

**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.</b>		<b>D</b> Employer identification number <b>52-0607913</b>
	Doing business as		<b>E</b> Telephone number <b>(410) 601-5653</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>2434 WEST BELVEDERE AVENUE</b>	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>BALTIMORE, MD 21215</b>		<b>G</b> Gross receipts \$ <b>101,969,295.</b>
	<b>F</b> Name and address of principal officer: <b>DEBORAH GRAVES</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.LIFEBRIDGEHEALTH.ORG/LEVINDALE**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1892** **M** State of legal domicile: **MD**

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>LEVINDALE IS A GERIATRIC CENTER AND HOSPITAL DEDICATED TO PROVIDING SUPERIOR SERVICE IN A COST</b>	
	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)	<b>23</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>20</b>
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>1063</b>
	6	Total number of volunteers (estimate if necessary)	<b>103</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>33,832.</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>1,487,925.</b> Current Year: <b>4,591,597.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>76,090,299.</b> <b>78,239,702.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>909,686.</b> <b>901,892.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>707,453.</b> <b>698,014.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>79,195,363.</b> <b>84,431,205.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b> <b>0.</b>
<b>Expenses</b>	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>48,172,302.</b> <b>50,379,274.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>15,763.</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>25,617,288.</b> <b>26,783,026.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>73,789,590.</b> <b>77,162,300.</b>
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	<b>5,405,773.</b> <b>7,268,905.</b>
	20	Total assets (Part X, line 16)	Beginning of Current Year: <b>109,427,940.</b> End of Year: <b>71,719,066.</b>
	21	Total liabilities (Part X, line 26)	<b>30,930,282.</b> <b>26,577,258.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>78,497,658.</b> <b>45,141,808.</b>

**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 **DAVID KRAJEWSKI, EXECUTIVE VP/CFO** Date **5/13/19**

Paid Preparer Use Only: Print/Type preparer's name **LORI S. BURGHAUSER** Preparer's signature **LORI S. BURGHAUSER** Date **05/09/19** Check if self-employed  PTIN **P00370694**  
 Firm's name **SC&H TAX & ADVISORY SERVICES, LLC** Firm's EIN **20-5991824**  
 Firm's address **910 RIDGEBROOK ROAD SPARKS, MD 21152** Phone no. **(410) 403-1500**

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

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990 (2017)

52-0607913 Page 2

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 27,120,564. including grants of \$ ) (Revenue \$ 48,791,473. )  
LEVINDALE OPERATES A 120-BED CHRONIC HOSPITAL, WHICH PROVIDES SPECIALTY LONG-STAY HOSPITAL SERVICES, REHABILITATION CARE, AND BEHAVIORAL HEALTH CARE. LEVINDALE PROVIDED 36,703 INPATIENT DAYS: 6,728 IN THE CHRONIC MEDICAL UNIT; 2,303 IN THE REHABILITATION UNIT; AND 27,672 IN THE BEHAVIORAL HEALTH UNIT."

4b (Code: ) (Expenses \$ 26,697,375. including grants of \$ ) (Revenue \$ 26,192,987. )  
LEVINDALE OPERATES A 210-BED NURSING FACILITY, WHICH INCLUDES A 60-BED SUBACUTE UNIT. LEVINDALE PROVIDED 18,807 PATIENT DAYS OF SUBACUTE CARE AND 55,010 DAYS OF INTERMEDIATE NURSING CARE.

4c (Code: ) (Expenses \$ 4,084,861. including grants of \$ ) (Revenue \$ 3,257,991. )  
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL PROVIDES ADULT DAY CARE, PARTIAL HOSPITALIZATION, CLINIC SERVICES, AND REHABILITATION SERVICES. LEVINDALE HAS PROVIDED 15,642 DAYS IN ITS ADULT DAY CARE PROGRAM. THE PARTIAL HOSPITALIZATION PROGRAM HAD 2,241 DAYS. OTHER PROGRAM SERVICE EXPENSES INCLUDE CAFETERIA FOR RESIDENTS, VISITORS AND STAFF, AS WELL AS TRANSPORTATION FOR THE ELDERLY TO PROGRAMS RUN BY LEVINDALE.

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

4e Total program service expenses 57,902,800.

Form 990 (2017)

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990 (2017)

52-0607913 Page 3

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 18? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form 990 (2017)



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990 (2017)

52-0607913 Page 4

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a		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 defuse any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 85% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2017)

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990 (2017)

52-0607913 Page 5

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	77		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	1063		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2017)



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

Form 990 (2017)

52-0607913 Page 6

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

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

**Section A. Governing Body and Management**

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	23		
b Enter the number of voting members included in line 1a, above, who are independent	1b	20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			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?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		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.	9			X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **▶MD**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**  
**NANCY KANE - (410) 601-5653**  
**2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215**

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990 (2017)

52-0607913 Page 7

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID UHLFELDER, C.P.A. CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(2) ABBA DAVID POLIAROFF, ESQ. VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(3) ALLAN C. ALPERSTEIN TREASURER	1.00 0.00	X		X				0.	0.	0.
(4) KEITH ATTMAN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(5) MICHAEL ALBO DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) MARC A. COHEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) ROBERT I. DAMIE DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) GERALD B. FELDMAN, M.D. DIRECTOR	1.00 0.00	X						0.	708.	0.
(9) JASON A. FRANK, ESQ. DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) DEBORAH GRAVES DIRECTOR, PRES & COO, LEVINDALE	40.00 0.00	X		X				24,883.	0.	12,922.
(11) GIL HORWITZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) LINDA HURWITZ DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) ESTHER JACOBSON DIRECTOR	1.00 0.00	X						0.	708.	0.
(14) HERSCHEL L. LANGENTHAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) SCOTT LONDON, ESQ. DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) HOWARD PERLOW DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) BERNARD RUBIN, M.D. DIRECTOR	1.00 1.00	X						0.	708.	0.

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990 (2017)

52-0607913 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYNN B. SASSIN, ESQ. DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) ETHAN SEIDEL, PH.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) RICHARD SHATZKIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) MICHELE SHERMAK, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) ROBERT SMELKINSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) MARC B. TERRILL DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) NEIL M. MELTZER PRESIDENT/CEO/DIRECTOR, LIFE BRIDGE	1.00 40.00			X				0.	1,841,982.	266,852.
(25) DAVID KRAJEWSKI EXEC VP/CFO	1.00 40.00			X				0.	1,161,829.	223,835.
(26) BRIAN WHITE LBH EXECUTIVE VICE PRESIDENT	1.00 40.00			X				0.	1,060,880.	228,384.
<b>1b Sub-total</b>								24,883.	4,066,815.	731,993.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,100,268.	1,688,044.	444,067.
<b>d Total (add lines 1b and 1c)</b>								1,125,151.	5,754,859.	1,176,060.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **29**

	Yes	No
<b>3</b> 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	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
METZ CULINARY MANAGEMENT TWO WOODLAND DRIVE, DALLAS, PA 18612	FOOD SERVICE	2,059,830.
CROTHALL SERVICES, 13028 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	EVS & LAUNDRY SERVICES	435,611.
PERDIEMER HEALTH, 10451 MILL RUN CIRCLE, SUITE 400, OWINGS MILLS, MD 21117-559	AGENCY NURSING	307,070.
DAVITA OWINGS MILLS DIALYSIS P.O. BOX 403008, ATLANTA, GA 30384-3008	RENAL DIALYSIS	204,165.
CONNECTRN INC 77 STUDIO ROAD, AUBURNDALE, MA 02466-2808	AGENCY NURSING	170,775.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990

52-0607913

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LESLIE SIMMONS EXECUTIVE VP, CARROLL	1.00 40.00			X				0.	773,538.	216,884.
(28) RONALD GINSBERG VP MEDICAL AFFAIRS/CMO	0.00 40.00			X				0.	485,412.	23,242.
(29) LOU DUNAWAY VP BUDGET & CAPITAL PLANNING/CFO LEV	40.00 1.00			X				0.	231,847.	47,067.
(30) MARIAN CHIMA VP NURSING HOME OPERATIONS/CMO	40.00 0.00			X			220,658.	0.	46,005.	
(31) HOLLY PHIPPS ADAMS VP HUMAN RESOURCES, LEVINDALE	1.00 40.00			X			0.	197,247.	7,827.	
(32) ROSS J MAULTASCH REGISTERED NURSE	40.00 0.00					X	155,341.	0.	26,948.	
(33) CAROLINE NGAUJAH REGISTERED NURSE	40.00 0.00					X	142,270.	0.	30,792.	
(34) DIANN FERGUSON REGISTERED NURSE	40.00 0.00					X	140,347.	0.	13,353.	
(35) MARILYN S MCEVOY MANAGER - PHARMACY OPERATIONS	40.00 0.00					X	131,300.	0.	1,990.	
(36) JONAH SAMUEL REGISTERED NURSE	40.00 0.00					X	122,607.	0.	28,286.	
(37) IDRIZ LIMAJ FORMER CHIEF OPERATING OFFICER	40.00 0.00						X	187,745.	0.	1,673.
<b>Total to Part VII, Section A, line 1c</b>								<b>1,100,268.</b>	<b>1,688,044.</b>	<b>444,067.</b>

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AND HOSPITAL, INC.

Form 990 (2017)

52-0607913 Page 9

**Part VIII** Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>	471,924.					
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,119,673.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		17,500.					
	<b>h Total.</b> Add lines 1a-1f			4,591,597.				
	<b>Program Service Revenue</b>	<b>2 a</b> MEDICARE/MEDICAID PAYMENTS	<b>Business Code</b>	623000	71,153,679.	71,153,679.		
<b>b</b> PATIENT SERVICE REVENUE			623000	7,086,023.	7,086,023.			
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f				78,239,702.				
<b>3</b> Investment income (including dividends, interest, and other similar amounts)				553,870.			553,870.	
<b>4</b> Income from investment of tax-exempt bond proceeds								
<b>5</b> Royalties								
<b>Other Revenue</b>	<b>6 a</b> Gross rents	(i) Real	130,565.					
		(ii) Personal	0.					
	<b>b</b> Less: rental expenses							
	<b>c</b> Rental income or (loss)		130,565.					
	<b>d</b> Net rental income or (loss)			130,565.			130,565.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	17,832,969.					
		(ii) Other						
	<b>b</b> Less: cost or other basis and sales expenses		17,484,947.					
	<b>c</b> Gain or (loss)		348,022.					
	<b>d</b> Net gain or (loss)			348,022.			348,022.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1d). See Part IV, line 18	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>						
	<b>c</b> Net income or (loss) from fundraising events							
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities							
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	54,167.					
<b>b</b> Less: cost of goods sold		<b>b</b>	53,143.					
<b>c</b> Net income or (loss) from sales of inventory				1,024.		1,024.		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> MEANINGFUL USE EHR INCENTIVE		900099	388,826.			388,826.		
<b>b</b> PAY FOR PERFORMANCE		900099	142,886.			142,886.		
<b>c</b> PURCHASE DISCOUNTS		900099	2,749.	2,749.				
<b>d</b> All other revenue		900099	31,964.			31,964.		
<b>e Total.</b> Add lines 11a-11d			566,425.					
<b>12 Total revenue.</b> See instructions.			84,431,205.	78,242,451.	0.	1,597,157.		

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990 (2017)

52-0607913 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	630,532.		614,769.	15,763.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	40,054,432.	30,929,578.	9,124,854.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,153,052.	933,363.	219,689.	
9 Other employee benefits	5,520,498.	4,077,018.	1,443,480.	
10 Payroll taxes	3,020,760.	2,445,220.	575,540.	
11 Fees for services (non-employees):				
a Management				
b Legal	77,573.	19,323.	58,250.	
c Accounting				
d Lobbying	25,823.	19,367.	6,456.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,658.		33,658.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,248,740.	7,203,886.	4,044,854.	
12 Advertising and promotion	20,266.	9,082.	11,184.	
13 Office expenses	1,284,382.	248,874.	1,015,508.	
14 Information technology				
15 Royalties				
16 Occupancy	1,614,170.	1,200,599.	413,571.	
17 Travel	70,967.	70,967.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	140,769.	33,135.	107,634.	
20 Interest	51,325.	51,325.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,786,136.	2,089,602.	696,534.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b>	6,180,555.	5,567,897.	612,658.	
b <b>MEDICAID TAX ASSESSMENT</b>	1,540,200.	1,540,200.		
c <b>AGENCY NURSES</b>	1,227,811.	1,218,660.	9,151.	
d <b>PROF. &amp; TECHNICAL EXPS.</b>	378,706.	222,690.	156,016.	
e All other expenses	121,945.	22,014.	99,931.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>77,162,300.</b>	<b>57,902,800.</b>	<b>19,243,737.</b>	<b>15,763.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990 (2017)

52-0607913 Page 11

**Part X** Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	20,086,649.	1	9,759,091.
	2 Savings and temporary cash investments	3,107,633.	2	276,198.
	3 Pledges and grants receivable, net	279,972.	3	393,265.
	4 Accounts receivable, net	8,514,564.	4	8,779,899.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6
	7 Notes and loans receivable, net			7
	8 Inventories for sale or use	210,912.	8	234,600.
	9 Prepaid expenses and deferred charges	133,267.	9	123,582.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 84,207,233.		
	b Less: accumulated depreciation	10b 43,281,085.		
		40,460,916.	10c	40,926,148.
	11 Investments - publicly traded securities	26,461,530.	11	0.
	12 Investments - other securities. See Part IV, line 11	9,369,726.	12	10,020,647.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	802,771.	15	1,205,636.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	109,427,940.	16	71,719,066.	
Liabilities	17 Accounts payable and accrued expenses	8,642,988.	17	10,067,816.
	18 Grants payable		18	
	19 Deferred revenue	3,360,394.	19	1,109,368.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,926,900.	25	15,400,074.
	26 <b>Total liabilities.</b> Add lines 17 through 25	30,930,282.	26	26,577,258.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	70,687,717.	27	37,044,271.
	28 Temporarily restricted net assets	3,586,707.	28	3,874,303.
	29 Permanently restricted net assets	4,223,234.	29	4,223,234.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	78,497,658.	33	45,141,808.	
34 <b>Total liabilities and net assets/fund balances</b>	109,427,940.	34	71,719,066.	

Form 990 (2017)

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990 (2017)

52-0607913 Page 12

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	84,431,205.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,162,300.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,268,905.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,497,658.
5	Net unrealized gains (losses) on investments	5	910,280.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-41,535,035.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,141,808.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2017)

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 2017 AND HOSPITAL, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10c, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



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**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

LEVINDALE HEBREW GERIATRIC CENTER

Schedule A (Form 990 or 990-EZ) 2017 AND HOSPITAL, INC.

52-0607913 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017



LEVINDALE HEBREW GERIATRIC CENTER

Schedule A (Form 990 or 990-EZ) 2017 AND HOSPITAL, INC.

52-0607913 Page 8

**Part VI**

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

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**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

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

Employer identification number

**52-0607913**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

**LHA** For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. **Schedule B (Form 990, 990-EZ, or 990-PF) (2017)**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 471,924.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 170,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 17,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 10,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

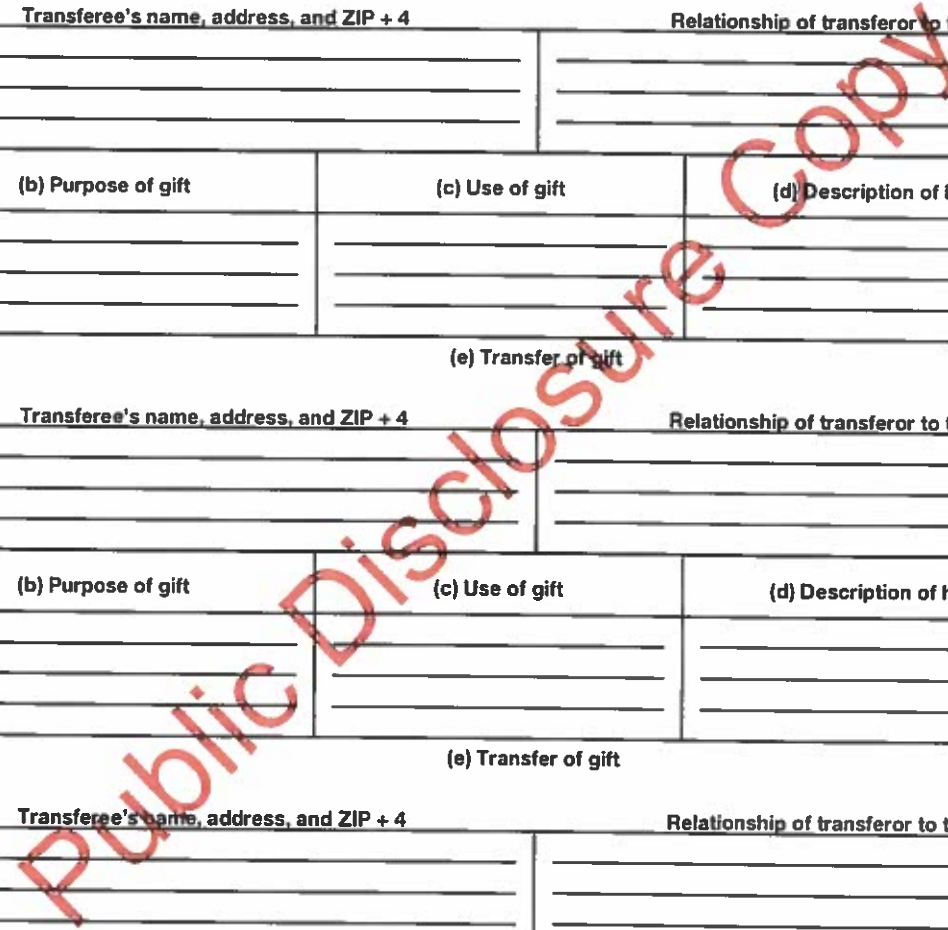




Name of organization <b>LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.</b>	Employer identification number <b>52-0607913</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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LEVINDALE HEBREW GERIATRIC CENTER

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

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				



LEVINDALE HEBREW GERIATRIC CENTER

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		26,875.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		25,823.
j Total. Add lines 1c through 1i			52,698.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

LOBBYING INCLUDES A PORTION OF MARYLAND HOSPITAL ASSOCIATION DUES RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED JUNE 30, 2018 AND OTHER LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HOSPITAL REGARDING COMMUNITY STABILIZATION AND DEVELOPMENT, HEALTHCARE MALPRACTICE AND LONG TERM CARE.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**Open to Public Inspection**

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

Employer identification number  
**52-0607913**

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

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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 education)	<input type="checkbox"/> Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (d)	2c
d Number of conservation easements included in (c) acquired after 7/25/96, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	<u>17,500.</u>
(ii) Assets included in Form 990, Part X	▶ \$	<u>16,625.</u>

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$	_____
b Assets included in Form 990, Part X	▶ \$	_____

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

Schedule D (Form 990) 2017

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LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule D (Form 990) 2017

52-0607913 Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year |        |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  0.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     | X  |
| (ii) related organizations  | X   |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		59,427,928.	29,124,225.	30,303,703.
c Leasehold improvements				
d Equipment		20,007,198.	13,231,031.	6,776,167.
e Other		4,772,107.	925,829.	3,846,278.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				40,926,148.

Schedule D (Form 990) 2017



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule D (Form 990) 2017

52-0607913 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ECONOMIC INTEREST IN		
(B) FOUNDATION	10,020,647.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,020,647.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION LIABILITY	1,096,484.
(3) DEFERRED COMPENSATION	69,253.
(4) CAPTIVE PROFESSIONAL LIABILITY	205,911.
(5) A/P - RELATED PARTIES	2,119,226.
(6) OTHER LIABILITIES	1,560,000.
(7) A/P DUE TO AFFILIATE BONDS	10,349,200.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,400,074.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART III, LINE 4:**

LEVINDALE OWNS AND DISPLAYS VARIOUS ARTWORKS, TO BRING HAPPINESS AND JOY TO LEVINDALE'S RESIDENTS AND PATIENTS.

**PART V, LINE 4:**

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

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1036384.		1036384.	1.34%
<b>b</b> Medicaid (from Worksheet 3, column a)						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs			1036384.		1036384.	1.34%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1670477.	114,134.	1556343.	2.02%
<b>f</b> Health professions education (from Worksheet 5)			523,206.	34,297.	488,909.	.63%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			21,267.		21,267.	.03%
<b>j</b> Total Other Benefits			2214950.	148,431.	2066519.	2.68%
<b>k</b> Total. Add lines 7d and 7j			3251334.	148,431.	3102903.	4.02%







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

Schedule H (Form 990) 2017

52-0607913 Page 4

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C, LINE 7D</u>		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V, SECTION C, LINE 7D</u>		
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 5

**Part V Facility Information** (continued)

Financial Assistance Policy (FAP)

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

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

Schedule H (Form 990) 2017

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 6

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

	Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		X
If "No," indicate why:		
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2017

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 7

**Part V Facility Information** (continued)

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

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

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	23	X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2017

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AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 8

**Part V Facility Information** (continued)

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

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

PART V, SECTION B, LINE 5: DURING THE FY18 CHNA PROCESS THE PROJECT TEAM DEVELOPED A BRIEF SURVEY TOOL THAT ENGAGED COMMUNITY MEMBERS OF THE MOST IMPORTANT INFORMATION RELATED TO THEIR HEALTH. THIS PROCESS RESULTED IN 4,755 SURVEY RESULTS COVERING EVERY ZIP CODE IN BALTIMORE CITY AND SOME OVERLAPPING ZIP CODES IN BALTIMORE COUNTY.

IN ADDITION, THE HOSPITALS JOINED TOGETHER WITH THE BALTIMORE CITY HEALTH DEPARTMENT "BCHD" TO ALIGN THE CHNA PROCESS WITH BCHD'S ACCREDITATION PROCESS.

EACH HOSPITAL REACHED OUT TO THEIR RESPECTIVE COMMUNITIES FOR ORGANIZATIONAL SPONSORS AND FOCUS GROUP PARTICIPANTS. THE MAJORITY OF THESE FOCUS GROUPS INVOLVED PARTICIPANTS FROM ACROSS THE CITY AND WERE CO-FACILITATED BY REPRESENTATIVES FROM MULTIPLE HOSPITALS WHICH RESULTED IN 10 SHARED FOCUS GROUPS.

THE POPULATIONS THAT MADE UP THESE FOCUS GROUPS AND THE DATES THE MEETINGS WERE HELD ARE LISTING BELOW:

- LGBTQ FOCUS GROUP - MEETING HELD NOVEMBER 13, 2017
- DISABILITIES (PHYSICAL) FOCUS GROUP - MEETING HELD OCTOBER 27, 2017
- OLDER ADULTS FOCUS GROUP 1 - MEETING HELD NOVEMBER 9, 2017
- OLDER ADULTS FOCUS GROUP 2 - MEETING HELD NOVEMBER 9, 2017
- SINGLE PARENTS FOCUS GROUP - MEETING HELD OCTOBER 31, 2017
- SPANISH SPEAKING FOCUS GROUP - MEETING HELD NOVEMBER 9, 2017

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 8

**Part V Facility Information** (continued)

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

-CURRENTLY HOMELESS FOCUS GROUP - MEETING HELD DECEMBER 4, 2017

-HOMELESS MEN IN TEMPORARY HOUSING FOCUS GROUP - MEETING HELD NOVEMBER 22, 2017

-CANCER FOCUS GROUP - NOVEMBER 10, 2017

-POPULATION HEALTH FOCUS GROUP - NOVEMBER 16, 2017

THE HOSPITALS ALSO COLLABORATED IN COMPILING INVITE LISTS FOR TWO MEETINGS OF LEADERS OF ORGANIZATIONS WHO ARE MAJOR PARTNERS IN HEALTH CARE DELIVERY. ALL HOSPITALS CO-FACILITATED THESE MEETINGS, BRINGING TOGETHER 25 LEADERS TO SHARE THEIR INPUT ABOUT COMMUNITY HEALTH NEEDS. A LIST OF THESE KEY STAKEHOLDERS CAN BE FOUND IN THE CURRENT CHNA.

RECOGNIZING THE POTENTIAL BENEFITS FROM ALIGNING CHNA PROCESSES, LEVINDALE AGREED TO SHIFT THE CHNA SCHEDULE BY ONE YEAR AND COLLABORATE WITH OTHER BALTIMORE CITY BASED HOSPITALS IN EXECUTING MAJOR ASPECTS OF THE CHNA PROCESS. A STEERING COMMITTEE GOVERNED COLLABORATION, WHICH WAS LARGELY EXECUTED BY A PROJECT TEAM. THE ACTIVITIES WITHIN THIS COLLABORATIVE INCLUDED:

1. PROCESS PLANNING:

A. PUBLIC SURVEY TOOL - THE HOSPITALS COLLABORATED TO DEVELOP A BRIEF SURVEY TOOL THAT WOULD ENGAGE THE COMMUNITY MEMBERS OF THE MOST IMPORTANT INFORMATION RELATED TO THEIR HEALTH. AS A COLLABORATIVE, THE FOCUS OF THE SURVEY QUESTIONS WERE ON THE RESPONDENTS' OPINIONS ABOUT COMMUNITY HEALTH NEEDS, RATHER THAN THE RESPONDENTS' PERSONAL EXPERIENCES OF HAVING THOSE NEEDS.

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Schedule H (Form 990) 2017

**Part V Facility Information** (continued)

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

**B. COLLABORATION - IN IDENTIFYING PUBLIC HEALTH INFORMATIONAL NEEDS FROM BALTIMORE CITY HEALTH DEPARTMENT THE HOSPITALS JOINED TOGETHER WITH THE BALTIMORE CITY HEALTH DEPARTMENT TO ALIGN THE CHNA PROCESS WITH BCHD'S ACCREDITATION PROCESS.**

**C. MUTUAL TECHNICAL SUPPORT ON BEST PRACTICES FOR HOSPITAL-SPECIFIC CHNA PROCESSES - THE PROJECT TEAM AND THE OVERARCHING STEERING COMMITTEE MET ON A REGULAR BASIS AND ADVISED EACH OTHER ON BEST PRACTICES IN IMPLEMENTING CHNAS.**

**D. PRIORITIZATION AND IMPLEMENTATION - COMMUNITY HEALTH LEADERS DEVELOPED INVENTORIES OF CURRENT AND POTENTIAL PROGRAMMING, CONVENED EXPERTS AND ACHIEVED AGREEMENT ON DIRECTION FOR A SHARED STRATEGY.**

**2. DATA COLLECTION:**

**A. DISTRIBUTION OF SURVEY TOOL - ALL HOSPITALS WITHIN THE COLLABORATIVE UTILIZED INDIVIDUALIZED METHODS FOR REACHING COMMUNITY MEMBERS TO RESPOND TO PUBLIC SURVEYS.**

**B. FACILITATION OF AFFINITY-BASED FOCUS GROUPS - THE HOSPITALS REACHED OUT TO THEIR RESPECTIVE COMMUNITIES FOR ORGANIZATIONAL SPONSORS AND FOCUS GROUP PARTICIPANTS. AS A RESULT, THE HOSPITALS FORMED 10 SHARED FOCUS GROUPS, INCLUDING MANY POPULATIONS NOT PREVIOUSLY SURVEYED.**

**C. FACILITATION OF STAKEHOLDER INTERVIEWS - THE HOSPITALS COLLABORATED IN**



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 8

**Part V** Facility Information *(continued)*

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

COMPILING INVITE LISTS FOR TWO MEETINGS OF LEADERS OF ORGANIZATIONS WHO ARE MAJOR PARTNERS IN HEALTH CARE DELIVERY. ALL THE HOSPITALS CO-FACILITATED THESE MEETINGS, BRINGING TOGETHER 25 LEADERS TO SHARE THEIR INPUT ABOUT COMMUNITY HEALTH NEEDS.

3. DATA COLLECTION PROCESS:

A. PUBLIC SURVEY TOOL - UNIVERSITY OF MARYLAND MEDICAL SYSTEM HOSTED AN INTERNET-BASED TOOL ON SURVEYMONKEY TO ACCOMMODATE THE SURVEY AND RECORD ALL THE RESPONSES. LIFEBRIDGE HEALTH TEAM MEMBERS UTILIZED A VARIETY OF METHODS TO COLLECT RESPONSES FOR THE SURVEY, I.E. DISTRIBUTION AT COMMUNITY EVENTS; DISTRIBUTION TO INDIVIDUAL CLIENTS AND PATIENTS OF LIFEBRIDGE HEALTH PROGRAMS; DISSEMINATION TO EMAILS LISTS OF PARTNER ORGANIZATIONS; DISSEMINATION TO LIFEBRIDGE HEALTH EMPLOYEE EMAIL LISTS AND COLLECTION OF SURVEYS FROM RELIGIOUS CONGREGATIONS.

B. FOCUS GROUPS - THE COLLABORATIVE IDENTIFIED NINE GROUPS AND WORKED WITH PARTNER ORGANIZATIONS TO RECRUIT PARTICIPANTS FOR THE FOCUS GROUPS. IN THE FOCUS GROUPS THE CONVERSATIONS WERE GUIDED BASED ON THE SAME QUESTIONS THAT WERE ASKED IN THE SECOND HALF OF THE SURVEY FOCUSING ON KEY HEALTH AND ENVIRONMENTAL/SOCIAL CONCERNS IN THE COMMUNITY, PROBLEMS WITH ACCESS TO HEALTH CARE, AND GENERAL IDEAS THAT THE PARTICIPANTS HAD FOR COMMUNITY IMPROVEMENT. THE PRIORITY CONCERNS FOR EACH AREA OF INQUIRY WERE SUMMARIZED BASED ON THE AMOUNT OF TIME SPENT ON TOPICS AND THE NUMBER OF PEOPLE EXPRESSING OPINIONS ABOUT THE ISSUES.

C. STAKEHOLDER MEETINGS - TWO MEETINGS WERE HELD, WHICH ATTRACTED A TOTAL

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 8

**Part V** Facility Information *(continued)*

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

OF 25 LEADERS FROM PARTNER ORGANIZATIONS. LIKE THE FOCUS GROUPS, THE QUESTIONS FROM THE PUBLIC SURVEY WERE USED TO GUIDE DISCUSSIONS AMONG THE STAKEHOLDERS. LEADERS FROM THE PARTICIPATING HOSPITALS LED BREAKOUT GROUPS DURING THE STAKEHOLDER MEETINGS AND FACILITATED DIALOGUES WITH SUPPORT OF NOTE TAKERS. THE TOP CONCERNS WERE DETERMINED BASED ON THE MOST PROMINENT THEMES IN THE DISCUSSIONS. IN ADDITION, ONE-ON-ONE INTERVIEWS WERE ALSO CONDUCTED WITH STAKEHOLDERS FROM THE THREE LBH HOSPITALS' SERVICE AREAS.

THE FOLLOWING ORGANIZATIONS PROVIDED INPUT ON BEHALF OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS THAT LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC SERVES: BALTIMORE CITY HEALTH DEPARTMENT, BALTIMORE CITY LHIC, PINDICO ELEMENTARY/MIDDLE, HELPING UP MISSION, CHANA, COMPREHENSIVE HOUSING ASSISTANCE, INC., MEDSTAR TOTAL ELDER CARE, BALTIMORE MEDICAL SYSTEM, BANNER NEIGHBORHOODS COMMUNITY CENTER, CHASE BREXTON, ZETA HEALTH AGING PARTNERSHIP, MARY HARWIN SENIOR CENTER, LEAGUE FOR PEOPLE WITH DISABILITIES, CENTER FOR URBAN FAMILIES, PARK HEIGHTS COMMUNITY HEALTH ALLIANCE, PROMISE HEIGHTS, GREEN AND HEALTH HOMES INITIATIVES, MEDSTAR CENTER FOR SUCCESSFUL AGING, DISABILITY RIGHTS MARYLAND, AMERICAN HEART ASSOCIATION AND AMERICAN DIABETES ASSOCIATION.

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

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

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 8

**Part V** Facility Information (continued)

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

NORTHWEST HOSPITAL CENTER, INC. FOR THE 2017 CHNA THE LIFE BRIDGE HEALTH HOSPITALS COOPERATED TOGETHER WITH OTHER BALTIMORE CITY HOSPITALS (UMMC, MEDSTAR HEALTH, ST. AGNES, JOHNS HOPKINS HEALTHCARE AND MERCY MEDICAL CENTER) TO GATHER INFORMATION.

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

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

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.

[HTTP://WWW.LIFE BRIDGE HEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY%20HEALTH/2013/LEVINDALE.PDF](http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2013/levindale.pdf)

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC:

PART V, SECTION B, LINE 11: THE CHNA TEAM, IN CONSULTATION WITH THE DIRECTOR OF POPULATION HEALTH, THE DEPARTMENT CHARGED WITH IMPLEMENTATION OF COMMUNITY HEALTH IMPROVEMENT, ARRIVED AT THE DECISION TO FOCUS ON BEHAVIORAL HEALTH, CHRONIC DISEASE, JOB OPPORTUNITIES, HEALTH EDUCATION, AS WELL AS INSURANCE SIGNUPS FOR LEVINDALE'S COMMUNITY HEALTH IMPROVEMENT PROJECTS. LEVINDALE IS ADDRESSING THE HEALTH NEEDS THAT WERE IDENTIFIED AS PRIORITIES BY:

BEHAVIORAL HEALTH

BEHAVIORAL HEALTH AND HOMELESSNESS ARE AFFECTING THE LEVINDALE COMMUNITY.



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 8

**Part V** Facility Information (continued)

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

IN COLLABORATION WITH OTHER CITY HOSPITALS, LEVINDALE IS WORKING ON A PERMANENT SUPPORTIVE HOUSING MODEL WHICH WOULD PROVIDE HOUSING OPTIONS FOR PATIENTS WHO ARE DISCHARGED FROM THE EMERGENCY DEPARTMENT AND INPATIENT SETTINGS. THEY WOULD BE PROVIDED WITH SUPPORTIVE SERVICES, WHICH IS ANTICIPATED TO IMPROVE HEALTH AND DECREASE UTILITIZATION OF HIGH-COST HOSPITAL SERVICES.

CHRONIC DISEASE

THE DIABETES WELLNESS SERIES WAS DEVELOPED TO ADDRESS THOSE WHO ARE AT RISK OF DEVELOPING CHRONIC DISEASES, IN ADDITION TO THOSE WHO LIVE WITH CHRONIC DISEASE ALREADY. A FOUR-PART WELLNESS SERIES TARGETED TOWARD PRE-DIABETIC AND DIABETIC MEMBERS WILL BE IMPLEMENTED. THE CURRICULUM WILL FOCUS ON HEALTHY EATING, EXERCISE AND STRESS REDUCTION. IN ADDITION, THE CHANGING HEARTS PROGRAM WILL CONTINUE TO ADDRESS IDENTIFICATION AND PREVENTION OF HEART DISEASE WITHIN THE LEVINDALE COMMUNITY. THE PROGRAM INCLUDES LIVE HEART HEALTH RISK ASSESSMENTS, HEALTH EDUCATION COUNSELING WITH A REGISTERED NURSE, EDUCATION MATERIALS TO HELP FACILITATE LIFESTYLE CHANGE, FOLLOW-UP CALLS AND/OR HOME VISITS, LIFESTYLE CLASSES, AND WEB-BASED LINKS TO RESOURCES TO IMPROVE CARDIAC HEALTH.

JOB OPPORTUNITIES

WORKFORCE READINESS TRAINING WILL BE IMPLEMENTED FOR EXISTING POPULATION HEALTH PROGRAMS' CLIENTS TO PROVIDE THEM WITH MORE SUPPORT IN BEING LINKED TO HIRING OPPORTUNITIES INSIDE AND OUTSIDE OF THE ORGANIZATION AND WILL SEEK FUNDING TO PROVIDE THESE SERVICES TO WILLING CLIENTS FROM PROGRAMS WITHIN THE COMMUNITY INITIATIVES DEPARTMENT.

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 8

**Part V Facility Information** (continued)

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

**HEALTH EDUCATION/KNOWLEDGE OF AVAILABLE RESOURCES**

A PASTORAL OUTREACH COORDINATOR AND COMMUNITY EDUCATOR HAVE BEEN ADDED TO THE COMMUNITY HEALTH EDUCATION TEAM IN ORDER TO PROVIDE MORE OUTREACH TO FAITH COMMUNITIES AND OFFER NEW EDUCATIONAL TOPICS SUCH AS SEXUAL HEALTH FOR TEENS.

**INSURANCE SIGNUPS**

INSURANCE APPLICATION COUNSELORS WILL BE TRAINED TO ASSIST PATIENTS WITH INSURANCE SIGNUPS WHICH IS ANTICIPATED TO LEAD TO MORE PATIENTS HAVING INSURANCE AND MORE CONSISTENT TREATMENT FOR PATIENTS WHO NEED IT. IN ADDITION, LEVINDALE WILL ENCOURAGE THE USE OF COMMUNITY ORGANIZATIONS OFFERING INSURANCE SIGNUP.

DUE TO THE FACT THAT LEVINDALE IS DESIGNATED AS A GERIATRIC CENTER, IT DOES NOT PROVIDE ACUTE CARE SERVICES AND SERVICES A MUCH OLDER POPULATION COMPARED TO ITS SISTER HOSPITALS, SINAI AND NORTHWEST, THAT PROVIDE ACUTE CARE SERVICES AND SERVE A MORE AGE-DIVERSE POPULATION, MANY RESPONSES TO COMMUNITY HEALTH NEEDS WILL BE ADDRESSED AT THE SYSTEM LEVEL, INVOLVING ALL THREE LIFEBRIDGE HEALTH HOSPITALS.

**NEEDS NOT ADDRESSED WITHIN IMPLEMENTATION STRATEGY**

MANY OF THE FOLLOWING NEEDS WERE IDENTIFIED EITHER AS TOP PRIORITIES BY POPULATIONS OR CONVERSATIONS, BUT ULTIMATELY WERE NOT CHOSEN BY THE COMMUNITY MISSION COMMITTEE AS PRIORITY FOR IMPLEMENTATION.

**NEIGHBORHOOD SAFETY/VIOLENCE:**

THIS WAS THE TOP ENVIRONMENTAL/SOCIAL CONCERNS HOWEVER; IT WAS NOT

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 8

**Part V Facility Information** (continued)

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

PRIORITIZED THIS YEAR SINCE THE STREET VIOLENCE INTERVENTION PROGRAM

(SVIP) IS A ROBUST PROGRAM ACTIVELY WORKING WITH VICTIMS OF STREET

VIOLENCE. SINAI'S KUJICHAGULIA CENTER HOSTS SVIP AND PARTNERS WITH

BALTIMORE CITY'S SAFE STREETS PROGRAM TO ADDRESS CONFLICTS AS THEY ARISE.

SEE APPENDIX E1 FOR THE PROGRESS REPORT ABOUT THE KUJICHAGULIA CENTER,

WHICH WAS AN OUTGROWTH OF THE 2012 CHNA AND WAS EXPANDED AS A RESPONSE TO

THE 2015 CHNA.

HOUSING/HOMELESSNESS:

HOUSING/HOMELESSNESS CAME UP IN SEVERAL FOCUS GROUPS BUT DID NOT ARISE AS

ONE OF THE MOST COMMONLY IDENTIFIED PRIORITIES IN THE SURVEY RESPONSES.

THIS CONCERN WILL BE ADDRESSED THROUGH A COLLABORATIVE WITH OTHER CITY

HOSPITALS, WHICH IS COMMITTED TO DEVELOPING A HOUSING STRATEGY FOR

BEHAVIORAL HEALTH PATIENTS.

LACK OF TRANSPORTATION:

LACK OF TRANSPORTATION AROSE IN THE SURVEYS AS AN IMPORTANT REASON FOR WHY

PEOPLE DO NOT GET HEALTH CARE. THROUGH THE CARE MANAGEMENT DEPARTMENT AND

OTHER PROGRAMS THAT WORK WITH PEOPLE IN THE COMMUNITY, TRANSPORTATION

FUNDING IS PROVIDED FOR MANY PATIENTS WHO NEED HELP IN GETTING TO THEIR

DOCTORS' APPOINTMENTS. SINCE PATIENTS AND CLIENTS ARE SERVED WELL BY THESE

RESOURCES, THIS CONCERN WAS NOT PRIORITIZED AS A TARGET FOR FURTHER

INVESTMENT.

INSURANCE TOO EXPENSIVE:

AS A REASON FOR WHY PEOPLE DO NOT GET HEALTH CARE, THIS NEED RECEIVED TOP

SCORES ACROSS ALL ZIP CODES. HOWEVER, THIS IS NOT WITHIN THE PURVIEW OF



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 8

**Part V Facility Information** (continued)

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

**THE HOSPITAL.**

**INSURANCE NOT ACCEPTED:**

THIS REASON RANKED FOURTH ON THE PUBLIC SURVEY, BUT IT WAS NOT ADDRESSED SINCE LEVINDALE ACCEPTS ALL FORMS OF INSURANCE. IT WAS CONCLUDED THAT THIS PROBLEM WOULD BE BEST ADDRESSED BY PHYSICIAN OFFICES.

**LIMITED ACCESS TO HEALTHY FOODS:**

HEALTHY FOOD ACCESS CAME UP IN SEVERAL SURVEYS AND DISCUSSIONS. THERE IS A LOT OF INTEREST THROUGHOUT BALTIMORE CITY IN ADDRESSING THE PROBLEM OF FOOD DESERTS, BUT OVERALL THE NEED WAS NOT EXPRESSED AS A TOP PRIORITY AMONG COMMUNITY MEMBERS.

**POVERTY:**

POVERTY CAME UP AS THE FIFTH-HIGHEST PRIORITY IN THE LEVINDALE AND OVERALL SURVEYS, AND AS THE NUMBER ONE PRIORITY AMONG PEOPLE WITH DISABILITIES AND THE LGBTQ GROUP. HOWEVER, SINCE THIS NEED WAS DETERMINED TO BE A CONCERN WITH VARIOUS UNDERLYING FACTORS, LEVINDALE FOCUSED ON ADDRESSING THE UNDERLYING PROBLEMS (INCLUDING JOB READINESS, TRANSPORTATION) LEADING TO POVERTY.

**SCHOOL DROPOUT/POOR SCHOOLS:**

THE FOCUS GROUPS WITH PARTICIPANTS IN YOUNGER DEMOGRAPHICS SPOKE ABOUT SCHOOL-RELATED PROBLEMS. WHILE LIFE BRIDGE HEALTH IS ENGAGED IN VARIOUS WAYS WITH SCHOOLS, THESE EFFORTS ARE NOT GEARED TOWARDS IMPROVING OVERALL SCHOOL QUALITY. KUJICHAGULIA CENTER CURRENTLY IMPLEMENTS A MENTORSHIP PROGRAM FOR MIDDLE SCHOOLERS FOCUSED ON ADDRESSING BULLYING AND VIOLENCE

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 8

**Part V Facility Information** (continued)

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

IN THE AFRICAN AMERICAN/BLACK COMMUNITY.

WAIT IS TOO LONG FOR CARE:

THIS PROBLEM SURFACED AS A COMMONLY IDENTIFIED NEED. A SYSTEM-WIDE EFFORT IS BEING UNDERTAKEN TO ADDRESS THROUGHPUT IN VARIOUS HOSPITAL SETTINGS.

THIS WOULD NOT BE TAKEN ON AS A COMMUNITY BENEFIT PROJECT BUT RATHER THROUGH QUALITY LEADERSHIP AT THE HOSPITAL. BROADER PROBLEMS, SUCH AS WAIT TIMES FOR OTHER HEALTH CARE SERVICES SUCH AS MENTAL HEALTH THERAPY APPOINTMENTS IN THE COMMUNITY, ARE BEYOND THE SCOPE OF THE HOSPITAL.

STIGMA/DISCRIMINATION:

STIGMA AND DISCRIMINATION SHOWED UP IN SOME OF THE FOCUS GROUPS THAT WERE CONDUCTED. ALTHOUGH IT WAS NOT PRIORITIZED AS A CENTRAL FOCUS FOR THE NEXT THREE YEARS, THE CONCERNS WERE SHARED WITH OTHER PARTS OF THE SYSTEM. THE CLINICALLY INTEGRATED NETWORK HAS BEGUN ADDRESSING STIGMA AND DISCRIMINATION BY INSTITUTING AN LGBTQ-FRIENDLY PROVIDER NETWORK.

PHYSICIANS NOT TRUSTWORTHY:

A FEW PEOPLE MENTIONED THIS CONCERN IN FOCUS GROUPS. ADDRESSING THIS ISSUE WAS BEYOND THE SCOPE OF COMMUNITY BENEFIT.

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC.

PART V, SECTION B, LINE 16A, 16B AND 16C:

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

SPX

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

**Part V Facility Information** (continued)

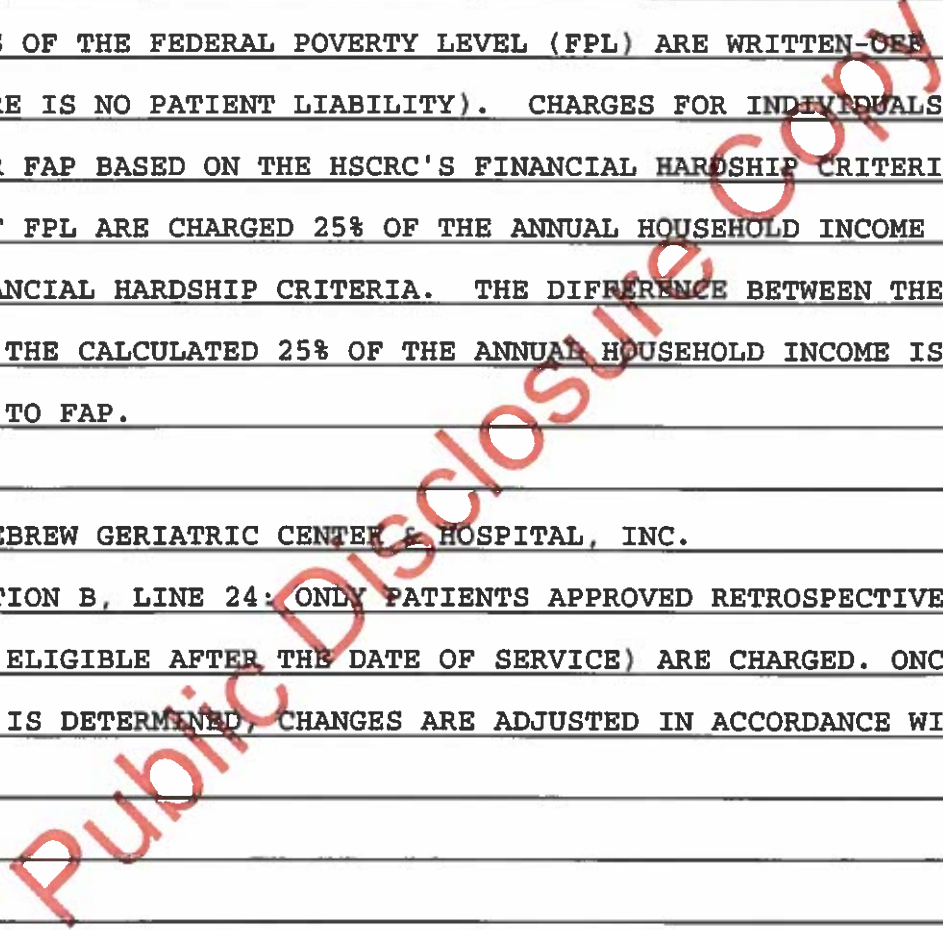
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LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC.

PART V, SECTION B, LINE 22C: CHANGES FOR ALL HOSPITAL PATIENTS ARE STATE REGULATED. SERVICES ARE CHARGED TO ALL HOSPITAL PATIENTS AT THE SAME RATE. CHANGES FOR INDIVIDUALS FOUND ELIGIBLE FOR FAP BASED ON 300% OR LESS OF THE FEDERAL POVERTY LEVEL (FPL) ARE WRITTEN-OFF IN FULL TO FAP (THERE IS NO PATIENT LIABILITY). CHARGES FOR INDIVIDUALS FOUND ELIGIBLE FOR FAP BASED ON THE HSCRC'S FINANCIAL HARDSHIP CRITERIA OF 301%-500% OF FPL ARE CHARGED 25% OF THE ANNUAL HOUSEHOLD INCOME PER THE HSCRC'S FINANCIAL HARDSHIP CRITERIA. THE DIFFERENCE BETWEEN THE TOTAL CHARGES AND THE CALCULATED 25% OF THE ANNUAL HOUSEHOLD INCOME IS WRITTEN OFF TO FAP.

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC.

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







LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990) 2017

52-0607913 Page 10

**Part VI** Supplemental Information

Provide the following information.

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

**PART I, LINE 3C:**

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

**PART I, LINE 7:**

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

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990)

52-0607913 Page 10

**Part VI** Supplemental Information (Continuation)

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

PART I, LINE 7A - I:

THE FOLLOWING COSTING METHODOLOGIES WERE USED TO CALCULATE LINES 7A THROUGH 7I ON THE COMMUNITY BENEFIT REPORT.

OFFSETTING REVENUE - REVENUE FROM THE ACTIVITY DURING THE YEAR THAT OFFSETS THE TOTAL COMMUNITY BENEFIT EXPENSE OF THAT ACTIVITY, IT INCLUDES ANY REVENUE GENERATED BY THE ACTIVITY OR PROGRAM, SUCH AS A PAYMENT OR REIMBURSEMENT FOR SERVICES PROVIDED TO PROGRAM PATIENTS. OFFSETTING REVENUE INCLUDES RESTRICTED GRANTS OR CONTRIBUTIONS USED TO PROVIDE A COMMUNITY BENEFIT, BUT DOES NOT INCLUDE UNRESTRICTED GRANTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE COMMUNITY BENEFIT.

DIRECT COSTS - DIRECT COSTS INCLUDE SALARIES, EMPLOYEE BENEFITS, SUPPLIES, INTEREST ON FINANCING, TRAVEL AND OTHER COSTS THAT ARE DIRECTLY ATTRIBUTABLE TO THE SPECIFIC SERVICE AND THAT WOULD NOT EXIST IF THE SERVICE OR EFFORT DID NOT EXIST.

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

INDIRECT COSTS - INDIRECT COSTS ARE COSTS NOT ATTRIBUTED TO PRODUCTS  
AND/OR SERVICES THAT ARE INCLUDED IN THE CALCULATION OF COSTS FOR  
COMMUNITY BENEFIT. THESE COULD INCLUDE, BUT ARE NOT LIMITED TO, SALARIES  
FOR HUMAN RESOURCES AND FINANCE DEPARTMENTS, INSURANCE AND OVERHEAD  
EXPENSE

PART II, COMMUNITY BUILDING ACTIVITIES:

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

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

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

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990)

52-0607913 Page 10

**Part VI** Supplemental Information (Continuation)

PART III, LINE 2:

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

PART III, LINE 3:

LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL, INC. DETERMINES ELIGIBILITY FOR FINANCIAL ASSISTANCE THROUGH OTHER VARIOUS MEANS SUCH AS ELIGIBLE FOR NON-REIMBURSABLE MEDICAID PROGRAMS, OUT-OF-STATE MEDICAID PROGRAMS, MARYLAND MEDICAID ELIGIBLE AFTER ADMISSION, APPROVED FINANCIAL ASSISTANCE UNDER PRESUMPTIVE ELIGIBILITY RULE AND IF THE PATIENT WAS DENIED MEDICAID FOR NOT MEETING DISABILITY REQUIREMENTS. OF THE REMAINING BAD DEBT EXPENSE, IT IS ESTIMATED THAT \$1,821,446 IN COST MAY BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE.

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

Schedule H (Form 990)

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

52-0607913 Page 10

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

SERVICES AND INSURANCE OUTSOURCE SERVICES TO ENSURE MAXIMUM EFFORT IS  
TAKEN TO RECOVER INSURANCE AND SELF-PAY DOLLARS BEFORE TRANSFER TO BAD  
DEBT. CONTRACTUAL ARRANGEMENTS WITH THIRD PARTY COLLECTION AGENCIES ARE  
USED TO ASSIST IN THE RECOVERY OF BAD DEBT DOLLARS AFTER ALL INTERNAL  
COLLECTION EFFORTS HAVE BEEN EXHAUSTED. IN SO DOING, THE COLLECTION  
AGENCIES MUST OPERATE CONSISTENTLY WITH LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL'S GOAL OF MAXIMUM BAD DEBT RECOVERY AND STRICT ADHERENCE WITH  
FAIR DEBT COLLECTIONS PRACTICES ACT (FDCPA) RULES AND REGULATIONS, WHILE  
MAINTAINING POSITIVE PATIENT RELATIONS. SEE AUDITED FINANCIAL STATEMENTS  
PAGE 14 AND 15.

PART III, LINE 8:

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

PART III, LINE 9B:

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. PROVIDES CARE WITHOUT  
CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET  
THE CRITERIA OF ITS CHARITY CARE POLICY. IT DOES NOT PURSUE THE COLLECTION  
OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE AND THOSE AMOUNTS ARE NOT  
REPORTED AS REVENUE. THE CRITERIA FOR CHARITY CARE CONSIDER GROSS INCOME  
AND FAMILY SIZE ACCORDING TO CURRENT FEDERAL POVERTY GUIDELINES. PATIENTS  
WITH AN ANNUAL INCOME UP TO 300% OF THE FEDERAL POVERTY LEVEL MAY HAVE

Schedule H (Form 990)



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990)

52-0607913 Page 10

Part VI Supplemental Information (Continuation)

100% OF THEIR HOSPITAL BILLS COVERED BY FINANCIAL ASSISTANCE. TO QUALIFY,  
THE PATIENT MUST SHOW PROOF OF INCOME 300% OR LESS OF THE FEDERAL POVERTY  
GUIDELINES. PATIENTS ABOVE 300% ANNUAL INCOME MAY HAVE A PORTION OF THEIR  
MEDICAL BILLS COVERED BY FINANCIAL ASSISTANCE BASED ON A SLIDING SCALE.  
ELIGIBILITY IS CALCULATED BASED ON THE NUMBER OF PEOPLE LIVING IN THE  
HOUSEHOLD.

PART VI, LINE 2:

THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT  
SERVES BY: A) ANALYZING PRIMARY AND SECONDARY HEALTH DATA AT THE HOSPITAL  
AND COMMUNITY LEVEL AND B) INVOLVING PUBLIC HEALTH EXPERTS, COMMUNITY  
MEMBERS AND KEY COMMUNITY GROUPS IN FURTHER IDENTIFYING PRIORITY CONCERNS  
AND NEEDS.

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. IS INVOLVED WITH THE  
BALTIMORE CITY HEALTH DEPARTMENT'S ACCOUNTABLE HEALTH COMMUNITIES PROJECT,  
IDENTIFYING AREAS OF SIGNIFICANT SOCIAL NEED AND TARGETING EFFORTS AROUND  
THESE AREAS. WE ALSO WORK REGULARLY WITH A GROUP OF BALTIMORE CITY  
HOSPITALS LOOKING CONTINUALLY AT NEEDS OF OUR SURROUNDING COMMUNITIES AND  
ADDRESSING THOSE NEEDS.

THROUGH OUR CARE COORDINATION PROGRAMS, WE USE ASSESSMENTS AND DATA  
ANALYTICS TO IDENTIFY NEEDS AND DEVELOP TARGETED POPULATION HEALTH  
PROGRAMS AS WELL AS INDIVIDUAL CARE GOALS.

WE OFTEN USE INFORMATION GATHERED DURING OUR EDUCATIONAL PROGRAM  
EVALUATIONS (DONE BY SURVEY AND INFORMAL CONVERSATION) WHICH ASK IF THERE  
ARE (1) ANY CHANGES SUGGESTED TO THE PROGRAM; AND (2) ANY TOPICS PEOPLE

Schedule H (Form 990)

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990)

52-0607913 Page 10

**Part VI** Supplemental Information (Continuation)

WOULD LIKE TO SEE COVERED THAT WERE NOT COVERED IN THE PROGRAM. WE ALSO  
WORK IN CLOSE COLLABORATION WITH THE LOCAL HEALTH DEPARTMENTS (BALTIMORE  
CITY AND COUNTY) WITH REGARD TO THEIR HEALTH INITIATIVES, STATISTICS, AND  
ALSO DIRECTLY WITH ORGANIZATIONS TO MEET THEIR REQUESTS FOR SUBJECT MATTER  
(I.E. ZETA CENTER SENIORS MAY REQUEST AN EVENT SURROUNDING MEMORY  
ENHANCEMENT). WE ALSO WORK WITH INTERNAL SPECIALTIES IN LBH TO AID IN  
TARGETED HEALTH EDUCATION AS NEEDED.

PART VI, LINE 3:

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

Schedule H (Form 990)

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990)

52-0607913 Page 10

Part VI Supplemental Information (Continuation)

INFORMATION TO DISCUSS LEVINDALE'S FINANCIAL ASSISTANCE PROGRAM. ALL HOSPITAL PATIENT FINANCIAL SERVICES STAFF, AND MEDICAID ELIGIBILITY VENDORS ARE TRAINED TO IDENTIFY POTENTIAL FINANCIAL ASSISTANCE ELIGIBILITY AND ASSIST PATIENTS WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

PART VI, LINE 4:

LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL IS LOCATED IN THE NORTHWEST QUADRANT OF BALTIMORE CITY. IT DRAWS MANY PATIENTS FROM THE NEIGHBORHOODS PROXIMATE TO THE FACILITY. CONSISTENT WITH ITS MISSION TO SERVE THE JEWISH COMMUNITY, LEVINDALE ALSO SERVES PATIENTS FROM THROUGHOUT THE BALTIMORE METROPOLITAN AREA. IN ADDITION, AS ONE OF A SMALL NUMBER OF CHRONIC HOSPITALS IN THE STATE, LEVINDALE DRAWS PATIENTS FROM ACROSS CENTRAL MARYLAND. THE NEIGHBORHOODS SURROUNDING LEVINDALE ARE IDENTIFIED BY THE BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE (BNIA) AS SOUTHERN PARK HEIGHTS (SPH) AND PIMLICO/ARLINGTON/HILLTOP (PAH). TOGETHER THEY CONSTITUTE AN AREA THAT IS PREDOMINANTLY AFRICAN AMERICAN WITH A BELOW AVERAGE MEDIAN FAMILY INCOME, BUT ABOVE AVERAGE RATES FOR UNEMPLOYMENT, AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH. SPH AND PAH'S MEDIAN HOUSEHOLD INCOME WAS \$26,015 AND \$32,410 RESPECTIVELY. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$41,819. THE PERCENT OF FAMILIES WITH INCOMES BELOW THE FEDERAL POVERTY GUIDELINES IN SPH WAS 46.4% AND IN PAH, 28.4%. THE UNEMPLOYMENT RATE FOR BALTIMORE CITY WAS 13.1%. SPH AND PAH HAD UNEMPLOYMENT RATES OF 23.6% AND 17.1% RESPECTIVELY. THE NINE ZIP CODES THAT REPRESENT THE PRIMARY SERVICE AREA IN FISCAL YEAR 2017 WERE 21215, 21207, 21208, 21209, 21117, 21216, 21133, 21234 AND 21228. THE BALTIMORE CITY HEALTH DEPARTMENT USES COMMUNITY STATISTICAL AREAS (CSA) WHEN ANALYZING HEALTH OUTCOMES AND RISK FACTORS. THE DATA PROVIDED FOR THE PRIMARY RACIAL COMPOSITION, MEDIAN INCOME AND

Schedule H (Form 990)

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

52-0607913 Page 10

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

HOUSEHOLD BELOW POVERTY LEVEL WAS OBTAINED FROM THE BALTIMORE CITY HEALTH DEPARTMENT'S 2017 NEIGHBORHOOD HEALTH PROFILES. THE LIFE EXPECTANCY DATA WAS OBTAINED FROM THE BALTIMORE CITY HEALTH DEPARTMENT. THE RACIAL COMPOSITION AND INCOME DISTRIBUTION OF THESE ZIP CODES REFLECT THE SEGREGATION AND INCOME DISPARITY CHARACTERISTICS OF THE BALTIMORE METROPOLITAN REGION. AS INDICATED ABOVE, THOSE ZIP CODES THAT HAVE A PREDOMINANTLY AFRICAN AMERICAN POPULATION, INCLUDING 21215, IN WHICH THE HOSPITAL IS LOCATED, REFLECT THE RACIAL SEGREGATION AND POVERTY REPRESENTATIVE OF BALTIMORE CITY. THIS IS IN CONTRAST TO THE NEIGHBORING BALTIMORE COUNTY ZIP CODES (21208 & 21209) IN WHICH THE MEDIAN HOUSEHOLD INCOME WAS MUCH HIGHER, AND IN WHICH THE POPULATION IS PREDOMINANTLY WHITE.

PART VI, LINE 5:

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

PART VI, LINE 6:

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

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

MD

REV. PROC. 2015-21, SECTION 7 DISCLOSURE:

Schedule H (Form 990)



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule H (Form 990)

52-0607913 Page 10

Part VI Supplemental Information (Continuation)

ON OCTOBER 19TH, 2018 LEVINDALE HOSPITAL DISCOVERED A FAILURE TO  
PROVIDE A LIST OF PROVIDERS ON THE HOSPITAL'S WEBSITE AS DETAILED IN  
IRC 501(R)(4)(F) AND WOULD NEED TO UPDATE THEIR FAP TO INCLUDE THE LIST  
OF PROVIDERS TO BECOME COMPLIANT WITH THE LAW.

DESCRIPTION OF CORRECTION - THE FAP FOR LEVINDALE HOSPITAL WAS UPDATED  
TO INCLUDE THE REQUIRED LIST OF PROVIDERS UNDER 501(R)(4)(F). THE  
UPDATED FAP WAS ADDED TO LEVINDALE HOSPITAL'S WEBSITE ON DECEMBER 3RD,  
2018.

THE PATIENT FINANCIAL SERVICES TEAM REVIEWS THE FAP AND OTHER  
REQUIREMENTS UNDER 501(R) TO DETERMINE COMPLIANCE WITH THE LAW. ANY  
OVERSIGHTS ARE NOTED AND PROMPTLY CORRECTED. THE POLICY OF REVIEWING  
THE 501(R) REQUIREMENTS HELPS MINIMIZE ANY FAILINGS AND ENSURES  
ACCURATE AND COMPLETE DISCLOSURE TO THOSE UTILIZING THE FAP OF  
LEVINDALE HOSPITAL.

AS PART OF THE FAP OVERVIEW PROCESS AND COMPLETION OF THE CURRENT  
COMMUNITY HEALTH NEEDS ASSESSMENTS IT WAS DISCOVERED THAT CERTAIN  
FOREIGN TRANSLATIONS OF THE FAP FOR LIMITED ENGLISH PROFICIENT  
INDIVIDUALS WAS MISSING FROM LEVINDALE HOSPITAL'S WEBSITE. WHEN THE  
ERROR WAS NOTED TRANSLATIONS WERE PROMPTLY ADDED TO THE WEBSITE IN  
ACCORDANCE WITH IRC 501(R)(4).

Schedule H (Form 990)

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**52-0607913**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>X</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>X</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>4a</b>		<b>X</b>
<b>4b</b>	<b>X</b>	
<b>4c</b>		<b>X</b>
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
<b>9</b>		

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

Schedule J (Form 990) 2017

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

52-0607913

Page 2

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NEIL M. MELTZER PRESIDENT/CEO/DIRECTOR, LIFEBRIDG	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 905,736.	615,768.	320,478.	243,765.	23,087.	2,108,834.	264,149.	
(2) DAVID KRAJEWSKI EXEC VP/CFO	(i) 0.	0.	0.	0.	0.	0.	
(ii) 597,865.	376,418.	187,546.	197,228.	26,415.	1,385,664.	150,935.	
(3) BRIAN WHITE LBH EXECUTIVE VICE PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	
(ii) 604,475.	226,871.	229,534.	901,490.	26,894.	1,289,264.	218,614.	
(4) LESLIE SIMMONS EXECUTIVE VP, CARROLL	(i) 0.	0.	0.	0.	0.	0.	
(ii) 542,446.	182,075.	49,017.	187,687.	29,197.	990,422.	0.	
(5) RONALD GINSBERG VP MEDICAL AFFAIRS/CMO	(i) 0.	0.	0.	0.	0.	0.	
(ii) 313,888.	80,161.	91,363.	3,842.	19,400.	508,654.	33,764.	
(6) LOU DUNAWAY VP BUDGET & CAPITAL PLANNING/CFO LEV	(i) 0.	0.	0.	0.	0.	0.	
(ii) 196,707.	34,864.	276.	24,880.	22,187.	278,914.	0.	
(7) MARIAN CHIMA VP NURSING HOME OPERATIONS/CMO	(i) 0.	0.	0.	0.	0.	0.	
(ii) 153,329.	65,997.	1,332.	18,166.	27,839.	266,663.	0.	
(8) HOLLY PHIPPS ADAMS VP HUMAN RESOURCES, LEVINDALE	(i) 0.	0.	0.	0.	0.	0.	
(ii) 196,409.	0.	838.	384.	7,443.	205,074.	0.	
(9) ROSS J MAULTASCH REGISTERED NURSE	(i) 0.	0.	0.	0.	0.	0.	
(ii) 140,607.	14,625.	109.	1,500.	25,448.	182,289.	0.	
(10) CAROLINE NGAUJAH REGISTERED NURSE	(i) 0.	0.	0.	0.	0.	0.	
(ii) 142,057.	0.	213.	11,346.	19,446.	173,062.	0.	
(11) DIANN FERGUSON REGISTERED NURSE	(i) 0.	0.	0.	0.	0.	0.	
(ii) 140,263.	0.	84.	4,760.	8,593.	153,700.	0.	
(12) JONAH SAMUEL REGISTERED NURSE	(i) 0.	0.	0.	0.	0.	0.	
(ii) 122,017.	500.	90.	5,210.	23,076.	150,893.	0.	
(13) IDRIZ LIMAJ FORMER CHIEF OPERATING OFFICER	(i) 0.	0.	0.	0.	0.	0.	
(ii) 124,555.	62,604.	586.	1,631.	42.	189,418.	0.	
(iii) 0.	0.	0.	0.	0.	0.	0.	
(iv) 0.	0.	0.	0.	0.	0.	0.	
(v) 0.	0.	0.	0.	0.	0.	0.	
(vi) 0.	0.	0.	0.	0.	0.	0.	
(vii) 0.	0.	0.	0.	0.	0.	0.	

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

52-0607913

Page 3

Schedule J (Form 990) 2017

Part III Supplemental Information

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

PART I, LINE 1A:

ALL BOARD MEMBERS ARE ELIGIBLE FOR COMPLIMENTARY HEALTH CLUB MEMBERSHIPS.

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

COMPLIMENTARY MEMBERSHIP.

PART I, LINE 3:

THE COMPENSATION OF LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.'S

CEO/EXECUTIVE DIRECTOR IS DETERMINED AT THE PARENT LEVEL BY LIFEBRIDGE

HEALTH, INC. THE METHODS USED AT LIFEBRIDGE HEALTH, INC. INCLUDE A

COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN

EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD

OR COMPENSATION COMMITTEE.

PART I, LINE 4B:

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

LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

NEIL MELTZER \$ 213,697

BRIAN WHITE \$ 186,090

Schedule J (Form 990) 2017



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Part III Supplemental Information

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

DAVID KRAJEWSKI \$ 179,736

MARIAN CHIMA \$ 18,166

LESLIE SIMMONS \$ 168,543

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS RECEIVED PAYMENTS AS

PART OF THEIR PARTICIPATION IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN:

NEIL MELTZER \$ 276,450

BRIAN WHITE \$ 219,811

DAVID KRAJEWSKI \$ 156,454

RONALD GINSBERG \$ 37,251



LEVINDALE HEBREW GERIATRIC CENTER

Schedule L (Form 990 or 990-EZ) 2017 AND HOSPITAL, INC.

**Part IV** Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ACME PAPER & SUPPLY CO	INDIRECT BUSINESS	2,328,536.	LEVINDALE H		X
THE LAW OFFICE OF FRED S.	INDIRECT BUSINESS	897,243.	LIFEBRIDGE		X

**Part V** Supplemental Information

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

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

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

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

AND OTHER LIFEBRIDGE HEALTH SUBSIDIARIES PURCHASED APPROXIMATELY

\$2,328,536 IN PAPER SUPPLIES FROM ACME PAPER AND SUPPLY, CO. ONE OF THE

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

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

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

NEGOTIATED AT ARM'S LENGTH.

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

(D) DESCRIPTION OF TRANSACTION: LIFEBRIDGE HEALTH SUBSIDIARIES PAID

APPROXIMATELY \$897,243 FOR COLLECTION SERVICES FROM THE LAW OFFICE OF

FRED S. LONDON PC. ONE OF THE DIRECTORS OF LEVINDALE, SCOTT LONDON, IS

AN ATTORNEY FOR THE FIRM. ALL TRANSACTIONS WERE AT FAIR MARKET VALUE AND

WERE NEGOTIATED AT ARM'S LENGTH.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	4	17,500.	COST OF DONATED ART
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Employer identification number  
52-0607913

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

EFFECTIVE MANNER FOR THE AGED, FRAIL AND ILL IN INSTITUTIONAL,

COMMUNITY AND HOME SETTINGS.

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

DEVELOPING, IN COLLABORATION WITH OTHER AGENCIES, A COMPREHENSIVE

CONTINUUM OF NURSING, MEDICAL, AND SOCIAL SERVICES WITHIN THE JEWISH

COMMUNITY OF THE BALTIMORE METROPOLITAN AREA. PROGRAMS ARE OPERATED

WITHIN THE VALUES INHERENT IN JUDAISM PURSUANT TO LEVINDALE'S CHARTER.

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

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

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

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

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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FORM 990, PART VI, SECTION A, LINE 7B:

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

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

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

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

LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES REQUIRE ALL EMPLOYEES, MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTIONS. AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES. AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S RELATIONSHIP WITH LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES (E.G., THE INDIVIDUAL'S CONTINUED MEMBERSHIP ON A SUBSIDIARY HOSPITAL'S MEDICAL STAFF), OR ON THE INDIVIDUAL'S OWN HEALTH CARE, OR THE INDIVIDUAL

Name of the organization LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number 52-0607913
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IS PERSONALLY INVOLVED IN A SUBSTANTIAL WAY (E.G., SERVES AS AN OFFICER OR DIRECTOR) WITH ANOTHER ORGANIZATION THAT HAS A SIGNIFICANT INTEREST IN THE MATTER. AN INDIVIDUAL IS CONSIDERED TO HAVE A "FINANCIAL INTEREST" IN A TRANSACTION IF THE INDIVIDUAL IS A PARTY TO THE TRANSACTION, OR IF THE INDIVIDUAL HAS, DIRECTLY OR INDIRECTLY A CURRENT OR POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN A PARTY TO THE TRANSACTION OR A CURRENT OR POTENTIAL COMPENSATION ARRANGEMENT WITH A PARTY TO THE TRANSACTION. A "COMPENSATION ARRANGEMENT" INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS OF A SUBSTANTIAL NATURE. AN INDIVIDUAL WILL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A MATTER OR TRANSACTION IF A MEMBER OF THE INDIVIDUAL'S IMMEDIATE FAMILY HAS SUCH A CONFLICT. FOR THESE PURPOSES, A "MEMBER" OF AN INDIVIDUAL'S "IMMEDIATE FAMILY" MEANS AN INDIVIDUAL'S SPOUSE, MOTHER, FATHER, MOTHER-IN-LAW, FATHER-IN-LAW, GRANDFATHER, GRANDMOTHER, BROTHER, SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, SON, DAUGHTER, SON-IN-LAW, OR DAUGHTER-IN-LAW. "STEP" RELATIONSHIPS (E.G., STEPCHILDREN AND STEPPARENTS) WILL BE TREATED THE SAME AS BLOOD RELATIONSHIPS, EXCEPT AS DETERMINED OTHERWISE IN A SPECIFIC CIRCUMSTANCE BY THE LIFEBRIDGE CEO OR THE PRESIDENT OR DESIGNEE OF THE APPROPRIATE LIFEBRIDGE SUBSIDIARY. ORDINARILY, OWNERSHIP OF LESS THAN 5% OF AN ENTITY DOES NOT CONSTITUTE AN OWNERSHIP INTEREST FOR WHICH DISCLOSURE IS NEEDED. CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER DISSEMINATION IS NECESSARY. MEMBERS OF THE MEDICAL STAFF SHOULD REPORT CONFLICTS TO THE CHIEF OF THEIR DEPARTMENT, AND MEMBERS OF THE BOARD SHOULD REPORT THEM TO EITHER THE CHAIRMAN OF THE BOARD OR THE OFFICE OF GENERAL COUNSEL. QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS. IF QUESTIONS ARISE OR FURTHER GUIDANCE IS SOUGHT, CONFLICTS SHOULD ALSO BE REPORTED TO THE INTEGRITY HOTLINE OR OFFICE OF GENERAL COUNSEL. NOTHING IN THIS DEFINITION



Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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IS INTENDED TO RELIEVE ANY PERSON OF ANY ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.

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

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

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

FOOD SERVICE CONTRACT:

PROGRAM SERVICE EXPENSES	4,291,035.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,291,035.

PURCHASED TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	132,674.
MANAGEMENT AND GENERAL EXPENSES	95,335.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	228,009.

CONTRACT CLEANING:

PROGRAM SERVICE EXPENSES	37,925.
MANAGEMENT AND GENERAL EXPENSES	233,985.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	271,910.

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

PROGRAM SERVICE EXPENSES	201,462.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>201,462.</b>

**BUNDLE BILLING SERVICE FEES:**

PROGRAM SERVICE EXPENSES	147,748.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>147,748.</b>

**MISCELLANEOUS PURCHASED SERVICES:**

PROGRAM SERVICE EXPENSES	293,045.
MANAGEMENT AND GENERAL EXPENSES	144,596.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>437,641.</b>

**SPECIAL PATIENT TRANSPORTATION:**

PROGRAM SERVICE EXPENSES	278,941.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>278,941.</b>

**OTHER EXPENSES:**

PROGRAM SERVICE EXPENSES	907,056.
MANAGEMENT AND GENERAL EXPENSES	3,376,877.

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,283,933.

## OTHER SUBSIDY:

PROGRAM SERVICE EXPENSES	162,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	162,500.

## LAUNDRY SERVICE:

PROGRAM SERVICE EXPENSES	293,424.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	293,424.

## PATIENT ENTERTAINMENT:

PROGRAM SERVICE EXPENSES	125,695.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	125,695.

## PURCHASED PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	85,849.
MANAGEMENT AND GENERAL EXPENSES	194,061.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	279,910.

## CONTRACT RENAL DIALYSIS:

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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PROGRAM SERVICE EXPENSES	246,532.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	246,532.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,248,740.

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

ADJUSTMENT TO PENSION BENEFIT OBLIGATION	1,658,053.
CHANGE IN THE NET ASSETS OF BALTIMORE JEWISH ELDERCARE FOUNDATION	650,921.
GAIN ON REFINANCING DEBT	8,509.
TRANSFER TO AFFILIATE	-44,017,018.
NON-UNION PENSION NON SERVICE COST	164,500.
TOTAL TO FORM 990, PART XI, LINE 9	-41,535,035.

## FORM 990, PART XII, LINE 2C

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

## DUE TO AFFILIATES - BONDS

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



Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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& HOSPITAL AND TO FINANCE VARIOUS CONSTRUCTION AND RENOVATION PROJECTS AT SINAI HOSPITAL OF BALTIMORE AND NORTHWEST HOSPITAL CENTER. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2011, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A DISCOUNT OF \$55,766, OF WHICH LEVINDALE'S PORTION IS \$8,474, WHICH IS BEING AMORTIZED OVER THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN AND INTEREST THEREON. AS OF JUNE 30, 2018, \$4,097,962 OF THE TOTAL AMOUNT BORROWED, OF WHICH LEVINDALE'S PORTION IS \$622,717, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

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

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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LIFEBRIDGE HEALTH INC. AND CARROLL HOSPITAL CENTER, INC. AND THEIR  
RESPECTIVE AFFILIATES, TOGETHER WITH THE OTHER OBLIGATIONS ON PARITY  
WITH SUCH BONDS. ALL THE BONDS ARE REPORTED ON SCHEDULE K OF THE  
LIFEBRIDGE HEALTH INC. FORM 990.

ON JULY 30, 2015, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES  
SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC.,  
LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., THE BALTIMORE JEWISH  
HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC.,  
CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER  
INC., CARROLL COUNTY MED SERVICES INC., CARROLL HEALTH GROUP LLC,  
CARROLL HOSPICE INC., AND CARROLL REGIONAL CANCER CENTER PHYSICIANS LLC  
(COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$159,685,000 FROM THE  
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE  
AUTHORITY) TO FINANCE AND REFINANCE THE COST OF CONSTRUCTION,  
RENOVATION, AND EQUIPPING OF CERTAIN ADDITIONAL FACILITIES FOR THE  
OBLIGATED GROUP, TO REFUND A PORTION OF THE SERIES 2008 BONDS AND THE  
AUTHORITY'S CARROLL ISSUE, SERIES 2006 BONDS, AND REFINANCE A PORTION  
OF AN OUTSTANDING LINE OF CREDIT. THE AUTHORITY OBTAINED THE FUNDS FOR  
THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH  
AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS,  
LIFEBRIDGE HEALTH ISSUE, SERIES 2015, COLLATERALIZED BY ALL RECEIPTS OF  
THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$7,389,102,  
OF WHICH LEVINDALE'S PORTION IS \$16,510, WHICH IS BEING AMORTIZED OVER  
THE LIFE OF THE BOND ISSUE. THE MEMBERS OF THE OBLIGATED GROUP ARE  
JOINTLY AND SEVERALLY LIABLE FOR REPAYMENT OF THE PRINCIPAL AND LOAN  
AND INTEREST THEREON. AS OF JUNE 30, 2018, \$166,749,746 OF THE TOTAL  
AMOUNT BORROWED, OF WHICH LEVINDALE'S PORTION IS \$247,936, APPEARS AS

Name of the organization	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	Employer identification number	52-0607913
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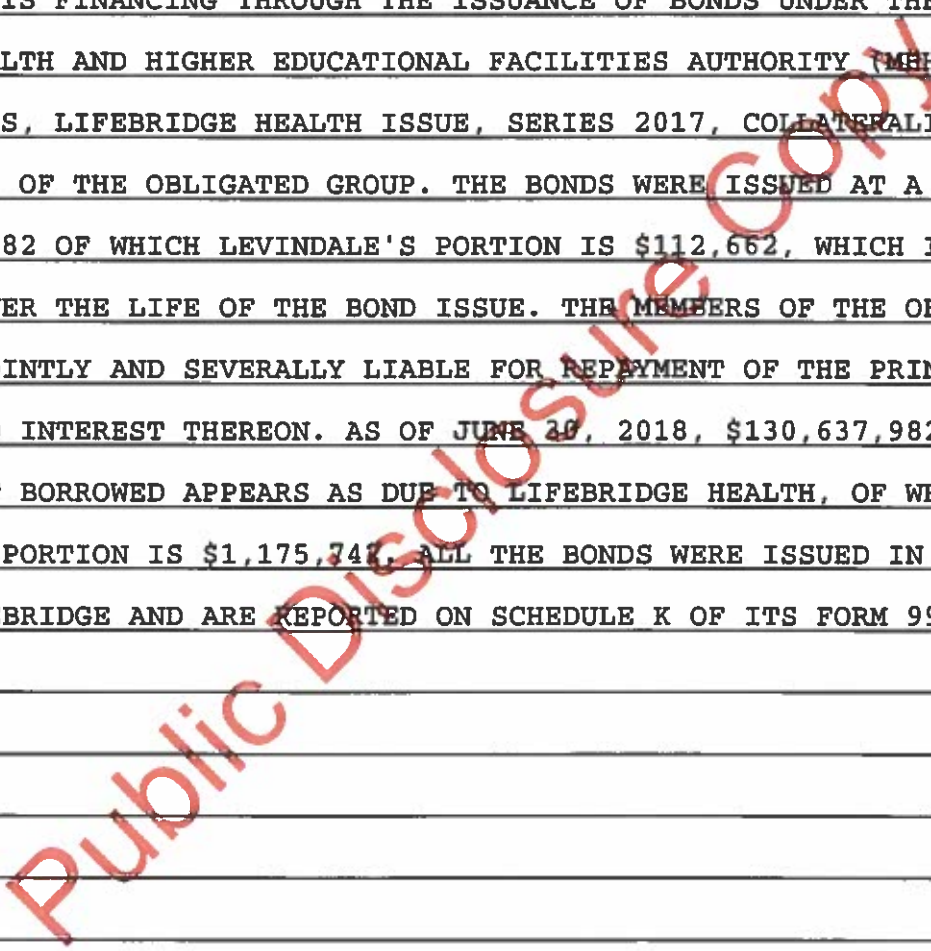
DUE TO LIFEBRIDGE HEALTH. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON OCTOBER 25, 2016, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE INC., NORTHWEST HOSPITAL CENTER INC., LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL INC., THE BALTIMORE JEWISH HEALTH FOUNDATION INC., CHILDREN'S HOSPITAL AT SINAI FOUNDATION INC., CARROLL COUNTY HEALTH SERVICES CORPORATION, CARROLL HOSPITAL CENTER INC., CARROLL COUNTY MED SERVICES INC., CARROLL HEALTH GROUP LLC, CARROLL HOSPICE INC., AND CARROLL REGIONAL CANCER CENTER PHYSICIANS LLC (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$120,695,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO REFINANCE THE SERIES 2008 BONDS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, LIFEBRIDGE HEALTH ISSUE, SERIES 2016, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$11,192,819, OF WHICH LEVINDALE'S PORTION IS \$740,457, 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, 2018, \$131,562,236 OF THE TOTAL AMOUNT BORROWED, OF WHICH LEVINDALE'S PORTION IS \$8,302,806, APPEARS AS DUE TO LIFEBRIDGE HEALTH. ALL OF THE BONDS WERE ISSUED IN THE NAME OF LIFEBRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ON NOVEMBER 9, 2017, LIFEBRIDGE HEALTH, INC., TOGETHER WITH ITS AFFILIATES SINAI HOSPITAL OF BALTIMORE, NORTHWEST HOSPITAL CENTER,

Name of the organization <b>LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.</b>	Employer identification number <b>52-0607913</b>
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LEVINDALE HEBREW AND GERIATRIC CENTER, CHILDREN'S HOSPITAL AT SINAI FOUNDATION, AND THE BALTIMORE JEWISH HEALTH FOUNDATION (COLLECTIVELY, THE OBLIGATED GROUP) BORROWED \$118,120,000 FROM THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE AUTHORITY) TO FINANCE THE ADVANCE REFUNDING OF THE 2008 SERIES BONDS. THE AUTHORITY OBTAINED THE FUNDS FOR THIS FINANCING THROUGH THE ISSUANCE OF BONDS UNDER THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MBHEFA) REVENUE BONDS, LIFE BRIDGE HEALTH ISSUE, SERIES 2017, COLLATERALIZED BY ALL RECEIPTS OF THE OBLIGATED GROUP. THE BONDS WERE ISSUED AT A PREMIUM OF \$12,517,982 OF WHICH LEVINDALE'S PORTION IS \$112,662, 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, 2018, \$130,637,982 OF THE TOTAL AMOUNT BORROWED APPEARS AS DUE TO LIFE BRIDGE HEALTH, OF WHICH LEVINDALE'S PORTION IS \$1,175,742. ALL THE BONDS WERE ISSUED IN THE NAME OF LIFE BRIDGE AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.







LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

52-0607913

Schedule R (Form 990)

**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	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CHILDREN'S HOSPITAL OF BALTIMORE CITY - 52-0591592, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
THE BALTIMORE JEWISH HEALTH FOUNDATION, INC. - 52-2111541, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
CHILDREN'S HOSPITAL AT SINAI FOUNDATION - 52-2167587, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
THE BALTIMORE JEWISH ELDERCARE FOUNDATION - 52-2337669, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR LEVINDALE HEBREW GERIATRIC CENTER HOSPITAL	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
CARROLL COUNTY HEALTH SERVICES CORPORATION - 52-0691413, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	CHARITY SUPPORT FOR CARROLL HOSPITAL CENTER, INC.	MARYLAND	501(C)(3)	LINE 12B, II	LIFEBRIDGE HEALTH, INC.		X
CARROLL HOSPITAL CENTER, INC. - 52-1452024 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	A HOSPITAL COMMITTED TO THE HIGHEST QUALITY HEALTH CARE	MARYLAND	501(C)(3)	3	CARROLL COUNTY HEALTH SERVICES CORPORATION		X
CARROLL HOSPITAL CENTER FOUNDATION, INC. - 52-1115038, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	CHARITY SUPPORT FOR CARROLL HOSPITAL CENTER, INC. & CARROLL HOSPITAL	MARYLAND	501(C)(3)	12A	CARROLL HOSPITAL CENTER INC.		X
CARROLL HOSPICE, INC. - 52-1565870 292 STONER AVENUE WESTMINSTER, MD 21157	HOSPICE	MARYLAND	501(C)(3)	7	CARROLL HOSPITAL CENTER INC.		X
PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY - 52-2156892, 535 OLD WESTMINSTER PIKE, SUITE 102, WESTMINSTER, MD 21157	HEALTH SERVICES	MARYLAND	501(C)(3)	7	CARROLL HOSPITAL CENTER INC.		X

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Schedule R (Form 990) 2017 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?		(k) Percentage ownership
							Yes	No		Yes	No	
CARROLL OCCUPATIONAL HEALTH, LLC - 20-2769332, 7001 CORPORATE CENTER COURT, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
CARROLL COUNTY RADIOLOGY, LLC - 52-2190849, 7253 AMBASSADOR ROAD, BALTIMORE, MD 21244	RADIOLOGY	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
CARDIOVASCULAR ASSOCIATES OF MARYLAND, LLC - 46-2935110, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
LIFEBRIDGE CARDIOLOGY OF PARKVILLE, LLC - 46-3742313, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARROLL COUNTY GENERAL HOSPITAL SOUTH CARROLL MEDICAL CENTER CONDOMINIUM, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	REAL ESTATE	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL COUNTY MED-SERVICES, INC. - 52-1891102, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
HEALTHSTAR MEDICAL SERVICES, INC. - 52-1829098, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
LIFEBRIDGE COMMUNITY PHYSICIANS, INC. - 80-0719005, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
LIFEBRIDGE INSURANCE COMPANY, LTD. - 98-0415396, PO BOX 1109 KY1-1102, GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

52-0607913

Schedule R (Form 990)

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

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



LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

52-0607913

Schedule R (Form 990)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LIFEBRIDGE REHABILITATION SERVICES, LLC - 81-1504380, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ELLICOTT CITY ASC MANAGEMENT, LLC - 52-2331663, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SURGICENTER OF BALTIMORE, LLC - 52-1658841, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MOUNT AIRY MED-SERVICES, LLC - 46-5632176, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SPRINGWELL PARTNERS, LLC - 27-1971171, 2200 PINE HILL FARMS LANE, HUNT VALLEY, MD 21030	ASSISTED LIVING	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC - 81-4223537, 2401 WEST BELVEDERE AVENUE, BALTIMORE, LIFEBRIDGE MULTI-SPECIALTY, LLC - 46-3753120, 41 MAGNA WAY, SUITE 100, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LIFEBRIDGE SUBURBAN PHYSICIAN GROUP II, LLC - 81-4209029, 5401 OLD COURT ROAD, RANDALLSTOWN, MD 21133	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LIFEBRIDGE LAB MANAGEMENT, LLC - 82-1113874, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	LABORATORY SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A





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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes/No	
					Yes	No
1	BALTIMORE JEWISH ELDERCARE FOUNDATION	C	471,924.FMV			X
2	LIFEBRIDGE HEALTH, INC.	P	6,316,099.FMV			X
3	LIFEBRIDGE HEALTH, INC.	R	43,209,840.FMV			X
4						
5						
6						





**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC

EIN: 46-2863298

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

LIFEBRIDGE COMMUNITY PULMONOLOGY, LLC

EIN: 46-1401312

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC  
SPECIALISTS, LLC)

EIN: 45-0719598

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC

EIN: 80-0883321

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC

EIN: 81-4223537

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

Public Disclosure Copy

Form **990-W**

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-T

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/F990W](http://www.irs.gov/F990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	33,832.
2	Tax on the amount on line 1. See instructions for tax computation	2	7,105.
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	7,105.
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	7,105.
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	7,105.
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	7,105.
b	Enter the tax shown on the 2017 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	9,322.
c	2018 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	7,120.

	(a)	(b)	(c)	(d)
11	Installment due dates. See instructions			
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."			
13	2017 Overpayment. See instructions			
14	Payment due (Subtract line 13 from line 12)			

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-W (2018)

ESTIMATED TAX	7,120.
AMOUNT PAID	14,000.
OVERPAYMENT APPLIED	678.
AMOUNT DUE	0.



**NOTICE 2018-100**  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

OMB No. 1545-0087

2017

For calendar year 2017 or other tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year  <b>71,719,066.</b></p>	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>2434 WEST BELVEDERE AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>BALTIMORE, MD 21215</b>	<p><b>D</b> Employer identification number (Employees' trust, see instructions)  <b>52-0607913</b></p> <p><b>E</b> Unrelated business activity codes (See instructions)  <b>812930</b></p>
<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			

**H** Describe the organization's primary unrelated business activity. ▶ **EMPLOYEE PARKING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶ **SEE STATEMENT 2**

**J** The books are in care of ▶ **NANCY KANE** Telephone number ▶ **(410) 601-5653**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <b>STATEMENT 1</b>	12	34,832.	34,832.
13	<b>Total.</b> Combine lines 3 through 12	13	34,832.	34,832.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	34,832.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	34,832.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	33,832.

LEVINDALE HEBREW GERIATRIC CENTER  
AND HOSPITAL, INC.

Form 990-T (2017)

52-0607913

Page 2

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
Controlled group members (sections 1561 and 1563) check here  See instructions and:  
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
(1) \$ (2) \$ (3) \$ 33,832.  
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$  
(2) Additional 3% tax (not more than \$100,000) \$  
c Income tax on the amount on line 34 SEE STATEMENT 3 **35c** 9,322.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) **36**  
**37 Proxy tax.** See instructions **37**  
**38 Alternative minimum tax** **38**  
**39 Tax on Non-Compliant Facility Income.** See instructions **39**  
**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 9,322.

**Part IV Tax and Payments**

**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) **41a**  
**b Other credits** (see instructions) **41b**  
**c General business credit.** Attach Form 3800 **41c**  
**d Credit for prior year minimum tax** (attach Form 8801 or 8827) **41d**  
**e Total credits.** Add lines 41a through 41d **41e**  
**42 Subtract line 41e from line 40** **42** 9,322.  
**43 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **43**  
**44 Total tax.** Add lines 42 and 43 **44** 9,322.  
**45a Payments:** A 2016 overpayment credited to 2017 **45a**  
**b 2017 estimated tax payments** **45b**  
**c Tax deposited with Form 8868** **45c** 10,000.  
**d Foreign organizations: Tax paid or withheld at source** (see instructions) **45d**  
**e Backup withholding** (see instructions) **45e**  
**f Credit for small employer health insurance premiums** (Attach Form 8941) **45f**  
**g Other credits and payments:**  Form 2439  Form 4136  Other Total **45g**  
**46 Total payments.** Add lines 45a through 45g **46** 10,000.  
**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached  **47**  
**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48**  
**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 678.  
**50 Enter the amount of line 49 you want:** Credited to 2018 estimated tax 678. Refunded **50** 0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  Yes  No X  
**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.  Yes  No X  
**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.  
Signature of officer: [Signature] Date: 1/5/19 Title: EXECUTIVE VP/CFO  
May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
Print/Type preparer's name: LORI S. BURGHAUSER Preparer's signature: LORI S. BURGHAUSER Date: 05/09/19 Check  if self-employed PTIN: P00370694  
Firm's name: SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN: 20-5991824  
Firm's address: 910 RIDGEBROOK ROAD SPARKS, MD 21152 Phone no.: (410) 403-1500

Form 990-T (2017)

LEVINDALE HEBREW GERIATRIC CENTER

Form 990-T (2017) AND HOSPITAL, INC.

52-0607913

Page 3

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5 Total. Add lines 1 through 4b	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (E) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)					
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5			
(1)		0%			
(2)		0%			
(3)		0%			
(4)		0%			
Totals			Enter here and on page 1, Part I, line 7, column (A)	0.	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				0.	0.

Form 990-T (2017)



LEVINDALE HEBREW GERIATRIC CENTER

Form 990-T (2017) AND HOSPITAL, INC.

52-0607913

Page 4

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)
		0.	0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A)	Enter here and on page 1, Part I, line 10, col. (B)	Enter here and on page 1, Part II, line 26
		0.	0.	0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.
--	--	----	----	--	--	----

Form 990-T (2017)



LEVINDALE HEBREW GERIATRIC CENTER

Form 990-T (2017) AND HOSPITAL, INC.

52-0607913

Page 5

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			0.
(2)			0.
(3)			0.
(4)			0.
<b>Total.</b> Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

Public Disclosure

**SCHEDULE O**  
**(Form 1120)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Consent Plan and Apportionment Schedule  
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120).

OMB No. 1545-0123

Name <b>LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.</b>	Employer identification number <b>52-0607913</b>
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**Part I Apportionment Plan Information**

1 Type of controlled group:

- a  Parent-subsidiary group
- b  Brother-sister group
- c  Combined group
- d  Life insurance companies only

2 This corporation has been a member of this group:

- a  For the entire year.
- b  From \_\_\_\_\_, until \_\_\_\_\_.

3 This corporation consents and represents to:

- a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.
- b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending JUNE 30, 2015, and for all succeeding tax years.
- c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a  Elected by the component members of the group.
- b  Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a  No apportionment plan is in effect and none is being adopted.
- b  An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a  Yes.
  - (i)  The statute of limitations for this year will expire on \_\_\_\_\_.
  - (ii)  On \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_.
- b  No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c  The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

713335 04-01-17 JWA

**Part II Taxable Income Apportionment** (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year and (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	18-06	0.	0.	33,832.		33,832.	
2	NORTHWEST HOSPITAL CENTER, INC.	18-06	0	0	0	0	0	
3	SINAI HOSPITAL OF BALTIMORE, INC.	18-06	0	0	87,228.		87,228.	
4	CARROLL COUNTY MED SERVICES, INC.	18-06	0	0	0	0	0	
5	CARROLL COUNTY HEALTH SERVICES CORP	18-06	0	0	0	0	0	
6	CARROLL HOSPITAL CENTER FOUNDATION, INC.	18-06	0	0	0	0	0	
7	CARROLL HOSPITAL CENTER, INC.	18-06	0	0	0	0	0	
8	LIFEBRIDGE HEALTH, INC.	18-06	50,000.	25,000.	207,530.		282,530.	
9	LIFEBRIDGE INVESTMENTS, INC. & SUBS	18-06	0.	0.	0.		0.	
10								
11								
12								
<b>Total</b>			50,000.	25,000.	328,590.		403,590.	

Schedule O (Form 1120) (Rev. 12-2012)

**Part III** Income Tax Apportionment (See instructions)

	(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
		(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	0.	0.	11,503.	0.	0.	0.	11,503.	
2	NORTHWEST HOSPITAL CENTER, INC.	0.	0.	0.	0.	0.	0.	0.	
3	SINAI HOSPITAL OF BALTIMORE, INC.	0.	0.	29,658.	0.	0.	0.	29,658.	
4	CARROLL COUNTY MED SERVICES, INC.	0.	0.	0.	0.	0.	0.	0.	
5	CARROLL COUNTY HEALTH SERVICES CORP	0.	0.	0.	0.	0.	0.	0.	
6	CARROLL HOSPITAL CENTER FOUNDATION, INC.	0.	0.	0.	0.	0.	0.	0.	
7	CARROLL HOSPITAL CENTER, INC.	0.	0.	0.	0.	0.	0.	0.	
8	LIFEBRIDGE HEALTH, INC.	7,500.	6,250.	70,560.	0.	11,750.	0.	96,060.	
9	LIFEBRIDGE INVESTMENTS, INC. & SUBS	0.	0.	0.	0.	0.	0.	0.	
10									
11									
12									
<b>Total</b>		7,500.	6,250.	111,721.	0.	11,750.	0.	137,221.	

Schedule O (Form 1120) (Rev. 12-2012)





**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

**2017**

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

Employer identification number  
**52-0607913**

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b>	Taxable income or (loss) before net operating loss deduction	<b>1</b>	<b>33,832.</b>
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property	<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>	
<b>e</b>	Adjusted gain or loss	<b>2e</b>	
<b>f</b>	Long-term contracts	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only)	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>	
<b>k</b>	Loss limitations	<b>2k</b>	
<b>l</b>	Depletion	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds	<b>2m</b>	
<b>n</b>	Intangible drilling costs	<b>2n</b>	
<b>o</b>	Other adjustments and preferences	<b>2o</b>	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>3</b>	<b>33,832.</b>
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	<b>33,832.</b>
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>4b</b>	<b>0.</b>
<b>c</b>	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>	
<b>e</b>	ACE adjustment		
	• If line 4b is zero or more, enter the amount from line 4c		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	<b>4e</b>	<b>0.</b>
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>5</b>	<b>33,832.</b>
<b>6</b>	Alternative tax net operating loss deduction. See instructions	<b>6</b>	
<b>7</b>	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>7</b>	<b>33,832.</b>
<b>8</b>	<b>Exemption phase-out.</b> If line 7 is \$30,000 or more, skip lines 8a and 8b and enter -0- on line 8c:		
<b>a</b>	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8a</b>	<b>0.</b>
<b>b</b>	Multiply line 8a by 25% (0.25)	<b>8b</b>	<b>0.</b>
<b>c</b>	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8c</b>	<b>0.</b>
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>	<b>33,832.</b>
<b>10</b>	Multiply line 9 by 20% (0.20)	<b>10</b>	<b>6,766.</b>
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10 <b>STMT 4 BLENDED RATE</b>	<b>12</b>	<b>3,411.</b>
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>	<b>9,322.</b>
<b>14</b>	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>	<b>0.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	33,832.
2 ACE depreciation adjustment:			
a	AMT depreciation	2a	
b	ACE depreciation:		
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4 Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5 Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	33,832.

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

EMPLOYEE PARKING

6,657.

EMPLOYEE METRO PASSES

28,175.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

34,832.

FORM 990-T

PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER

STATEMENT 2

CORPORATION'S NAME

IDENTIFYING NO

LIFEBRIDGE HEALTH, INC.

52-1402373

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TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT 4

TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . .		6,766.	
		<u>6,766.</u>	
TMT IN EFFECT BEFORE 01/01/2018 . . . . .		6,766.	
		<u>6,766.</u>	
TMT IN EFFECT AFTER 12/31/2017 . . . . .		0.	
		<u>0.</u>	
	DAYS		
TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 184		3,411.	
TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 181		0.	
		<u>0.</u>	
TMT PRORATED . . . . .	<u>365</u>		<u>3,411.</u>

Public Disclosure Copy

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5223	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**NANCY KANE**

• The books are in the care of ▶ **2401 WEST BELVEDERE AVENUE - BALTIMORE, MD 21215**  
Telephone No. ▶ **(410) 601-5653** Fax No. ▶ **(410) 601-8362**

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

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, 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 **JUL 1, 2017**, and ending **JUN 30, 2018**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
3c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return)				0	7
Application Is For	Return Code	Application Is For	Return Code		
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07		
Form 990-BL	02	Form 1041-A	08		
Form 4720 (individual)	03	Form 4720 (other than individual)	09		
Form 990-PF	04	Form 525	10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990-T (trust other than above)	06	Form 8870	12		

**NANCY KANE**

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Telephone No. ▶ **(410) 601-5653** Fax No. ▶ **(410) 601-8362**

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

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▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	10,000.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	10,000.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.