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Form 990

Return of Organization Exempt From Income Tax

2010

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

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable	C Name of organization THE HEBREW HOME FOR THE AGED AT RIVERDALE		D Employer identification number 13-1739971
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (718) 581-1000
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 5901 PALISADE AVENUE	Room/suite	G Gross receipts \$ 90,651,638
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 BRONX, NY 10471		
<input type="checkbox"/> Application pending	F Name and address of principal officer DANIEL REINGOLD 5901 PALISADE AVENUE BRONX, NY 10471		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

J Website: ► WWW HEBREW HOME.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1917 M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE LONG TERM RESIDENTIAL HEALTHCARE, SHORT TERM REHAB, AND ALZHEIMER'S CARE FOR THE ELDERLY		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,375
6 Total number of volunteers (estimate if necessary)	6	350
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	3,347,637	4,508,906
9 Program service revenue (Part VIII, line 2g)		80,698,199
		81,788,974
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		395,122
		266,409
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,155,556
		1,204,460
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		87,596,514
		87,768,749

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
	0	5,318,421
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		49,962,338
		50,163,310
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
		0
b Total fundraising expenses (Part IX, column (D), line 25) ►0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		36,222,087
		37,148,467
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		86,184,425
		92,630,198
19 Revenue less expenses Subtract line 18 from line 12		1,412,089
		-4,861,449

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	121,172,474	118,882,160
21 Total liabilities (Part X, line 26)		108,467,690
		110,945,072
22 Net assets or fund balances Subtract line 21 from line 20		12,704,784
		7,937,088

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 DANIEL REINGOLD PRESIDENT & CEO Type or print name and title	2011-10-24 Date
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Paid Preparer Use Only	Print/Type preparer's name FREDERICK H ROTHMAN	Preparer's signature FREDERICK H ROTHMAN	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► LOEB & TROPER LLP				Firm's EIN ►
	Firm's address ► 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017				Phone no ► (212) 867-4000

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

FOUNDED IN 1917 IN HARLEM AS A NEIGHBORHOOD SHELTER TO CARE FOR HOMELESS OLDER PEOPLE IN CONFORMANCE WITH THE RELIGIOUS AND DIETARY LAWS, CUSTOMS AND TRADITIONS OF THE JEWISH RELIGION, AND RELOCATED IN 1951, THE HEBREW HOME FOR THE AGED AT RIVERDALE NOW PROVIDES CARE FOR OVER 3,000 OLDER MEN AND WOMEN OF ALL RELIGIOUS, ECONOMIC AND CULTURAL BACKGROUNDS EACH YEAR THROUGHOUT THE BRONX, MANHATTAN AND WESTCHESTER COUNTY. IT IS THE MISSION OF THE HEBREW HOME TO PROVIDE A CONTINUUM OF CARE IN A WARM, HOMELIKE ENVIRONMENT AND IN A MANNER, WHICH PRESERVES AND ENHANCES THE INDEPENDENCE AND DIGNITY OF EACH OLDER PERSON IN ITS CARE. THE HEBREW HOME'S UMBRELLA OF SERVICES INCLUDES LONG TERM RESIDENTIAL HEALTHCARE FACILITIES, SHORT TERM REHABILITATION AND PALLIATIVE CARE FACILITIES, THE WEINBERG CENTER FOR ELDER ABUSE PREVENTION, INTERVENTION AND RESEARCH AND THE ELDERSERVE COMMUNITY SERVICES DIVISION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 70,454,301 including grants of \$ 5,318,421) (Revenue \$ 68,677,021)

THE HEBREW HOME OPERATES NURSING FACILITIES FOR 580 ELDERLY RESIDENTS WHICH PROVIDED 207,450 DAYS OF NURSING FACILITY CARE FOR THE YEAR ENDED 12/31/10

4b (Code) (Expenses \$ 7,720,321 including grants of \$) (Revenue \$ 8,832,232)

LONG TERM HOME HEALTH CARE PROGRAM WHICH HAD 65,892 VISITS IN 2010

4c (Code) (Expenses \$ 3,466,953 including grants of \$) (Revenue \$ 4,279,721)

ADULT DAY CARE PROGRAM WHICH HAD 29,763 VISITS FOR THE YEAR 2010. INCLUDED WITHIN THIS PROGRAM IS THE ELDERSERVE AT NIGHT PROGRAM WHICH PROVIDES OVERNIGHT CARE FOR COMMUNITY RESIDENTS WITH ALZHEIMER'S DISEASE WHO REQUIRE CONSTANT SUPERVISION DURING THE NIGHT, WHILE ALLOWING THEIR FAMILIES TO GET A GOOD NIGHT'S REST AND BE REFRESHED TO CARE FOR THEIR FAMILY MEMBER THE NEXT DAY. A PORTION OF THE COSTS OF THIS PROGRAM ARE FUNDED THROUGH CONTRIBUTIONS AND GRANTS

4d Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 3,071,321 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 84,712,896

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

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? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

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? If "Yes," complete Schedule D, Part VII.

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? If "Yes," complete Schedule D, Part VIII.

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? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part XI.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV

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? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8	Yes	
9		No
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	<input checked="" type="checkbox"/>	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	<input type="checkbox"/>	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	25a		No
25b	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	<input type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	27		No
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)	<input type="checkbox"/>	28a		No
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	28b		No
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	28c		No
29	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)	<input type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input type="checkbox"/>	32		No
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	<input checked="" type="checkbox"/>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	35		No
36	a 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	<input checked="" type="checkbox"/>	36	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36	b Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36		No
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	<input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input type="checkbox"/>	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	79
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,375
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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)?	4a	No
4b	If "Yes," enter the name of the foreign country	4b	
<p>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</p>			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	9a	
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter	10a	
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter	11a	
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
13a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
13c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 24

b Enter the number of voting members included in line 1a, above, who are independent **1b** 24

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	Yes	No
1a		
1b		
2	Yes	
3		No
4		No
5		No
6	Yes	
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

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?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14		No
15a	Yes	
15b	Yes	
16a		No
16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

LUZ LIEBESKIND
5901 PALISADE AVE
RIVERDALE, NY 10471
(718) 581-1000

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **18**

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

Section B. Independent Contractors

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

(A)	Name and business address	(B)	Description of services	(C)	Compensation
ELDERSERVE LICENSED HOME CARE SERVICE AG				AIDES	2,672,467
5901 PALISADE AVE					
BRONX, NY 10471					
UNITEX				LAUNDRY	594,623
161 MACQUESTEN PARKWAY					
MT VERNON, NY 10016					
WESTCHESTER AMBULETTE SERVICE				TRANSPORT	544,790
58 PALISADE AVENUE					
YONKERS, NY 10701					
BARKSDALE HEALTHCARE SERVICES				HOMECARE	458,173
327 FIFTH AVENUE					
PELHAM, NY 10803					
WHITE GLOVE INC				NURSES	427,747
85 BARTLETTE STREET					
BROOKLYN, NY 11206					
2. Total number of independent contractors (including but not limited to those listed above) who received more than					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►25

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,281,728				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,227,178				
	g Noncash contributions included in lines 1a-1f \$		163,345				
	h Total. Add lines 1a-1f			4,508,906			
Program Service Revenue	2a MEDICAID/MEDICARE	Business Code					
		623000	72,615,267	72,615,267			
	b CARE OF PATIENTS	623000	9,173,707	9,173,707			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		81,788,974				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)						
			241,248		241,248		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(I) Real	(II) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
	2,908,050						
	b Less cost or other basis and sales expenses	2,882,889					
	c Gain or (loss)	25,161					
	d Net gain or (loss)			25,161		25,161	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MANAGEMENT FEES	900099	295,547		295,547			
b CAFETERIA & RELATED	722210	294,621		294,621			
c INSURANCE RECOVERY	524298	252,308		252,308			
d All other revenue		361,984		361,984			
e Total. Add lines 11a-11d		1,204,460					
12 Total revenue. See Instructions		87,768,749	81,788,974	0	1,470,869		

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,318,421	5,318,421		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,505,034	191,872	1,313,162	
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	34,475,405	32,154,358	2,321,047	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,574,782	2,519,360	55,422	
9 Other employee benefits	8,951,668	8,142,080	809,588	
10 Payroll taxes	2,656,421	2,404,839	251,582	
a Fees for services (non-employees) Management	404,097	10,912	393,185	
b Legal	422,180	3,472	418,708	
c Accounting	205,959		205,959	
d Lobbying	220,361		220,361	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	327,665	327,665		
g Other	10,392,780	9,661,628	731,152	
12 Advertising and promotion	310,591		310,591	
13 Office expenses	5,639,744	5,473,572	166,172	
14 Information technology				
15 Royalties				
16 Occupancy	2,588,798	2,507,004	81,794	
17 Travel	182,624	130,188	52,436	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,916,513	3,916,513		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,253,016	5,686,002	567,014	
23 Insurance	1,212,979	1,212,979		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a NYS ASSESSMENT	3,627,067	3,627,067		
b BAD DEBT	1,112,716	1,112,716		
c MISCELLANEOUS	331,377	312,248	19,129	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	92,630,198	84,712,896	7,917,302	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1,087,781	1 1,360,391
	2 Savings and temporary cash investments	7,096,616	2 4,488,660
	3 Pledges and grants receivable, net	3,413,193	3 2,545,685
	4 Accounts receivable, net	18,099,713	4 20,798,979
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use	76,248	8 121,182
	9 Prepaid expenses and deferred charges	754,589	9 843,128
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	148,801,696	
	b Less accumulated depreciation	10a 86,116,930	
		67,292,708	10c 62,684,766
	11 Investments—publicly traded securities	4,486,890	11 4,720,901
	12 Investments—other securities See Part IV, line 11	5,238,755	12 9,417,544
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	13,625,981	15 11,900,924
	16 Total assets. Add lines 1 through 15 (must equal line 34)	121,172,474	16 118,882,160
Liabilities	17 Accounts payable and accrued expenses	28,128,034	17 31,304,883
	18 Grants payable		18
	19 Deferred revenue	137,528	19 108,438
	20 Tax-exempt bond liabilities	18,076,849	20 17,419,690
	21 Escrow or custodial account liability Complete Part IV of Schedule D	561,055	21 546,143
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties	47,740,414	23 47,734,834
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities Complete Part X of Schedule D	13,823,810	25 13,831,084
	26 Total liabilities. Add lines 17 through 25	108,467,690	26 110,945,072
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	2,465,285	27 -735,841
	28 Temporarily restricted net assets	6,179,499	28 4,612,929
	29 Permanently restricted net assets	4,060,000	29 4,060,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	12,704,784	33 7,937,088
	34 Total liabilities and net assets/fund balances	121,172,474	34 118,882,160

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	87,768,749
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,630,198
3	Revenue less expenses Subtract line 2 from line 1	3	-4,861,449
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,704,784
5	Other changes in net assets or fund balances (explain in Schedule O)	5	93,753
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,937,088

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 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 <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/>	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010**

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

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

**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
THE HEBREW HOME FOR THE AGED AT RIVERDALE**Employer identification number**

13-1739971

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

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

f By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

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

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

i Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of support
			Yes	No			
Total							

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

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

(Complete only if you checked the box on line 9 of Part I 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,649,440	4,872,112	18,335,638	3,347,637	4,508,906	35,713,733
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	85,714,369	75,007,723	76,852,179	80,698,199	81,788,974	400,061,444
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	90,363,809	79,879,835	95,187,817	84,045,836	86,297,880	435,775,177
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						435,775,177

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	90,363,809	79,879,835	95,187,817	84,045,836	86,297,880	435,775,177
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	724,186	515,685	330,176	359,585	241,248	2,170,880
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	724,186	515,685	330,176	359,585	241,248	2,170,880
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,365,241	1,511,707	966,639	3,155,556	1,204,460	8,203,603
13 Total support (Add lines 9, 10c, 11 and 12)	92,453,236	81,907,227	96,484,632	87,560,977	87,743,588	446,149,660

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 2010 (line 8 column (f) divided by line 13 column (f))	15	97 670 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	97 760 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 490 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 540 %
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test**Explanation**

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISCELLANEOUS RESIDENTIAL INCOME

Schedule A (Form 990 or 990-EZ) 2010

Additional Data

Software ID:
Software Version:
EIN: 13-1739971
Name: THE HEBREW HOME FOR THE AGED AT RIVERDALE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
JEFFREY S MAURER CHAIRMAN	1 00	X		X			0	0	0
KENNETH S LAZAR VICE CHAIRMAN	1 00	X		X			0	0	0
JOSEPH WYGODA TREASURER	1 00	X		X			0	0	0
RONALD B BRUDER ASSISTANT TREASURER	1 00	X		X			0	0	0
I ROY COHEN SECRETARY	1 00	X		X			0	0	0
HAROLD DERFNER DIRECTOR	1 00	X					0	0	0
THOMAS S ROGERS DIRECTOR	1 00	X					0	0	0
SHELLY FEHRENBACH DIRECTOR	1 00	X					0	0	0
MEL HARRIS DIRECTOR	1 00	X					0	0	0
MARTIN HOFFMAN DIRECTOR	1 00	X					0	0	0
STEVEN M JACOBSON DIRECTOR	1 00	X					0	0	0
STANLEY M KATZ DIRECTOR	1 00	X					0	0	0
MICHAEL FUCHS DIRECTOR	1 00	X					0	0	0
MICHAEL J KLOSK DIRECTOR	1 00	X					0	0	0
ISADORE KREEL MD DIRECTOR	1 00	X					0	0	0
RICHARD S LANE DIRECTOR	1 00	X					0	0	0
HERMAN LOEFFLER DIRECTOR	1 00	X					0	0	0
MICHAEL PALIN DIRECTOR	1 00	X					0	0	0
SEYMORE D REICH ESQ DIRECTOR	1 00	X					0	0	0
JOSHUA SAPAN DIRECTOR	1 00	X					0	0	0
BURTON P RESNICK DIRECTOR	1 00	X					0	0	0
JAMES A SHIFREN DIRECTOR	1 00	X					0	0	0
JEROME WEINRIB DIRECTOR	1 00	X					0	0	0
MILTON GILBERT DIRECTOR	1 00	X					0	0	0
DANIEL REINGOLD PRESIDENT, CEO	20 00			X			395,585	156,656	265,300

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
DAVID WEINSTEIN CHIEF OPERATING OFFICER	20 00			X			234,118	92,122	35,041
DAVID POMERANZ ASSOCIATE EXECUTIVE DIR	20 00			X			215,914	84,958	38,889
LUZ LIEBESKIND CHIEF FINANCIAL OFFICER	20 00			X			213,898	84,166	14,223
VILMA BALTAZAR DIRECTOR OF NURSING	23 00				X		105,538	54,649	31,685
ZACHARY PALACE MEDICAL DIRECTOR	21 00					X	174,432	82,039	35,659
ROOPA SADANA PHYSICIAN	21 00					X	130,864	61,549	19,512
ERNESTO NUEVA ESPANA PHYSICIAN	21 00					X	136,364	64,135	32,072
GLENNA STEINKE PHYSICIAN	21 00					X	135,718	63,832	21,884
STEVEN SCHWARTZ PHYSICIAN	21 00					X	126,492	59,493	19,299

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**4d. Other program services**

(Code) (Expenses \$	1,381,573 including grants of \$) (Revenue \$)
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IT IS THE MISSION OF THE HARRY & JEANETTE WEINBERG CENTER FOR ELDER ABUSE PREVENTION, INTERVENTION AND RESEARCH TO PROVIDE EMERGENCY SHELTER FOR VICTIMS OF ELDER ABUSE, TO ENHANCE PROFESSIONAL AND PUBLIC AWARENESS AND KNOWLEDGE ABOUT ELDER ABUSE, TO BUILD COLLABORATIVE WORKING NETWORKS, AND TO FACILITATE SUCCESSFUL REPLICATION OF THE WEINBERG CENTER MODEL THE RIGHT TO SELF DETERMINATION OF OLDER ADULTS GUIDES THE SPIRIT AND ACTIVITIES OF THE WEINBERG CENTER LOCATED WITHIN THE HEBREW HOME AT RIVERDALE'S LONG TERM CARE FACILITY, THE WEINBERG SHELTER IS AVAILABLE TO VICTIMS OF ELDER ABUSE 24/7, REGARDLESS OF ABILITY TO PAY THE CENTER PROVIDES A SAFE HAVEN, HEALTHCARE AND CIVIL LEGAL SUPPORT SERVICES FOR VICTIMS WHILE WE ENDEAVOR TO EMPOWER THEM TO RETURN SAFELY TO THEIR HOMES COMMUNITY OUTREACH AND INFORMATION PROGRAMS BRING ATTENTION AND INCREASED AWARENESS TO THE PUBLIC ABOUT THIS HIDDEN EPIDEMIC A NATIONAL TRAINING PROGRAM PROVIDES INFORMATION AND MATERIALS FOR FACILITIES WHO ARE INTERESTED IN REPLICATING THE WEINBERG MODEL IN THEIR COMMUNITIES WEINBERG CENTER LEADERSHIP HAS PRESENTED EXPERT TESTIMONY ON ELDER ABUSE FOR THE UNITED STATES SENATE SPECIAL COMMITTEE ON AGING, THE NEW YORK ASSEMBLY COMMITTEE ON AGING, NEW YORK CITY COUNCIL PUBLIC HEARINGS THE WEINBERG CENTER HAS EARNED NUMEROUS STATE AND NATIONAL AWARDS AND IS FUNDED PRIMARILY THROUGH PHILANTHROPIC SUPPORT THIS PROGRAM IS FUNDED THROUGH CONTRIBUTIONS AND GRANTS

(Code) (Expenses \$	1,374,014 including grants of \$) (Revenue \$)
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RESEARCH DIVISION - THE OVERALL MISSION OF THE RESEARCH DIVISION OF THE HEBREW HOME AT RIVERDALE (RD-HHAR) IS PROMOTING STATE-OF-THE-SCIENCE RESEARCH AIMED AT IMPROVING THE QUALITY OF LIFE AND CARE FOR OLDER PERSONS THE RD-HHAR IS AT THE FOREFRONT OF RESEARCH RELATED TO FOUR FOCI, WHICH DEFINE ITS MISSION 1) EVALUATION OF EMERGING TECHNOLOGIES SUCH AS ELECTRONIC HEALTH RECORDS, TELEMEDICINE AND DATA-BASED QUALITY MONITORING, 2) ADVANCEMENT OF ASSESSMENT TECHNOLOGY FOR EVALUATION OF DEMENTIA AND MEMORY IMPAIRMENT, AND SELF-REPORTED HEALTH-RELATED OUTCOMES, 3) DEVELOPMENT AND DISSEMINATION OF EDUCATIONAL AND TRAINING PROGRAMS TO ENHANCE QUALITY OF CARE, 4) PROMOTION OF MINORITY HEALTH AND REDUCTION OF HEALTH DISPARITIES THIS PROGRAM IS FUNDED THROUGH CONTRIBUTIONS AND GRANTS

(Code) (Expenses \$	229,518 including grants of \$) (Revenue \$)
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THE DERFNER JUDAICA MUSEUM - FOUNDED IN 1982 WITH A GIFT FROM RALPH AND LEUBA BAUM TO THE HEBREW HOME OF A COLLECTION OF 800 JEWISH CEREMONIAL OBJECTS FROM THEIR COLLECTION, THE MUSEUM RE-OPENED IN A NEWLY FURNISHED SPACE IN 2009 THE ONGOING EXHIBITION FEATURES TRADITION AND REMEMBRANCE TREASURES OF THE DERFNER JUDAICA MUSEUM REGULARLY CHANGING EXHIBITS FOLLOW TWO OR THREE TIMES A YEAR THE PRIMARY MISSION OF THE MUSEUM IS TO SERVE AS AN EDUCATIONAL RESOURCE ABOUT JEWISH ART, CULTURE AND LIFESTYLE PRACTICES THROUGH PERMANENT AND CHANGING EXHIBITS FOR ITS RESIDENTS AND VISITORS FROM THROUGHOUT THE GREATER METROPOLITAN AREA STRUCTURED TOURS AND WORKSHOPS ARE PROVIDED TO VISITORS OF ALL AGES AND BACKGROUNDS A PORTION OF THE COSTS OF THIS PROGRAM ARE FUNDED THROUGH CONTRIBUTIONS AND GRANTS

(Code) (Expenses \$	86,216 including grants of \$) (Revenue \$)
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IT IS THE MISSION OF THE GREENBERG-STARR CENTER FOR MEMORY SUPPORT TO PROVIDE A RESIDENTIAL COMMUNITY FOR PERSONS WITH MILD TO MODERATE ALZHEIMER'S DISEASE THAT BRINGS TOGETHER HIGHLY TRAINED STAFF AND NEW MODALITIES OF CARE TO ENABLE ALZHEIMER'S VICTIMS TO EXPERIENCE A HEIGHTENED QUALITY OF LIFE, DESPITE THEIR ILLNESS IT IS THE MISSION OF ELDERSERVE AT NIGHT TO PROVIDE OVERNIGHT CARE FOR COMMUNITY RESIDENTS WITH ALZHEIMER'S DISEASE WHO REQUIRE CONSTANT SUPERVISION DURING THE NIGHT, WHILE ALLOWING THEIR FAMILIES TO GET A GOOD NIGHT'S REST AND BE REFRESHED TO CARE FOR THEIR FAMILY MEMBER THE NEXT DAY A PORTION OF THE COSTS OF THIS PROGRAM ARE FUNDED THROUGH CONTRIBUTIONS AND GRANTS

SCHEDULE C

Political Campaign and Lobbying Activities

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

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

2010

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Inspection**

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization

NAME OF THE ORGANIZATION

Employer identification number

13-1739971

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

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

2 Political expenditures

3 Volunteer hours

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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 <input type="checkbox"/> if the filing organization belongs to an affiliated group	B Check <input type="checkbox"/> 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			
If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	
			Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		212,401
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		7,960
j Total lines 1c through 1i			220,361
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	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?		
5 Taxable amount of lobbying and political expenditures (see instructions)	4	
	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11.

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 11	HEBREW HOME FOR THE AGED AT RIVERDALE ENGAGED A LAW FIRM TO LOBBY ON BEHALF OF THE HOME TO INFLUENCE NEW YORK STATE AND NEW YORK CITY LEGISLATIVE BRANCHES REGARDING BUDGET, REGULATORY, AND LEGISLATIVE ISSUES PERTAINING TO ADULT HOMES AND HEALTH CARE

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

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

Department of the Treasury
Internal Revenue Service**Name of the organization**

THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's 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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	4,060,000	4,500,000	1,000,000		
b Contributions		150,000	3,500,000		
c Investment earnings or losses	45,159	35,799			
d Grants or scholarships	45,159	35,799			
e Other expenditures for facilities and programs					
f Administrative expenses		590,000			
g End of year balance	4,060,000	4,060,000	4,500,000		

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

a Board designated or quasi-endowment ►

b Permanent endowment ► 100 000 %

c Term endowment ►

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

	Yes	No
3a(i) unrelated organizations		No
3a(ii) related organizations		No

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		374,778		374,778
b Buildings		126,427,564	68,739,977	57,687,587
c Leasehold improvements				
d Equipment	20,976,532	17,376,953		3,599,579
e Other	1,022,822			1,022,822
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				62,684,766

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) US GOVERNMENT OBLIGATIONS	9,417,544	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	9,417,544	

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

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

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

(a) Description	(b) Book value
(1) CAPITALIZED MUSEUM AND ART COLLECTION	7,531,067
(2) DUE FROM ELDERSERVE LICENSED HOME CARE SERVICES, INC	2,377,387
(3) DUE FROM ELDERSERVE HEALTH, INC	1,992,470
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	11,900,924

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
RETIREMENT BENEFITS PAYABLE	1,179,724
DUE TO THIRD PARTY PAYORS	8,734,743
DUE TO PALISADE NURSING HOME CO , INC	3,091,763
DUE TO HEBREW HOME HOUSING DEVELOPMENT FUND COMPANY, INC	366,890
DUE TO THE HEBREW HOME FOR THE AGED AT RIVERDALE FOUNDATION, INC	457,964
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	13,831,084

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	87,768,749
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	92,630,198
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,861,449
4	Net unrealized gains (losses) on investments	4	466,158
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-372,405
9	Total adjustments (net) Add lines 4 - 8	9	93,753
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,767,696

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

1	Total revenue, gains, and other support per audited financial statements	1	87,862,502
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	466,158
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	466,158
3	Subtract line 2e from line 1	3	87,396,344
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	372,405
c	Add lines 4a and 4b	4c	372,405
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	87,768,749

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

1	Total expenses and losses per audited financial statements	1	87,311,777
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	87,311,777
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	5,318,421
c	Add lines 4a and 4b	4c	5,318,421
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	92,630,198

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE HEBREW HOME'S COLLECTION OF 5,000 WORKS OF ART AND MUSEUM OF 1,400 JEWISH CEREMONIAL OBJECTS ARE AN INTEGRAL PART OF THE HOME AND ITS PROGRAMS FOUND THROUGHOUT INDOOR AND OUTDOOR PUBLIC SPACES, ART ENHANCES THE ENVIRONMENT AND IS BOTH THERAPEUTIC AND EDUCATIONAL, FURTHERING THE HOME'S MISSION TO PROVIDE OLDER PEOPLE WITH CARE IN AN ENRICHED ENVIRONMENT WHERE THEY CAN LIVE, LEARN AND FLOURISH
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	HHAR'S ENDOWMENT CONSISTS OF FIVE INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED TO SUPPORT THE JUDAICA MUSEUM, LIBRARY, GERIATRIC MEDICINE, ELDER ABUSE SHELTER, AND INTERGENERATIONAL PROGRAMS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	HHAR HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING DECEMBER 31, 2007 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS -48,888 ADJUSTMENT TO REFLECT PENSION FUNDED STATUS - 323,517
PART XII, LINE 4B - OTHER ADJUSTMENTS		ADJUSTMENT TO REFLECT PENSION FUNDED STATUS 323,517 ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS 48,888
PART XIII, LINE 4B - OTHER ADJUSTMENTS		TRANSFERS TO RELATED PARTIES 5,318,421

**Schedule I
(Form 990)**

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U.S.	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL INTERCOMPANY GRANTS ARE CLOSELY MONITORED BY MANAGEMENT AND THE BOARD OF DIRECTORS

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection**Name of the organization**

THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

Part I Questions Regarding Compensation

Yes No

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

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL REINGOLD	(i) 395,585 (ii) 156,656	0 0	0 0	175,582 69,088	14,805 5,825	585,972 231,569	0 0
(2) DAVID WEINSTEIN	(i) 227,659 (ii) 89,581	6,459 2,541	0 0	10,946 4,307	14,200 5,588	259,264 102,017	0 0
(3) DAVID POMERANZ	(i) 209,885 (ii) 82,586	6,029 2,372	0 0	13,784 5,423	14,124 5,558	243,822 95,939	0 0
(4) LUZ LIEBESKIND	(i) 207,637 (ii) 81,703	6,261 2,463	0 0	9,195 3,618	1,012 398	224,105 88,182	0 0
(5) VILMA BALTAZAR	(i) 105,538 (ii) 54,649	0 0	0 0	8,610 4,459	12,265 6,351	126,413 65,459	0 0
(6) ZACHARY PALACE	(i) 174,432 (ii) 82,039	0 0	0 0	10,972 5,161	13,280 6,246	198,684 93,446	0 0
(7) ROOPA SADANA	(i) 130,864 (ii) 61,549	0 0	0 0	7,576 3,564	5,694 2,678	144,134 67,791	0 0
(8) ERNESTO NUEVA ESPANA	(i) 136,364 (ii) 64,135	0 0	0 0	9,049 4,256	12,764 6,003	158,177 74,394	0 0
(9) GLENNA STEINKE	(i) 135,718 (ii) 63,832	0 0	0 0	9,530 4,482	5,354 2,518	150,602 70,832	0 0
(10) STEVEN SCHWARTZ	(i) 126,492 (ii) 59,493	0 0	0 0	7,807 3,671	5,319 2,502	139,618 65,666	0 0
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	DANIEL REINGOLD - \$224,891
	PART I, LINE 7	BONUSES GIVEN ARE AT THE DISCRETION OF THE COMPENSATION COMMITTEE UP TO 10% OF EXECUTIVE'S SALARY DEPENDING ON WHETHER OR NOT TRIGGERS ESTABLISHED EVERY YEAR ARE MET

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►Complete if the organization answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.Name of the organization
THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

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 oncash contribution amounts
1 Art—Works of art . . .	X	29	136,245	EXPERT OPINION
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 .	X	1	27,100	COMPARABLE SALES
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		4

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**

THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		SHELLEY FEHRENBACH AND MILTON A GILBERT HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		HEBREW HOME HOLDING CORP IS THE SOLE MEMBER OF HEBREW HOME FOR THE AGED AT RIVERDALE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE AUDIT COMMITTEE REVIEWS THE 990 WITH THE CHIEF FINANCIAL OFFICER AND THE PREPARER, AND REPORTS THEIR FINDINGS TO THE FULL BOARD OF DIRECTORS. THE COMPLETE 990 IS ALSO MADE AVAILABLE FOR THE ENTIRE BOARD OF DIRECTORS TO REVIEW AND COMMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON A YEARLY BASIS, THE COMPLIANCE OFFICER, WORKING WITH ADMINISTRATION, DISTRIBUTES CONFLICT OF INTEREST QUESTIONNAIRES TO BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES WITH INSTRUCTIONS TO COMPLETE THE FORMS AND RETURN THEM TO THE COMPLIANCE OFFICER. THE COMPLIANCE OFFICER REVIEWS ALL SUBMITTED FORMS AND IDENTIFIES ANY CONFLICTS WHICH NEED TO BE REPORTED, CONSULTING WITH LEGAL COUNSEL, IF NECESSARY. THE COMPLIANCE OFFICER NOTIFIES THE CHAIRMAN OF THE BOARD AND THE CEO OF ANY CONFLICTS SO THAT CONFLICTED INDIVIDUALS APPROPRIATELY RECUSE THEMSELVES FROM DISCUSSIONS AND VOTING ON MATTERS ON WHICH THEY HAVE A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	DETERMINATION OF THE CEO AND OFFICERS COMPENSATION IS BASED ON INDEPENDENT COMPARATIVE ANALYSIS OF COMPENSATION LEVELS FOR OTHER CEO'S AND OFFICERS IN ORGANIZATIONS OF SIMILAR SIZE IN THE LONG-TERM CARE INDUSTRY IN THE NY METROPOLITAN AREA. THIS IS DONE BY AN INDEPENDENT COMPENSATION CONSULTANT AND THE INFORMATION IS THEN REVIEWED BY A COMPENSATION COMMITTEE AND APPROVED BY THE FULL BOARD. THE DETERMINATION FOR KEY EMPLOYEES COMPENSATION IS REVIEWED DURING ANNUAL BUDGET MEETINGS AND THEN APPROVED BY THE CEO. THIS PROCESS WAS LAST DONE IN 2010

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 466,158 ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS -48,888 ADJUSTMENT TO REFLECT PENSION FUNDED STATUS -323,517 TOTAL TO FORM 990, PART XI, LINE 5 93,753

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
HOURS WORKED FOR RELATED ORGANIZATIONS	FORM 990, PART VII	DANIEL REINGOLD - 15 DAVID WEINSTEIN - 15 DAVID POMERANZ - 15 LUZ LIEBESKIND - 15 JEFFERY S MAURER - 3 KENNETH S LAZAR - 3 THOMAS S ROGERS - 2 JOSEPH WY GODA - 7 I ROY COHEN - 1 SHELLEY FEHRENBACH - 1 MICHAEL FUCHS - 1 MARTIN HOFFMAN - 1 STEVEN M JACOBSON - 2 STANLEY M KATZ - 2 ISADORE KREEL - 2 RICHARD S LANE - 3 SEYMOUR D REICH - 1 JAMES A SHIFREN - 2 BURTON P RESNICK - 3 HAROLD DERFNER - 1

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-173997

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

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

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

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

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.)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
See Additional Data Table				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:

EIN: 13-1739971

Name: THE HEBREW HOME FOR THE AGED AT RIVERDALE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
PALISADE NURSING HOME COMPANY INC 5901 PALISADE AVENUE RIVERDALE, NY10471 13-2668331	NURSING HOME	NY	501(C)(3)	3	HEBREW HOME HOLDING CORP		No
HEBREW HOME HOUSING DEVELOPMENT FUND CO INC 5901 PALISADE AVENUE RIVERDALE, NY10471 13-2956755	HOUSING	NY	501(C)(3)	9	HEBREW HOME HOLDING CORP		No
ELDERSERVE LICENSED HOME CARE SERVICE AGENCY INC 3547 JOHNSON AVENUE BRONX, NY10463 13-3900644	SERVICE AGENCY	NY	501(C)(3)	9	N/A		No
RIVERDALE TERRACE HOUSING DEVELOPMENT FUND CO INC 5901 PALISADE AVENUE RIVERDALE, NY10471 13-3900256	HOUSING	NY	501(C)(3)	9	HEBREW HOME HOLDING CORP		No
HEBREW HOME FOR THE AGED AT RIVERDALE FOUNDATION INC 5901 PALISADE AVENUE RIVERDALE, NY10471 20-4352212	FOUNDATION FOR HHAR	NY	501(C)(3)	7	N/A		No
ELDERSERVE HEALTH INC 5901 PALISADE AVENUE RIVERDALE, NY10471 80-0517818	MANAGED CARE CORPORATION	NY	501(C)(3)	9	HEBREW HOME HOLDING CORP		No
HEBREW HOME HOLDING CORP 5901 PALISADE AVENUE RIVERDALE, NY10471 27-0996795	TO SUPPORT HEALTHCARE SERVICES	NY	501(C)(3)	11 TYPE 1	N/A		No
NATIONAL ALZHEIMER'S CENTER INC 5901 PALISADE AVENUE RIVERDALE, NY10471 13-3403753	TO PROMOTE ALZHEIMER'S CARE	NY	501(C)(3)	7	HEBREW HOME HOLDING CORP		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	HEBREW HOME FOR THE AGED AT RIVERDALE FOUNDATION	P	1,416,695	CASH
(2)	ELDERSERVE LICENSED HOME CARE SERVICE AGENCY INC	P	571,773	CASH
(3)	RIVERDALE TERRACE HOUSING DEVELOPMENT FUND CO INC	D	1,212,732	CASH
(4)	ELDERSERVE LICENSED HOME CARE SERVICE AGENCY INC	K	160,510	CASH
(5)	ELDERSERVE LICENSED HOME CARE SERVICE AGENCY INC	L	3,081,944	CASH
(6)	HEBREW HOME FOR THE AGED AT RIVERDALE FOUNDATION	E	4,183,558	CASH
(7)	PALISADE NURSING HOME COMPANY INC	P	33,527,771	CASH
(8)	HEBREW HOME HOUSING DEVELOPMENT FUND COMPANY INC	P	2,214,778	CASH
(9)	ELDERSERVE HEALTH INC	K	68,391	CASH
(10)	HEBREW HOME FOR THE AGED AT RIVERDALE FOUNDATION	B	700,000	CASH
(11)	RIVERDALE TERRACE HOUSING DEVELOPMENT FUND CO INC	B	4,618,421	CASH
(12)	HEBREW HOME HOUSING DEVELOPMENT FUND COMPANY INC	E	3,450,000	CASH