

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

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

| | | | |
|--|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization <u>LEVINDALE HEBREW GERIATRIC CENTER</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>2434 WEST BELVEDERE AVENUE</u> City or town, state or country, and ZIP + 4 <u>BALTIMORE, MD 21215</u> | D Employer identification number <u>52-0607913</u> |
| | F Name and address of principal officer: <u>RONALD ROTHSTEIN</u> <u>2434 WEST BELVEDERE AVE BALTIMORE, MD 21215</u> | | E Telephone number <u>(410) 601-5653</u> |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | G Gross receipts \$ <u>86,684,871.</u> | |
| J Website: ▶ <u>WWW.LIFEBRIDGEHEALTH.ORG/LEVINDALE</u> | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: <u>1965</u> M State of legal domicile: <u>MD</u> | |
| H(c) Group exemption number ▶ _____ | | | |

Part I Summary

| | | | | |
|------------------------------------|---|--|-------------------|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>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.</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 22 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 955 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 150 |
| | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | NONE |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | NONE | |
| Revenue | 8 | Contribution and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 991,689. | 1,291,627. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 81,736,825. | 83,697,218. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,475,219. | -3,868,696. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -170,148. | 562,045. |
| | 12 | | 84,033,585. | 81,682,194. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 5,500. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | NONE |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 43,024,218. | 45,173,919. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | NONE |
| | b | Total fundraising expenses, Part IX, column (D), line 25) ▶ <u>36,936.</u> | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 31,754,154. | 35,573,527. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 74,778,372. | 80,752,946. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 9,255,213. | 929,248. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 79,022,673. | 74,832,648. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 19,076,095. | 23,990,507. |
| | | | 59,946,578. | 50,842,141. |

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 <u>5/12/10</u> |
| | <u>Charles ORLANDO</u> CFO Type or print name and title | |

| | | | | |
|--------------------------|--|--------------------|---|--|
| Paid Preparer's Use Only | Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 <u>KPMG LLP</u> <u>1660 INTERNATIONAL DRIVE MCLEAN, VA 22102-4848</u> | Date <u>5/7/10</u> | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) <u>P00451522</u> EIN ▶ <u>13-5565207</u> Phone no. ▶ <u>703-286-8000</u> |
|--------------------------|--|--------------------|---|--|

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only []

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Form header section with fields: Type or print, Name of Exempt Organization (LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC.), Employer identification number (52-0607913), Number, street, and room or suite no. (2434 WEST BELVEDERE AVENUE), City, town or post office, state, and ZIP code (BALTIMORE, MD 21215).

Check type of return to be filed (file a separate application for each return):

- Form 990 [X]
Form 990-BL []
Form 990-EZ []
Form 990-PF []
Form 990-T (corporation) []
Form 990-T (sec. 401(a) or 408(a) trust) []
Form 990-T (trust other than above) []
Form 1041-A []
Form 4720 []
Form 5227 []
Form 6069 []
Form 8870 []

The books are in the care of NANCY KANE

Telephone No. 410 601-5653 FAX No.

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year or
[X] tax year beginning 07/01, 2008, and ending 06/30, 2009

2 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ NONE
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ NONE
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- 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).

| | | |
|---|--|---|
| Type or print <small>File by the extended due date for filing the return. See instructions.</small> | Name of Exempt Organization LEVINDALE HEBREW GERIATRIC CEN & HOSPITAL, INC. | Employer identification number 52-0607913 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 2434 WEST BELVEDERE AVENUE | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21215 | |

Check type of return to be filed (File a separate application for each return):

| | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in the care of **NANCY KANE**
Telephone No. **410 601-5653** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **05/15/2010**.
- For calendar year _____, or other tax year beginning **07/01/2008**, and ending **06/30/2009**.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.**

| | | | |
|--|-----------|----|-------------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | NONE |
| b If this application is for Form 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 | \$ | NONE |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | |

Signature and Verification

NONE

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 **CPA** Date **11/11/09**

Form 8868 (Rev. 4-2009)

KPMG LLP
1660 INTERNATIONAL DRIVE
MCLEAN, VA 22102-4848

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 46,013,034. including grants of \$ _____) (Revenue \$ _____)
LEVINDALE OPERATES A 120 BED CHRONIC HOSPITAL

4b (Code: _____) (Expenses \$ 6,792,986. including grants of \$ _____) (Revenue \$ _____)
LEVINDALE OPERATES A 146 BED SKILLED NURSING FACILITY

4c (Code: _____) (Expenses \$ 3,746,988. including grants of \$ _____) (Revenue \$ _____)
LEVINDALE OPERATES A 26 BED SUB-ACUTE UNIT

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 3
(Expenses \$ 3,364,362. including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ \$ 59,917,370. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|----|--|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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 section 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, Parts II, III, IV, and V, line 1</i> | X | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 12a regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (23); 1b Enter the number of voting members that are independent (22); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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 organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organizations 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); 9a Does the organization have local chapters, branches, or affiliates? (X); 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (X); 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does 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); 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); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request;
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.;
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NANCY KANE 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 410-601-5653

| Part VII Statement of Revenue | | | | 52-0607913 | | | | |
|--|---|--|----------------------|----------------------|--|---|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | 326,355. | | | | |
| | e | Government grants (contributions) | 1e | 27,307. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 937,965. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | | 1,291,627. | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | PATIENT SERVICE REVENUE | 900099 | 13,338,418. | 13,338,418. | | | |
| | b | MEAL PROGRAMS | 900099 | 439,397. | 439,397. | | | |
| | c | MEDICARE/MEDICAID PAYMENTS | 900099 | 69,919,403. | 69,919,403. | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| g | Total. Add lines 2a-2f | | | 83,697,218. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | STMT, 5 | 1,133,981. | | | 1,133,981. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | NONE | | | | |
| | 5 | Royalties | | NONE | | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | | |
| | | | 133,541. | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | c | Rental income or (loss) | 133,541. | | | | | |
| | d | Net rental income or (loss) | | | 133,541. | | 133,541. | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 5,002,677. | | | | | |
| c | Gain or (loss) | -5,002,677. | | | | | | |
| d | Net gain or (loss) | | | -5,002,677. | | -5,002,677. | | |
| 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18. | a | | | | | | |
| b | Less: direct expenses | b | | | | | | |
| c | Net income or (loss) from fundraising events | | | NONE | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19. | a | | | | | | |
| b | Less: direct expenses | b | | | | | | |
| c | Net income or (loss) from gaming activities | | | NONE | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | | |
| b | Less: cost of goods sold | b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | NONE | | | | |
| | | Miscellaneous Revenue | Business Code | | | | | |
| 11a | CAFETERIA/VENDING | 900099 | | 168,375. | | NONE | 168,375. | |
| b | PURCHASE DISCOUNTS | 900099 | | 5,821. | 5,821. | NONE | | |
| c | DAYCARE SHUTTLE | 900099 | | 73,850. | | NONE | 73,850. | |
| d | All other revenue | 453220 | | 180,458. | | NONE | 180,458. | |
| e | Total. Add lines 11a-11d | | | 428,504. | | | | |
| 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | | 81,682,194. | 83,703,039. | NONE | -3,312,472. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . | 5,500. | 5,500. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | NONE | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | NONE | | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,477,440. | NONE | 1,440,504. | 36,936. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . | NONE | | | |
| 7 Other salaries and wages | 34,634,909. | 25,608,726. | 9,026,183. | |
| 8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . | 1,403,179. | 1,108,511. | 294,668. | |
| 9 Other employee benefits | 5,043,500. | 3,307,563. | 1,735,937. | |
| 10 Payroll taxes | 2,614,891. | 2,065,764. | 549,127. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | NONE | | | |
| b Legal | 37,116. | 34,072. | 3,044. | |
| c Accounting | NONE | | | |
| d Lobbying | NONE | | | |
| e Professional fundraising services. See Part IV, line 17 | NONE | | | |
| f Investment management fees | NONE | | | |
| g Other | 7,078,638. | 1,954,711. | 5,123,927. | |
| 12 Advertising and promotion | 67,508. | 40,281. | 27,227. | |
| 13 Office expenses | NONE | | | |
| 14 Information technology | NONE | | | |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 21,493. | 12,326. | 9,167. | |
| 17 Travel | NONE | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 226,180. | 70,517. | 155,663. | |
| 20 Interest | 223,507. | 223,507. | | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 3,316,960. | 3,316,960. | | |
| 23 Insurance | NONE | | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a SUPPLIES ----- | 16,231,936. | 15,225,498. | 1,006,438. | |
| b PROVISION FOR BAD DEBT ----- | 3,450,371. | 3,450,371. | | |
| c UTILITIES ----- | 1,220,356. | 890,860. | 329,496. | |
| d PURCHASED TEMPORARY HELP ----- | 1,154,376. | 902,840. | 251,536. | |
| e PROFESSIONAL & TECHNICAL ----- | 1,023,407. | 878,376. | 145,031. | |
| f All other expenses ----- | 1,521,679. | 820,987. | 700,692. | |
| 25 Total functional expenses. Add lines 1 through 24f | 80,752,946. | 59,917,370. | 20,798,640. | 36,936. |
| 26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) | | (B) | |
|-----------------------------|---|--|-----------------|-------------|-----------------|
| | | Beginning of year | | End of year | |
| Assets | 1 | Cash - non-interest-bearing | 8,772,828. | 1 | 10,532,339. |
| | 2 | Savings and temporary cash investments | 1,239,655. | 2 | 2,072,478. |
| | 3 | Pledges and grants receivable, net | 709. | 3 | 43,764. |
| | 4 | Accounts receivable, net | 11,666,306. | 4 | 14,219,551. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sales or use | 56,403. | 8 | 75,073. |
| | 9 | Prepaid expenses and deferred charges | 27,001. | 9 | 51,137. |
| | 10a | Land, buildings, and equipment: cost basis | 10a 42,236,686. | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D. | 10b 23,521,684. | 19,243,752. | 10c 18,715,002. |
| | 11 | Investments - publicly traded securities | 26,853,794. | 11 | 21,450,799. |
| | 12 | Investments - other securities. See Part IV, line 11 | 9,380,525. | 12 | 7,150,919. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 1,781,700. | 15 | 521,586. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 79,022,673. | 16 | 74,832,648. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 6,624,623. | 17 | 7,158,126. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 3,044,117. | 19 | 3,143,962. |
| | 20 | Tax-exempt bond liabilities | 2,444,337. | 20 | 2,418,719. |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable. | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 6,963,018. | 25 | 11,269,700. |
| | 26 | Total liabilities. Add lines 17 through 25. | 19,076,095. | 26 | 23,990,507. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 51,605,497. | 27 | 43,479,740. |
| | 28 | Temporarily restricted net assets | 4,117,847. | 28 | 3,139,167. |
| | 29 | Permanently restricted net assets | 4,223,234. | 29 | 4,223,234. |
| | Organizations that do not follow SFAS 117, 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 | 59,946,578. | 33 | 50,842,141. | |
| 34 | Total liabilities and net assets/fund balances. | 79,022,673. | 34 | 74,832,648. | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | |

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 % Row 15: Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16b 33 1/3% support test - 2007. 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 - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 17b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 19b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), 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 To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-. |
|----------|-------------|---------|---|--|
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Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 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. Enter -0- if line g is more than line a | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. Enter -0- if line f is more than line c | | | | | | | | | | | | | | |
| 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|---|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2 a | Lobbying non-taxable amount | | | | |
| b | Lobbying ceiling amount (150% line 2a, column(e)) | | | | |
| c | Total lobbying expenditures | | | | |
| d | Grassroots non-taxable amount | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | |
| f | Grassroots lobbying expenditures | | | | |

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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 carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Series of horizontal dashed lines for supplemental information.

Part IV Supplemental Information (continued)

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL LOBBYING EXPLANATION

SCHEDULE C LOBBYING ACTIVITY EXPLANATION

LOBBYING INCLUDES A PORTION OF THE MARYLAND HOSPITAL ASSOCIATION DUES

RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED JUNE 30, 2009 AND

OTHER LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HOSPITAL FOR

FINANCIAL ASSISTANCE / DEBT COLLECTION, TAX CREDIT FOR FITNESS

ACTIVITIES, COMMUNITY STABILIZATION AND DEVELOPMENT, TORT REFORM, LONG

TERM CARE / MANAGED CARE PROGRAM, AND CAPITAL FUNDING.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
52-0607913

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

| | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically importantly land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

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

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

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

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g for various balance and expenditure categories.

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

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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

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

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

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

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

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

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE PER CONSOLIDATED AUDIT REPORT

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

ENDOWMENT FUNDS

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

SCHEDULE H

(Form 990)

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990.

Part IV, line 20.

▶ Attach to Form 990.

Name of the organization **LEVINDALE HEBREW GERIATRIC CENTER**

Employer identification number

52-0607913

AND HOSPITAL INC

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

| | Yes | No |
|--|-----|----|
| 1a Does the organization have a charity care policy? If "No," skip to question 6a | | |
| 1b If "Yes," is it a written policy? | | |
| 2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals | | |
| 3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. | | |
| a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | | |
| b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | | |
| c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care. | | |
| 4 Does the organization's policy provide free or discounted care to the "medically indigent"? | | |
| 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? | | |
| 5b If "Yes," did the organization's charity care expenses exceed the budgeted amount? | | |
| 5c If "Yes" to 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? | | |
| 6a Does the organization prepare an annual community benefit report? | | |
| 6b If "Yes," does the organization make it available to the public? | | |

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

7 Charity Care and Certain Other Community Benefits at Cost

| | (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 |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Charity Care and Means-Tested Government Programs | | | | | | |
| a Charity care at cost (from Worksheets 1 and 2) | | | | | | |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | | | | |
| c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Charity Care and Means-Tested Government Programs | | | | | | |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | | | | |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | | | | | |
| j Total Other Benefits | | | | | | |
| k Total (line 7d and 7j) | | | | | | |

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

Schedule H (Form 990) 2008

Part II Community Building Activities Complete this table if the organization conducted any community building activities. (Optional for 2008)

| | (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 | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

- Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- Enter the amount of the organization's bad debt expense (at cost)
- Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

| | Yes | No |
|----|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 9a | | |
| 9b | | |

Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME)
- Enter Medicare allowable costs of care relating to payments on line 5
- Enter line 5 less line 6 - surplus or (shortfall)
- Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- Does the organization have a written debt collection policy?
- If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.

Part IV Management Companies and Joint Ventures (Optional for 2008)

| (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 % |
|--------------------|---|--|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

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

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

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

GRANTS AND ASSISTANCE -----

 THE LIFEBRIDGE HEALTH SPONSORSHIP COMMITTEE MEETS MONTHLY AND MAINTAINS -----
 RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS OR ASSISTANCE PROVIDED BY -----
 LIFEBRIDGE HEALTH INC. AND ITS SUBSIDIARIES. SELECTION CRITERIA FOR -----
 ASSISTANCE AWARDS ARE BASED ON THE SPECIFIC NEEDS OF THE ORGANIZATION -----
 APPLYING FOR ASSISTANCE AND ANY PRIOR HISTORY OF THE GRANTS AWARDED BY -----
 THE LIFEBRIDGE SYSTEM. MEMBERS OF THE LIFEBRIDGE EXECUTIVE COMMITTEE -----
 REVIEW THE SPONSORSHIP COMMITTEE AWARDS AND PROVIDE RECOMMENDATIONS AS -----
 NEEDED. -----

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2008

Open to Public Inspection

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 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 line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" 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 in Form 990, Part VII, Section A, line 1a:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |

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

Schedule J (Form 990) 2008

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

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

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

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------------|--|-------------------------------------|-------------------------------------|---------------------------|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | | | | |
| WARREN GREEN | (i) | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 714,782. | 707,553. | 335,275. | 151,709. | 2,004,743. | 218,712. |
| RONALD ROTHSTEIN | (i) | 280,747. | 228,315. | 58,753. | 31,444. | 636,739. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE |
| RAUL LUJAN | (i) | 165,494. | 50,868. | NONE | 18,622. | 257,181. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE |
| PATRICIA PALMERE NASON | (i) | 127,736. | 39,101. | 1,346. | 14,306. | 199,542. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE |
| ARIC SPITULNIK | (i) | 142,473. | 45,685. | NONE | 16,795. | 224,972. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE |
| SUSAN LEVY STROHM MD | (i) | 256,099. | 78,579. | 2,244. | 28,683. | 399,795. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE |
| SURAIYA BEGUM MD | (i) | 151,876. | 60,754. | NONE | NONE | 232,988. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE |
| SUNIL RAJANI MD | (i) | 175,592. | 28,169. | 877. | NONE | 228,080. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE |
| BABATUNDE AJANI MD | (i) | 148,825. | 41,321. | NONE | NONE | 210,039. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE |
| GIZAW WOLDEHIWOT MD | (i) | 154,708. | 25,550. | NONE | NONE | 201,119. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE |
| DANIEL VARON MD | (i) | 137,121. | NONE | NONE | NONE | 155,734. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

PART I, LINE 4B

DURING THE YEAR, THE FOLLOWING LEVINDALE HEBREW GERIATRIC CENTER AND

HOSPITAL BOARD MEMBERS AND OFFICERS WERE PARTICIPANTS IN A LIFEBRIDGE

HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED

THE FOLLOWING PAYMENTS:

WARREN A GREEN \$333,748

RONALD ROTHSTEIN \$50,999

RAUL LUJAN \$61

ARIC SPITULNIK NONE

SUSAN LEVY-STROHM NONE

PATRICIA PALMERE-NASON NONE

Part III Supplemental Information

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

COMPENSATION PROVIDED BY RELATED ORGANIZATIONS

MR. GREEN'S COMPENSATION WAS PAID BY SINAI HOSPITAL OF BALTIMORE. HE RECEIVED COMPENSATION AS PRESIDENT / CEO LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR. BONUS AND INCENTIVE COMPENSATION INCLUDES \$396,206 FROM THE EXECUTIVE LONG-TERM INCENTIVE PLAN, COVERING FISCAL YEARS 2006 THROUGH 2008.

DR. HETTLEMAN RECEIVED COMPENSATION AS A PHYSICIAN ADVISOR FOR NORTHWEST HOSPITAL CENTER, INC.

DR. BERNARD RUBIN RECEIVED COMPENSATION FOR ADMINISTRATIVE SERVICES PROVIDED TO NORTHWEST HOSPITAL CENTER, INC.

MR. ROTHSTEIN RECEIVED COMPENSATION AS PRESIDENT / COO LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC., NOT AS A DIRECTOR. BONUS AND INCENTIVE COMPENSATION INCLUDES \$122,718 FROM THE EXECUTIVE LONG-TERM INCENTIVE PLAN, COVERING FISCAL YEARS 2006 THROUGH 2008.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL INC**

Employer Identification number
52-0607913

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JACK L BARBER DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| JASON A BLAVATT ESQUIRE VICE CHAIRMAN/DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| RONNIE L BUERGER DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| SHARON CAPLAN SIOR DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| ANNETTE COOPER DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| RONNIE B FOOTLICK EX-OFFICIO DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| JASON A FRANK ESQUIRE DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| SHELLEY GOLDSEKER DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| WARREN GREEN CEO/EX-OFFICIO DIRECTOR | 40. | X | | X | | | NONE | 1,757,610. | 247,133. | |
| SORA GREENLINGER DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| SUE W GUBEN ESQUIRE DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| ALLEN R HETTLEMAN MD PHYSICIAN/DIRECTOR | 1. | X | | | | | NONE | 63,375. | NONE | |
| MYRON KELLNER DDS DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| MARLENE KOEPPPEL DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| ALAN KOTZ DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| EDWARD L MORRIS MD DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| HOWARD PERLOW DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| ABBA D POLIAKOFF ESQUIRE DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| MICHAEL H RENBAUM CHAIRMAN/DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| LEE ROSENBERG DIRECTOR | 1. | X | | | | | NONE | NONE | NONE | |
| RONALD ROTHSTEIN PRESIDENT/COO/DIRECTOR | 40. | X | | X | | | 567,815. | NONE | 68,924. | |

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

Schedule J-2 (Form 990) 2008

JSA

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization
LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL INC

Employer identification number
52-0607913

SCHEDULE O DISCLOSURES

CONSOLIDATED FINANCIAL STATEMENT AUDIT

FORM 990, PART IV, LINE 12

LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES ARE INCLUDED IN A CONSOLIDATED FINANCIAL STATEMENT AUDIT PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP). THE FORM 990 FILER IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE LIFEBRIDGE HEALTH AUDIT AND COMPLIANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE CONSOLIDATED FINANCIAL STATEMENT AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM.

GOVERNING BODY MEMBERS

FORM 990, PART VI, LINES 6 AND 7

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

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.

REVIEW OF FORM 990 BY GOVERNING BODY AND COMMITTEES
FORM 990, PART VI, LINE 10

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

CONFLICT OF INTEREST POLICY
FORM 990, PART VI, LINE 12C

ALL DIRECTORS, OFFICERS, EMPLOYEES, MEDICAL STAFF MEMBERS, AND VOLUNTEERS
ARE EXPECTED TO RECOGNIZE AND DISCLOSE AT THE EARLIEST POSSIBLE TIME
ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. AN INDIVIDUAL IS CONSIDERED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL OR A FAMILY MEMBER OF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE HEALTH. ADDITIONAL INFORMATION REGARDING WHAT CONSTITUTES A CONFLICT OF INTEREST AND HOW TO DISCLOSE A CONFLICT IS CONTAINED IN THE INSTITUTIONAL CONFLICT OF INTEREST POLICIES OUTLINED BELOW.

LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES SHALL REQUIRE ALL EMPLOYEES, MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO THE EMPLOYEES TITLED DIRECTORS AND ABOVE AND IT IS ALSO SENT TO ALL THE LIFEBRIDGE AND SUBSIDIARY BOARD MEMBERS. THE OFFICE OF THE GENERAL COUNSEL REVIEWS ALL RESPONSES AND DETERMINES WHETHER A POTENTIAL CONFLICT EXISTS. IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTIONS.

AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES.

AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

RELATIONSHIP WITH LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES (E.G., THE INDIVIDUAL'S CONTINUED MEMBERSHIP ON A SUBSIDIARY HOSPITAL'S MEDICAL STAFF), OR ON THE INDIVIDUAL'S OWN HEALTH CARE, OR THE INDIVIDUAL IS PERSONALLY INVOLVED IN A SUBSTANTIAL WAY (E.G., SERVES AS AN OFFICER OR DIRECTOR) WITH ANOTHER ORGANIZATION THAT HAS A SIGNIFICANT INTEREST IN THE MATTER.

AN INDIVIDUAL IS CONSIDERED TO HAVE A "FINANCIAL INTEREST" IN A TRANSACTION IF THE INDIVIDUAL IS A PARTY TO THE TRANSACTION, OR IF THE INDIVIDUAL HAS, DIRECTLY OR INDIRECTLY A CURRENT OR POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN A PARTY TO THE TRANSACTION OR A CURRENT OR POTENTIAL COMPENSATION ARRANGEMENT WITH A PARTY TO THE TRANSACTION.

A "COMPENSATION ARRANGEMENT" INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS OF A SUBSTANTIAL NATURE.

AN INDIVIDUAL WILL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A MATTER OR TRANSACTION IF A MEMBER OF THE INDIVIDUAL'S IMMEDIATE FAMILY HAS SUCH A CONFLICT. FOR THESE PURPOSES, A "MEMBER" OF AN INDIVIDUAL'S IMMEDIATE FAMILY" MEANS AN INDIVIDUAL'S SPOUSE, MOTHER, FATHER, MOTHER-IN-LAW, FATHER-IN-LAW, GRANDFATHER, GRANDMOTHER, BROTHER, SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, SON, DAUGHTER, SON-IN-LAW, OR DAUGHTER-IN-LAW. "STEP" RELATIONSHIPS (E.G., STEPCHILDREN AND STEPPARENTS) WILL BE TREATED THE SAME AS BLOOD RELATIONSHIPS, EXCEPT AS DETERMINED OTHERWISE IN A SPECIFIC CIRCUMSTANCE BY THE LIFEBRIDGE CEO OR THE PRESIDENT OR DESIGNEE OF THE APPROPRIATE LIFEBRIDGE SUBSIDIARY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

ORDINARILY, OWNERSHIP OF LESS THAN 5% OF AN ENTITY DOES NOT CONSTITUTE AN OWNERSHIP INTEREST FOR WHICH DISCLOSURE IS NEEDED.

CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER DISSEMINATION IS NECESSARY. MEMBERS OF THE MEDICAL STAFF SHOULD REPORT CONFLICTS TO THE CHIEF OF THEIR DEPARTMENT, AND MEMBERS OF THE BOARD SHOULD REPORT THEM TO EITHER THE CHAIRMAN OF THE BOARD OR THE OFFICE OF GENERAL COUNSEL. ONE OR MORE QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS. IF QUESTIONS ARISE OR FURTHER GUIDANCE IS SOUGHT, CONFLICTS SHOULD ALSO BE REPORTED TO THE INTEGRITY HOTLINE (410-601-9700) OR OFFICE OF GENERAL COUNSEL (410-601-5129).

NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION
FORM 990, PART VI, LINE 15A & 15B

EXECUTIVE COMPENSATION AT LIFEBRIDGE HEALTH IS OVERSEEN BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. COMMITTEE MEMBERS MAY NOT HAVE ANY FINANCIAL TIES TO THE ORGANIZATION AND MUST BE BOARD MEMBERS OF LIFEBRIDGE HEALTH OR A LIFEBRIDGE HOSPITAL. THE CHAIR OF THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

LIFEBRIDGE HEALTH BOARD OF DIRECTORS SERVES AS COMMITTEE CHAIR. THE
COMMITTEE PROVIDES A REPORT OF ITS ACTIVITIES TO THE FULL BOARD OF
DIRECTORS AT LEAST ANNUALLY.

COMPENSATION PACKAGES HAVE BEEN DESIGNED TO ATTRACT AND RETAIN SKILLED
AND EXPERIENCED EXECUTIVES AND TO INCENTIVIZE THEM TO WORK TOWARD KEY
STRATEGIC OBJECTIVES. THE COMMITTEE EMPLOYS INDEPENDENT CONSULTANTS TO
ENSURE THAT COMPENSATION LEVELS ARE CONSISTENT WITH MARKET NORMS.
GREATEST EMPHASIS IS PLACED UPON DATA FROM HEALTHCARE ORGANIZATIONS OF
COMPARABLE SIZE AND ORGANIZATIONAL COMPLEXITY IN THE MID-ATLANTIC REGION.

ALL EXECUTIVE INCENTIVE AND BENEFIT PROGRAMS ARE ESTABLISHED BY THE
COMPENSATION COMMITTEE, AS IS THE BASE SALARY OF THE CHIEF EXECUTIVE
OFFICER AND ALL SENIOR VICE PRESIDENTS. BASE SALARIES OF OTHER
EXECUTIVES ARE SET BY THEIR RESPECTIVE SUPERVISORS, IN ACCORDANCE WITH
GUIDELINES ESTABLISHED BY THE COMMITTEE AND SUBJECT TO THE COMMITTEE'S
OVERSIGHT.

A SUBSTANTIAL PORTION OF ALL EXECUTIVES' TOTAL COMPENSATION IS CONTINGENT
UPON THE ACHIEVEMENT OF BOTH SYSTEM-WIDE AND INDIVIDUAL OBJECTIVES. EACH
YEAR'S SYSTEM-WIDE OBJECTIVES ARE APPROVED BY THE COMPENSATION COMMITTEE
AND TYPICALLY INCLUDE BOTH FINANCIAL AND NONFINANCIAL GOALS. A GROUP OF
SENIOR EXECUTIVES IS ALSO ELIGIBLE TO PARTICIPATE IN A LONG-TERM
PAY-FOR-PERFORMANCE PROGRAM. GOALS FOR THIS PROGRAM ARE ESTABLISHED BY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

THE COMPENSATION COMMITTEE IN THREE-YEAR CYCLES AND ARE RELATED TO THE ORGANIZATION'S LONG-TERM MISSION AND STRATEGIC DIRECTION. AN EXECUTIVE WHO FAILS TO ACHIEVE THE OBJECTIVES ESTABLISHED FOR THE INCENTIVE PROGRAMS WILL EARN BELOW MARKET LEVELS; CONVERSELY, THE ATTAINMENT OF EXTRAORDINARY RESULTS WILL BE REWARDED BY ABOVE-AVERAGE COMPENSATION.

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT POLICY FORM 990, PART VI, LINE 19

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

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

SCHEDULE O DISCLOSURES (CONTINUED)

BOARD OF DIRECTORS ADDRESSES

FORM 990, PART VI, LINE 13

ALL OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES LISTED IN

PART VII, SECTION A, CAN BE REACHED AT THE ORGANIZATION'S MAILING

ADDRESS:

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC

2434 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

DUE TO AFFILIATES - BONDS

FORM 990, SCHEDULE K

ON JANUARY 8, 2008, LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL

(LHGCH), TOGETHER WITH ITS AFFILIATES LIFEBRIDGE, SINAI, NORTHWEST,

CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND BALTIMORE JEWISH HEALTH

FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$285,815 FROM THE

MARYLAND HEALTH AND HIGHER AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(THE AUTHORITY) TO FINANCE THE ADVANCE REFUNDING OF THE 2004 SERIES A AND

2004 SERIES B BONDS AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION

PROJECTS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH

THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER AND HIGHER

EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE

HEALTH ISSUE, SERIES 2008, COLLATERALIZED BY ALL RECEIPTS OF THE

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC

Employer identification number 52-0607913

OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$3,278,562 OF WHICH LHGCH'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, 2008, \$2,390,989 OF THE TOTAL AMOUNT BORROWED APPEARS AS THE LIABILITY OF LHGCH ON THE BALANCE SHEET AS DUE TO LIFEBRIDGE. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

[Empty dashed lines for additional text]

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2008

Open to Public
Inspection

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

Part I Identification of Disregarded Entities

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| SEE SCHEDULE R-1 | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income (related, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportionate allocations? | | (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? | |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|---|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| ----- | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|---|-------------------------|--|-------------------------------------|--|------------------------------|---------------------------------------|--------------------------------|
| LIFEBRIDGE INVESTMENTS INC ----- 52-1483166 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 | HEALTHCARE | MD | LBH | C CORP | | | |
| HEALTHSTAR MEDICAL SERVICES INC ----- 52-1829098 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 | HEALTHCARE | MD | LBH | C CORP | | | |
| PRACTICE DYNAMICS INC ----- 52-1960319 124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136 | HEALTHCARE | MD | LBH | C CORP | | | |
| SURGICAL ONCOLOGY ASSOCIATES INC ----- 52-1804659 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 | HEALTHCARE | MD | LBH | C CORP | | | |
| LIFEBRIDGE INSURANCE COMPANY LTD ----- 98-0415396 PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS | INSURANCE | CJ | LBH | C CORP | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |

Part V Transactions With Related Organizations

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

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

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

| (A) Name of other organization(s) | (B) Transaction type (a-r) | (C) Amount involved |
|--------------------------------------|-------------------------------|------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (A) Name of other organization | (B) Transaction type (a-r) | (C) Amount involved |
|-----------------------------------|----------------------------------|------------------------|
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| (12) | | |
| (13) | | |
| (14) | | |
| (15) | | |
| (16) | | |
| (17) | | |
| (18) | | |
| (19) | | |
| (20) | | |
| (21) | | |
| (22) | | |
| (23) | | |
| (24) | | |

FORM 990, PART III, LINE 1 - 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 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.

PROGRAM SERVICE ACCOMPLISHMENTS: PART III

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL IS A SPECIALTY HOSPITAL AND NURSING HOME WITH 292 BEDS. LEVINDALE PROVIDES SPECIALTY LONG-STAY HOSPITAL SERVICE, REHABILITATION CARE, PSYCHIATRIC CARE, COMPREHENSIVE NURSING CARE & OUTPATIENT ADULT DAY 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 40,510 INPATIENT DAYS: 31,007 IN THE CHRONIC UNIT, 2,992 IN THE REHABILITATION UNIT AND 6,511 IN THE PSYCH UNIT. FURTHERMORE, LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL'S NURSING FACILITY PROVIDED 51,756 PATIENT DAYS IN ADDITION TO 8,790 IN THE SKILLED NURSING FACILITY. LEVINDALE HAS ALSO PROVIDED 18,601 DAYS IN ITS ADULT DAY CARE PROGRAM. THE PARTIAL HOSPITALIZATION PROGRAM HAD 3,764 DAYS.

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL PROVIDES CARE TO PERSONS COVERED BY MEDICARE, MEDICAID AND PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST. TO THE EXTENT REIMBURSEMENT IS BELOW COST, LEVINDALE RECOGNIZES THESE AMOUNTS AS CHARITY CARE.

CHARITY CARE IS PROVIDED THROUGH REDUCED PRICES TO PROGRAMS SUCH AS MEALS ON WHEELS AND CLINIC SERVICES PROVIDED TO THE HUD BUILDINGS AND OTHER ELDERLY CITIZENS IN THE COMMUNITY.

DURING THE YEAR, LEVINDALE PREPARED 68,359 HOT MEALS TO BE DELIVERED TO RESIDENTS WHO WERE UNABLE TO PREPARE A MEAL FOR THEMSELVES DUE TO THEIR AGE & MEDICAL CONDITION.

LEVINDALE PROVIDED 22,365 MEALS TO THE ADULT DAY CARE FACILITIES LOCATED OFF-SITE, AS WELL AS MEALS TO WEINBERG PLACE, AN ASSISTED LIVING FACILITY.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

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

LEVINDALE HEBREW GERIATRIC CENTER

52-0607913

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES
=====

DESCRIPTION

GRANTS

EXPENSES

REVENUE

SEE STATEMENTS 1 & 2

3,364,362.

TOTALS

3,364,362.
=====

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS ----- | DESCRIPTION OF SERVICES COMPENSATION ----- |
|---|---|
| ARAMARK CORPORATION HSS PO BOX 828441 PHILADELPHIA, PA 19182 | CAFETERIA MGMT 790,160. |
| LOVING CARE SERVICES, INC. 222 MILFORD MILL ROAD PIKESVILLE, MD 21208 | AGENCY NURSING 771,168. |
| RENAL TREATMENT CENTERS PO BOX 403008 ATLANTA, GA 30384 | RENAL DIALYSIS 487,874. |
| CROTHALL HEALTHCARE INC 955 CHESTERBROOK BOULEVARD WAYNE, PA 19087 | CONTRACT CLEANING 288,946. |
| HEALTHCARE LEGAL SOLUTIONS 1333 H STREET NORTHWEST WASHINGTON, DC 20005 | COLLECTION SERVICE 223,584. |
| TOTAL COMPENSATION | ----- 2,561,732. ===== |

LEVINDALE HEBREW GERIATRIC CENTER

52-0607913

FORM 990, PART VIII - INVESTMENT INCOME

=====

| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|---|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| ----- | ----- | ----- | ----- | ----- |
| DIVIDENDS/INTEREST FROM SECURITIES | 1,117,674. | | | 1,117,674. |
| INTEREST ON SAVINGS & TEMP CASH INVESTMENTS | 16,307. | | | 16,307. |
| TOTALS | 1,133,981. | | | 1,133,981. |
| | ===== | ===== | ===== | ===== |