

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

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 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LEVINDALE HEBREW GERIATRIC CENTER Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2434 WEST BELVEDERE AVENUE City or town, state or country, and ZIP + 4 BALTIMORE, MD 21215	D Employer identification number 52-0607913
		E Telephone number (410) 601-5653
F Name and address of principal officer: ARIC SPITULNIK 2434 WEST BELVEDERE AVE BALTIMORE, MD 21215		G Gross receipts \$ 78,694,367.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		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)
J Website: WWW.LIFEBRIDGEHEALTH.ORG/LEVINDALE		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1965 M State of legal domicile: MD

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 net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	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, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,291,627.	458,969.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,697,218.	76,692,177.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,868,696.	944,174.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,682,194.	78,693,128.
	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)			0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		45,173,919.	46,235,302.
16a Professional fundraising fees (Part IX, column (A), line 11e)			0.
b Total fundraising expenses, Part IX, column (D), line 25		17,809.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		35,573,527.	33,611,056.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	80,752,946.	79,849,634.	
19 Revenue less expenses. Subtract line 18 from line 12	929,248.	-1,156,506.	
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)	74,832,648.	75,256,690.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,990,507.	24,890,458.
		50,842,141.	50,366,232.

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: Charles Orlando CFO Date: 5/13/11

Type or print name and title

Paid Preparer's Use Only	Preparer's signature: <u>[Signature]</u>	Date: 5/10/11	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): P00451522
	Firm's name (or yours if self-employed) address, and ZIP + 4: <u>KPMG LLP 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102</u>	EIN: 13-5565207	Phone no.: 703-286-8000	

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. * Form 990 (2009)

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
 - 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*.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <u>Levindale Hebrew Geriatric Center</u>	Employer identification number
	<u>and Hospital Inc</u>	<u>52-0607913</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>2434 West Belvedere Avenue</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Baltimore, MD 21215</u>	

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-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> 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, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 07/01, 2009, and ending 06/30, 2010 .

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

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	\$
b 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	\$
c 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	\$

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 File by the extended due date for filing the return. See instructions.	Name of Exempt Organization LEVINDALE HEBREW GERIATRIC CENTER AND 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 **05/15/2011**
- For calendar year _____, or other tax year beginning **07/01/2009**, and ending **06/30/2010**
- 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 AND 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	\$	
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	\$	0.
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	\$	0.

Signature and Verification

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 **12/21/10**
KPMG LLP
1676 INTERNATIONAL DRIVE
MCLEAN, VA 22102
 Form 8868 (Rev. 4-2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

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 \$ 44,006,865. including grants of \$ 3,276.) (Revenue \$ 54,111,697.)
LEVINDALE OPERATES A 120 BED CHRONIC HOSPITAL

4b (Code:) (Expenses \$ 6,526,898. including grants of \$) (Revenue \$ 11,889,850.)
LEVINDALE OPERATES A 146 BED SKILLED NURSING FACILITY

4c (Code:) (Expenses \$ 3,683,661. including grants of \$) (Revenue \$ 4,498,894.)
LEVINDALE OPERATES A 26 BED SUB-ACUTE UNIT

4d Other program services. (Describe in Schedule O.) ATTACHMENT 3
(Expenses \$ 5,021,668. including grants of \$) (Revenue \$ 6,191,736.)

4e Total program service expenses ▶ 59,239,092.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 contain various questions about organizational requirements and reporting. Row 12A includes a sub-table for 'Yes' and 'No' responses.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (22), 1b Enter the number of voting members that are independent (19), 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 organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b 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? (X), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 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), 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 W BELVEDERE AVENUE BALTIMORE, MD 21215 410-601-5653

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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	1.00	X					0.	0.	0.	
JASON A BLAVATT ESQUIRE VICE CHAIRMAN/DIRECTOR	1.00	X		X			0.	0.	0.	
RONNIE L BUERGER DIRECTOR	1.00	X					0.	0.	0.	
SHARON CAPLAN SIOR DIRECTOR	1.00	X					0.	0.	0.	
ANNETTE COOPER DIRECTOR	1.00	X					0.	0.	0.	
RONNIE B FOOTLICK EX-OFFICIO DIRECTOR	1.00	X					0.	0.	0.	
JASON A FRANK ESQUIRE DIRECTOR	1.00	X					0.	0.	0.	
SHELLEY GOLDSEKER DIRECTOR	1.00	X					0.	0.	0.	
WARREN GREEN CEO / EX-OFFICIO DIRECTOR	1.00	X		X			0.	1,320,668.	102,313.	
SUE W GUBEN ESQUIRE DIRECTOR	1.00	X					0.	0.	0.	
MARLENE KOEPPPEL DIRECTOR	1.00	X					0.	0.	0.	
SUSAN LEVY STROHM MD VP MEDICAL AFFAIRS/DIRECTOR	1.00	X		X			309,938.	0.	61,624.	
ALAN KOTZ SECRETARY/DIRECTOR	1.00	X		X			0.	0.	0.	
EDWARD L MORRIS MD DIRECTOR	1.00	X					0.	0.	0.	
BETSY NARROW DIRECTOR	1.00	X					0.	0.	0.	
HOWARD PERLOW DIRECTOR	1.00	X					0.	0.	0.	

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

(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			
ABBA D POLIAKOFF ESQUIRE DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL H RENBAUM CHAIRMAN/DIRECTOR	1.00	X		X			0.	0.	0.	
BERNARD RUBIN MD DIRECTOR	1.00	X					0.	0.	0.	
ROBERT SMELKINSON DIRECTOR	1.00	X					0.	0.	0.	
ARIC SPITULNIK PRESIDENT/COO/DIRECTOR	1.00	X		X			208,843.	0.	47,022.	
DAVID UHLFELDER CPA TREASURER/DIRECTOR	1.00	X		X			0.	0.	0.	
CHARLES S WINNER ESQUIRE DIRECTOR	1.00	X					0.	0.	0.	
RICHARD YAFFE DIRECTOR	1.00	X					0.	0.	0.	
CATHY GALLO VP OPERATIONS CNO	40.00			X			0.	0.	0.	
RAUL LUJAN VP FINANCE	40.00			X			193,598.	0.	40,417.	
SURAIYA BEGUM MD PHYSICIAN	40.00					X	236,852.	0.	21,694.	
SUNIL RAJANI MD PHYSICIAN	40.00					X	197,904.	0.	23,363.	
BABATUNDE AJANI MD PHYSICIAN	40.00					X	196,632.	0.	21,026.	
1b Total CONTINUED AT SCHEDULE J-2							1,967,621.	1,320,668.	404,325.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **13**

Part VIII 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	297,387.			
	e Government grants (contributions)	1e	27,307.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	134,275.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		458,969.			
Program Service Revenue	2a PATIENT SERVICE REVENUE	900099	12,761,260.	12,761,260.		
	b MEAL PROGRAMS	900099	428,419.	428,419.		
	c MEDICARE/MEDICAID PAYMENTS	900099	63,502,498.	63,502,498.		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		76,692,177.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	ATTACHMENT 5	945,413.		945,413.	
	4 Income from investment of tax-exempt bond proceeds		0.			
	5 Royalties		0.			
	6a Gross Rents	(i) Real	146,414.			
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)		146,414.			
	d Net rental income or (loss)		146,414.		146,414.	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses		1,239.			
	c Gain or (loss)		-1,239.			
	d Net gain or (loss)		-1,239.		-1,239.	
	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			0.			
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities			0.			
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue		Business Code				
11a CAFETERIA/VENDING		900099	178,712.		178,712.	
b PURCHASE DISCOUNTS		900099	4,418.	4,418.		
c DAYCARE SHUTTLE		900099	76,000.		76,000.	
d All other revenue		453220	192,264.		192,264.	
e Total. Add lines 11a-11d			451,394.			
12 Total Revenue. See instructions			78,693,128.	76,696,595.	0.	

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	3,276.	3,276.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	712,378.		694,569.	17,809.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	35,504,839.	26,113,886.	9,390,953.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,850,394.	1,480,315.	370,079.	
9 Other employee benefits	5,370,778.	3,625,822.	1,744,956.	
10 Payroll taxes	2,796,913.	2,237,530.	559,383.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	17,404.	15,914.	1,490.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	8,536,760.	3,852,985.	4,683,775.	
12 Advertising and promotion	75,703.	44,671.	31,032.	
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	28,713.	11,718.	16,995.	
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	238,791.	91,427.	147,364.	
20 Interest	217,545.	217,545.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,292,085.	3,292,085.		
23 Insurance	0.			
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 -----	14,364,949.	13,283,264.	1,081,685.	
b PROVISION FOR BAD DEBT -----	1,798,523.	1,798,523.		
c PROFESSIONAL & TECHNICAL -----	1,492,533.	912,166.	580,367.	
d UTILITIES -----	1,189,701.	892,276.	297,425.	
e PURCHASED TEMPORARY HELP -----	823,223.	632,917.	190,306.	
f All other expenses -----	1,535,126.	732,772.	802,354.	
25 Total functional expenses. Add lines 1 through 24f	79,849,634.	59,239,092.	20,592,733.	17,809.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,532,339.	1	10,785,805.
	2 Savings and temporary cash investments	2,072,478.	2	1,476,097.
	3 Pledges and grants receivable, net	43,764.	3	388,631.
	4 Accounts receivable, net	14,219,551.	4	10,080,250.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6
	7 Notes and loans receivable, net			7
	8 Inventories for sale or use	75,073.	8	73,046.
	9 Prepaid expenses and deferred charges	51,137.	9	109,766.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 46,390,121.		
	b Less: accumulated depreciation	10b 25,036,698.	18,715,002.	10c 21,353,423.
	11 Investments - publicly traded securities	21,450,799.	11	22,615,370.
	12 Investments - other securities. See Part IV, line 11	7,150,919.	12	7,975,591.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	521,586.	15	398,711.
16 Total assets. Add lines 1 through 15 (must equal line 34)	74,832,648.	16	75,256,690.	
Liabilities	17 Accounts payable and accrued expenses	7,158,126.	17	6,182,175.
	18 Grants payable		18	
	19 Deferred revenue	3,143,962.	19	3,194,279.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	13,688,419.	25	15,514,004.
	26 Total liabilities. Add lines 17 through 25	23,990,507.	26	24,890,458.
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	43,479,740.	27	42,699,636.
	28 Temporarily restricted net assets	3,139,167.	28	3,443,362.
	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	50,842,141.	33	50,366,232.	
34 Total liabilities and net assets/fund balances	74,832,648.	34	75,256,690.	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC

Employer identification number 52-0607913

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 X A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.

- 10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

- a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii).

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support.

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) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3 % support test - 2008. If the organization did not check 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 - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19 a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** 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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No. 1545-0047

2009

Open to Public Inspection

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A Check if the filing organization belongs to an affiliated group.
- 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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 65%;">The lobbying nontaxable amount is:</td> </tr> <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> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If these 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		35,794.
j Total. Add lines 1c through 1i			35,794.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Part IV Supplemental Information (continued)

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, 2010 AND
 OTHER LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HOSPITAL FOR
 FINANCIAL ASSISTANCE, TAX CREDIT FOR FITNESS ACTIVITIES, COMMUNITY
 STABILIZATION AND DEVELOPMENT, HEALTHCARE MALPRACTICE, MANAGED CARE
 PROGRAM, AND CAPITAL FUNDING.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
52-0607913

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

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

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

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

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

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

	Held at the End of the 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 tax year ▶ _____

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,223,234.	4,223,234.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,223,234.	4,223,234.			

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:

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		28,706,711.	18,091,153.	10,615,558.
c Leasehold improvements				
d Equipment		11,142,201.	6,491,855.	4,650,346.
e Other		6,541,208.	453,690.	6,087,518.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				21,353,422.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other ECONOMIC INTEREST IN FNDTN	7,975,591.	FMV

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	7,975,591.	

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

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

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
PENSION LIABILITY	9,421,111.
DEFERRED COMPENSATION	18,374.
CAPTIVE PROFESSIONAL LIABILITY	203,509.
A/P - RELATED PARTIES	1,914,385.
OTHER LIABILITIES	1,560,000.
A/P DUE TO AFFILIATE BONDS	2,396,625.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,514,004.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must equal Form 990, Part I, line 12.)	5	

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

2009

Open to Public Inspection

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

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

Employer identification number
52-0607913

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
1b If "Yes," is it a written policy?	X	
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 checked="" type="checkbox"/> Other <u>300.0000</u> %	X	
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 checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Does the organization prepare an annual community benefit report?		X
6b If "Yes," does the organization make it available to the public?		

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)			1,499,056.		1,499,056.	1.88
b Unreimbursed Medicaid (from Worksheet 3, column a)			17,947,762.		17,947,762.	22.48
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			19,446,818.		19,446,818.	24.36
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. Add lines 7d and 7j			19,446,818.		19,446,818.	24.36

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

Schedule H (Form 990) 2009

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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

Section A. Bad Debt Expense

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
4 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, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	32,214,134.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	28,887,491.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	3,326,643.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	X
b 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.	9b	X

Part IV Management Companies and Joint Ventures

(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 V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
LEVINDALE HEBREW GERIATRIC CENTER 2434 WEST BELVEDERE AVENUE BALTIMORE MD 21215	X								SPECIALTY HOSPITAL
LEVINDALE HEBREW GERIATRIC CENTER 2434 WEST BELVEDERE AVENUE BALTIMORE MD 21215									NURSING HOME
LEVINDALE HEBREW GERIATRIC CENTER 2434 WEST BELVEDERE AVENUE BALTIMORE MD 21215									SUBACUTE NURSINGHOME
----- ----- -----									

Part VI Supplemental Information

Complete this part to provide the following information.

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

PART I, LINE 3C:

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

PART I, LINE 7:

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

Part VI Supplemental Information

Complete this part to provide the following information.

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

PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES

 COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A

 RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS,

 PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME

 HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR

 REFERENCING UNCOMPENSATED CARE IN EACH PAYORS RATES, WHICH DOES NOT

 ENABLE MARYLAND HOSPITALS TO BREAK-OUT ANY OFFSETTING REVENUE RELATED

 TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES

 ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT

 IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS

 SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF

 MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY

 ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

Part VI Supplemental Information

Complete this part to provide the following information.

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

PART III, LINE 4:

 THE PREPARATION OF CONSOLIDATED FINANCIAL STATEMENTS, IN CONFORMITY

 WITH U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, REQUIRES

 MANAGEMENT TO MAKE ESTIMATES AND ASSUMPTIONS. ALL PATIENT ACCOUNTS

 ARE HANDLED CONSISTENTLY AND APPROPRIATELY TO MAXIMIZE CASH FLOW AND

 TO IDENTIFY BAD DEBT ACCOUNTS TIMELY. ACTIVE ACCOUNTS ARE CONSIDERED

 BAD DEBT ACCOUNTS WHEN THEY MEET SPECIFIC COLLECTION ACTIVITY

 GUIDELINES AND/OR ARE REVIEWED BY THE APPROPRIATE MANAGEMENT AND

 DEEMED TO BE UNCOLLECTIBLE. EVERY EFFORT IS MADE TO IDENTIFY AND

 PURSUE ALL ACCOUNT BALANCE LIQUIDATION OPTIONS INCLUDING, BUT NOT

 LIMITED TO THIRD PARTY PAYOR REIMBURSEMENT, PATIENT PAYMENT

 ARRANGEMENTS, MEDICAID ELIGIBILITY AND FINANCIAL ASSISTANCE. THIRD

 PARTY RECEIVABLE MANAGEMENT AGENCIES PROVIDE EXTENDED BUSINESS OFFICE

 SERVICES AND INSURANCE OUTSOURCE SERVICES TO ENSURE MAXIMUM EFFORT IS

 TAKEN TO RECOVER INSURANCE AND SELF-PAY DOLLARS BEFORE TRANSFER TO

 BAD DEBT. CONTRACTUAL ARRANGEMENTS WITH THIRD PARTY COLLECTION

 AGENCIES ARE USED TO ASSIST IN THE RECOVERY OF BAD DEBT DOLLARS AFTER

 ALL INTERNAL COLLECTION EFFORTS HAVE BEEN EXHAUSTED. IN SO DOING,

 THE COLLECTION AGENCIES MUST OPERATE CONSISTENTLY WITH LEVINDALE

Part VI Supplemental Information

Complete this part to provide the following information.

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

HEBREW GERIATRIC CENTER AND HOSPITAL'S GOAL OF MAXIMUM BAD DEBT

RECOVERY AND STRICT ADHERENCE WITH FAIR DEBT COLLECTIONS PRACTICES

ACT (FDCPA) RULES AND REGULATIONS, WHILE MAINTAINING POSITIVE PATIENT RELATIONS.

PART III, LINE 8:

TOTAL REVENUE RECEIVED FROM MEDICARE (DSH & IME) AND MEDICARE

ALLOWABLE COSTS ARE DERIVED FROM THE ANNUAL MEDICARE COST REPORT. THE

INPATIENT ROUTINE COSTS ARE DERIVED FROM THE STEP-DOWN METHODOLOGY

BASED ON ACCEPTED STATISTICAL ALLOCATION WITH A UNIFORM PER DIEM COST

FOR EACH PAYOR TYPE. THE ANCILLARY MEDICARE ALLOWABLE COSTS ARE

INITIALLY DERIVED FROM THE STEP-DOWN METHODOLOGY BUT ARE ALLOCATED TO

THE PAYOR TYPES BASED ON THE RATIO OF COST TO CHARGE FOR EACH PAYOR.

PART III, LINE 9B:

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. PROVIDES CARE

WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO

PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY CARE POLICY. IT DOES

NOT PURSUE THE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CARE AND THOSE AMOUNTS ARE NOT REPORTED AS REVENUE. THE CRITERIA FOR

CHARITY CARE CONSIDER GROSS INCOME AND FAMILY SIZE ACCORDING TO

CURRENT FEDERAL POVERTY GUIDELINES. PATIENTS WITH AN ANNUAL INCOME

UP TO 300% OF THE FEDERAL POVERTY LEVEL MAY HAVE 100% OF THEIR

HOSPITAL BILLS COVERED BY FINANCIAL ASSISTANCE. TO QUALIFY, THE

PATIENT MUST SHOW PROOF OF INCOME 300% OR LESS OF THE FEDERAL POVERTY

GUIDELINES. PATIENTS SLIGHTLY ABOVE 300% ANNUAL INCOME MAY HAVE A

PORTION OF THEIR MEDICAL BILLS COVERED BY FINANCIAL ASSISTANCE BASED

ON A SLIDING SCALE. ELIGIBILITY IS CALCULATED BASED ON THE NUMBER OF

PEOPLE LIVING IN THE HOUSEHOLD.

NEEDS ASSESSMENT:

COMMUNITY NEEDS ASSESSMENTS ARE DONE IN A VARIETY OF WAYS, ACCORDING

TO THE HOSPITAL DEPARTMENTS INVOLVED AND THE CONSTITUENCIES THEY

SERVE. THE FOLLOWING ARE USED MOST COMMONLY: A) CLINICAL DEPARTMENT

NEED RECOGNITION BASED ON DAILY PATIENT CARE AND PROFESSIONAL

EXPERIENCE, B) PARTICIPATION IN COMMUNITY COALITIONS, C) PROGRAM

DEVELOPMENT BASED ON EXPRESSED CLIENT NEEDS, AND D) FORMAL NEEDS

ASSESSMENT CONDUCTED BY AN EXTERNAL CONSULTANT.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

 FINANCIAL ASSISTANCE INFORMATION IS MADE AVAILABLE TO THE PUBLIC

 THROUGH MULTIPLE SOURCES INCLUDING: THE ADMISSION PACKET, PAMPHLETS

 LOCATED IN PATIENT ACCESS, PATIENT FINANCIAL SERVICES, AS WELL AS

 OTHER PATIENT ACCESS POINTS THROUGHOUT THE HOSPITAL.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY INFORMATION:

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL IS LOCATED IN THE
 NORTHWEST QUADRANT OF BALTIMORE CITY. IT DRAWS MANY PATIENTS FROM
 THE NEIGHBORHOODS PROXIMATE TO THE FACILITY. CONSISTENT WITH ITS
 MISSION TO SERVE THE JEWISH COMMUNITY, LEVINDALE ALSO SERVES PATIENTS
 FROM THROUGHOUT THE BALTIMORE METROPOLITAN AREA. IN ADDITION, AS ONE
 OF A SMALL NUMBER OF CHRONIC HOSPITALS IN THE STATE, LEVINDALE DRAWS
 PATIENTS FROM ACROSS CENTRAL MARYLAND.

AFFILIATED HEALTH CARE SYSTEM ROLES:

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL PROVIDES MEALS TO
 RESIDENTS WHO ARE UNABLE TO PREPARE A MEAL FOR THEMSELVES DUE TO AGE
 AND MEDICAL CONDITIONS. LEVINDALE PROVIDES MEALS TO ADULT DAY CARE
 AND ASSISTED LIVING FACILITIES IN THE NEIGHBORHOOD. SINAI HOSPITAL
 OF BALTIMORE AND NORTHWEST HOSPITAL ARE AFFILIATES AND DISCHARGED
 PATIENTS REQUIRING CHRONIC AND SUB-ACUTE HOSPITALIZATION ARE OFTEN
 ADMITTED TO LEVINDALE FOR FURTHER CARE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 any of the boxes on 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, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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 **8** Yes No

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

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

Schedule J (Form 990) 2009

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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WARREN GREEN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	766,390.	110,701.	443,577.	0.	102,313.	1,059,816.
SUSAN LEVY STROHM MD	(i)	251,014.	38,405.	20,519.	28,114.	33,510.	16,149.
	(ii)	0.	0.	0.	0.	0.	0.
ARIC SPITULNIK	(i)	186,190.	22,653.	0.	21,452.	25,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.
RAUL LUJAN	(i)	164,631.	19,675.	9,292.	18,439.	21,978.	8,589.
	(ii)	0.	0.	0.	0.	0.	0.
SURAIYA BEGUM MD	(i)	158,737.	78,115.	0.	0.	21,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.
SUNIL RAJANI MD	(i)	175,000.	21,162.	1,742.	0.	23,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.
BABATUNDE AJANI MD	(i)	157,500.	39,016.	116.	0.	21,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.
GIZAW WOLDEHIWOT MD	(i)	161,170.	33,177.	0.	0.	22,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.
PATRICIA PALMERE NASON	(i)	125,507.	19,203.	27,681.	14,057.	16,755.	8,581.
	(ii)	0.	0.	0.	0.	0.	0.
RONALD ROTHSTEIN	(i)	138,596.	36,959.	81,561.	15,523.	18,503.	67,401.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

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	\$1,373,689
SUSAN LEVY-STROHM	\$16,149
RAUL LUJAN	\$8,589
ARIC SPITULNIK	NONE

A FORMER DIRECTOR, MR. ROTHSTEIN, WHO RETIRED DURING THE TAX YEAR, ALSO PARTICIPATED IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL RETIREMENT PLAN AND RECEIVED A PAYMENT OF \$67,401.

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. DEFERRED COMPENSATION PAYMENTS OF \$1,373,689, INCLUDE

\$1,059,816 EARNED IN PRIOR YEARS. MR. SPITULNIK RECEIVED COMPENSATION AS

PRESIDENT / COO LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC., NOT

AS A DIRECTOR. SUSAN LEVY-STROHM RECEIVED COMPENSATION AS VP MEDICAL

AFFAIRS FOR LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC., NOT AS

A DIRECTOR. DR. BERNARD RUBIN RECEIVED COMPENSATION FOR ADMINISTRATIVE

AND CLINICAL SERVICES PROVIDED TO NORTHWEST HOSPITAL CENTER, INC.

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

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**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.

► See the Instructions for Form 990.

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			
GIZAW WOLDEHIWOT MD PHYSICIAN	40.00					X		194,347.	0.	22,028.
PATRICIA PALMERE NASON VP CLINICAL SERVICES	40.00					X		172,391.	0.	30,812.
RONALD ROTHSTEIN FORMER PRESIDENT / COO							X	257,116.	0.	34,026.

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL INC

Employer identification number
52-0607913

ATTACHMENT 1

LHGCH SCHEDULE O DISCLOSURES

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 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 11:

THE LIFEBRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY THE CORPORATE DIRECTOR OF FINANCE. IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM ALSO REVIEWS ALL THE 990 RETURNS. A FORMAL MEETING IS THEN SCHEDULED

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC	Employer identification number 52-0607913
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ATTACHMENT 1 (CONT'D)

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:

LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES SHALL REQUIRE ALL EMPLOYEES, MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO THE EMPLOYEES TITLED DIRECTORS AND ABOVE AND IT IS ALSO SENT TO ALL THE LIFEBRIDGE AND SUBSIDIARY BOARD MEMBERS. THE OFFICE OF THE GENERAL COUNSEL REVIEWS ALL RESPONSES AND DETERMINES WHETHER A POTENTIAL CONFLICT EXISTS. IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTIONS. AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES. AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S RELATIONSHIP WITH LIFEBRIDGE OR ANY OF ITS

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC	Employer identification number 52-0607913
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ATTACHMENT 1 (CONT'D)

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

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC	Employer identification number	52-0607913
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ATTACHMENT 1 (CONT'D)

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

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

FORM 990, PART VI, LINE 15A & 15B:

EXECUTIVE COMPENSATION AT LIFEBRIDGE HEALTH IS OVERSEEN BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. COMMITTEE MEMBERS MAY NOT HAVE ANY FINANCIAL TIES TO THE ORGANIZATION AND MUST BE BOARD MEMBERS OF LIFEBRIDGE HEALTH OR A LIFEBRIDGE HOSPITAL. THE CHAIR OF THE LIFEBRIDGE HEALTH BOARD OF DIRECTORS SERVES AS COMMITTEE CHAIR. THE COMMITTEE PROVIDES A REPORT OF ITS ACTIVITIES TO THE FULL BOARD OF DIRECTORS AT LEAST ANNUALLY. COMPENSATION PACKAGES HAVE BEEN DESIGNED TO ATTRACT AND RETAIN SKILLED AND EXPERIENCED EXECUTIVES AND TO INCENTIVIZE THEM TO WORK TOWARD KEY STRATEGIC OBJECTIVES. THE COMMITTEE EMPLOYS INDEPENDENT CONSULTANTS TO ENSURE THAT COMPENSATION LEVELS ARE CONSISTENT WITH MARKET NORMS. GREATEST EMPHASIS IS PLACED UPON DATA FROM HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE AND ORGANIZATIONAL COMPLEXITY IN THE MID-ATLANTIC REGION. ALL EXECUTIVE INCENTIVE AND BENEFIT PROGRAMS ARE

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC	Employer identification number 52-0607913
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ATTACHMENT 1 (CONT'D)

ESTABLISHED BY THE COMPENSATION COMMITTEE, AS IS THE BASE SALARY OF THE CHIEF EXECUTIVE OFFICER AND ALL SENIOR VICE PRESIDENTS. BASE SALARIES OF OTHER EXECUTIVES ARE SET BY THEIR RESPECTIVE SUPERVISORS, IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE COMMITTEE AND SUBJECT TO THE COMMITTEE'S OVERSIGHT. A SUBSTANTIAL PORTION OF ALL EXECUTIVES' TOTAL COMPENSATION IS CONTINGENT UPON THE ACHIEVEMENT OF BOTH SYSTEM-WIDE AND INDIVIDUAL OBJECTIVES. EACH YEAR'S SYSTEM-WIDE OBJECTIVES ARE APPROVED BY THE COMPENSATION COMMITTEE AND TYPICALLY INCLUDE BOTH FINANCIAL AND NONFINANCIAL GOALS. A GROUP OF SENIOR EXECUTIVES IS ALSO ELIGIBLE TO PARTICIPATE IN A LONG-TERM PAY-FOR-PERFORMANCE PROGRAM. GOALS FOR THIS PROGRAM ARE ESTABLISHED BY THE COMPENSATION COMMITTEE IN THREE-YEAR CYCLES AND ARE RELATED TO THE ORGANIZATION'S LONG-TERM MISSION AND STRATEGIC DIRECTION. AN EXECUTIVE WHO FAILS TO ACHIEVE THE OBJECTIVES ESTABLISHED FOR THE INCENTIVE PROGRAMS WILL EARN BELOW MARKET LEVELS; CONVERSELY, THE ATTAINMENT OF EXTRAORDINARY RESULTS WILL BE REWARDED BY ABOVE-AVERAGE COMPENSATION.

SCHEDULE O DISCLOSURES (CONTINUED)

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
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ATTACHMENT 1 (CONT'D)

BOARD OF DIRECTORS ADDRESSES

FORM 990, PART VI, LINE 9:

ALL OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES LISTED IN PART VII, SECTION A, CAN BE REACHED AT THE ORGANIZATION'S MAILING ADDRESS: LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC 2434 WEST BELVEDERE AVENUE BALTIMORE, MD 21215

GRANTS AND ASSISTANCE

FORM 990, SCHEDULE I:

LEVINDALE DID NOT MAKE GRANTS OF \$5,000 OR MORE DURING THE YEAR AND THEREFORE, SCHEDULE I WAS NOT REQUIRED.

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 \$285,815,000 FROM THE MARYLAND HEALTH AND HIGHER AND HIGHER EDUCATIONAL FACILITIES AUTHORITY. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC	Employer identification number 52-0607913
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ATTACHMENT 1 (CONT'D)

THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHFEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2008, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$3,278,562 OF WHICH 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, 2010, \$2,368,895 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.

ATTACHMENT 2FORM 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

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC	Employer identification number 52-0607913
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ATTACHMENT 2 (CONT'D)

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

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 34,471 INPATIENT DAYS: 24,471 IN THE CHRONIC UNIT, 3,011 IN THE REHABILITATION UNIT AND 6,989 IN THE BEHAVIORAL HEALTH UNIT. FURTHERMORE, LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL'S NURSING FACILITY PROVIDED 49,229 PATIENT DAYS IN ADDITION TO 11,145 IN THE SKILLED NURSING FACILITY. LEVINDALE HAS ALSO PROVIDED 18,462 DAYS IN ITS ADULT DAY CARE PROGRAM. THE PARTIAL HOSPITALIZATION PROGRAM HAD 4,341 DAYS. OTHER PROGRAM SERVICE EXPENSES INCLUDE CAFETERIA FOR RESIDENTS, VISITORS AND STAFF, AS WELL AS TRANSPORTATION FOR THE ELDERLY TO PROGRAMS RUN BY LEVINDALE.

ATTACHMENT 3

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SEE ATTACHMENT 2		5,021,668.	6,191,736.
TOTALS		<u>5,021,668.</u>	<u>6,191,736.</u>

ATTACHMENT 4

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL INC	Employer identification number 52-0607913
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ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK CORPORATION HSS PO BOX 828441 PHILADELPHIA, PA 19182	CAFETERIA MGMT	2,581,329.
RENAL TREATMENT CENTERS PO BOX 403008 ATLANTA, GA 30384	RENAL DIALYSIS	675,478.
LOVING CARE SERVICES INC 222 MILFORD MILL RD PIKESVILLE, MD 21208	AGENCY NURSING	494,334.
HEALTHCARE LEGAL SOLUTIONS 1333 H STREET NW WASHINGTON, DC 20005	COLLECTION SERVICES	337,876.
CROTHALL SERVICES GROUP 13028 COLLECTION CENTER DR CHICAGO, IL 60693	CONTRACT CLEANING	336,722.
TOTAL COMPENSATION		<u>4,425,739.</u>

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST ON SAVINGS AND TEMP CASH INVESTMENTS	27,164.			27,164.
DIVIDENDS / INTEREST FROM SECURITIES	918,249.			918,249.
TOTALS	<u>945,413.</u>			<u>945,413.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
LIFEBRIDGE HEALTH INC 52-1402373 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	PARENT	MD	501 (C) (3)	11B	LBH
SINAI HOSPITAL OF BALTIMORE INC 52-0486540 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HOSPITAL	MD	501 (C) (3)	3	LBH
NORTHWEST HOSPITAL CENTER INC 52-1372665 5401 OLD COURT ROAD RANDALLSTOWN, MD 21133	HOSPITAL	MD	501 (C) (3)	3	LBH
COURTLAND GARDENS NURSING AND REHAB CTR 52-0607907 7920 SCOTTS LEVEL ROAD BALTIMORE, MD 21208	SKILL NURSING	MD	501 (C) (3)	9	LBH
CHILDRENS HOSPITAL OF BALTIMORE CITY 52-0591592 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	CHAR. SUPPORT	MD	501 (C) (3)	11B	LBH
THE BALTIMORE JEWISH HEALTH FOUNDATION 52-2111541 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	CHAR. SUPPORT	MD	501 (C) (3)	11B	LBH
CHILDRENS HOSPITAL AT SINAI FOUNDATION 52-2167587 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	CHAR. SUPPORT	MD	501 (C) (3)	11B	LBH

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

Schedule R (Form 990) 2009

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
LIFEBRIDGE INVESTMENTS INC 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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

	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 or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) LIFEBRIDGE HEALTH, INC.	B	1,698,361.
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

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

**SCHEDULE R-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ **Attach to Form 990 to list additional information for Schedule R**
(Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.
▶ **See instructions for Schedule R (Form 990).**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
52-0607913

Part I Continuation of 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

Part II Continuation of 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
THE BALTIMORE JEWISH ELDERCARE FNDTN INC 52-2337669 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	CHAR SUPPORT	MD	501 (C) (3)	11B	LBH

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

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

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-f)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

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