN: 80-0883321

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

Public Disclosure Copy

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- 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	Name of exempt organization or other filer, see instructions. LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number (EIN) or 52-0607913
File by the due date for filing your return. See instructions	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) 01

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. **(410) 601-8362**

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

4 I request an additional 3-month extension of time until **MAY 15, 2017**
 5 For calendar year _____ , or other tax year beginning **JUN 1, 2015** , and ending **JUN 30, 2016**
 6 For 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