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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2010**

**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
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 271-11 76TH AVENUE

Room/suite

City or town, state or country, and ZIP + 4
NEW HYDE PARK, NY 110401433

**D Employer identification number**
13-2631069

**E Telephone number**
(718) 343-2100

**G** Gross receipts $ 108,544,433

**F** Name and address of principal officer
MICHAEL ROSENBLUT
271-11 76TH AVENUE
NEW HYDE PARK, NY 110401433

**H(a)** Is this a group return for affiliates? ☐ Yes ☑ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

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

**J Website:** ▶ WWW PARKERINSTITUTE ORG

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1968

**M** State of legal domicile NY

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
TO PROVIDE WITH COMPASSION AND DEDICATION SUPERIOR QUALITY HEALTH CARE AND REHABILITATION FOR ADULTS

**2** Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 26 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 26 |
| **5** | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | **5** | 1,158 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 487 |
| **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 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 678,589 | 564,799 |
| **9** | Program service revenue (Part VIII, line 2g) | 103,254,665 | 106,871,627 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 81,842 | 112,827 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 650,722 | 497,471 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 104,665,818 | 108,046,724 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 0 | 0 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 59,568,295 | 60,087,537 |
| **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) | 44,780,399 | 47,593,898 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 104,348,694 | 107,681,435 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 317,124 | 365,289 |

Revenue

Expenses

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 96,802,003 | 98,520,611 |
| **21** | Total liabilities (Part X, line 26) | 47,890,272 | 50,122,493 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 48,911,731 | 48,398,118 |

Net Assets or Fund Balances

## 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**

****** 2011-11-08
Signature of officer Date

ROBERT WERNER CFO
Type or print name and title

**Paid Preparer Use Only**

| | | | | |
|---|---|---|---|---|
| Print/Type preparer's name GARRETT HIGGINS | Preparer's signature GARRETT HIGGINS | Date 2011-11-07 | Check if self-employed ▶ ☐ | PTIN |
| Firm's name ▶ O'CONNOR DAVIES MUNNS & DOBBINS LLP | | | | Firm's EIN ▶ |
| Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 105281633 | | | | Phone no ▶ (914) 381-8900 |

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

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

**1** Briefly describe the organization's mission

TO PROVIDE WITH COMPASSION AND DEDICATION SUPERIOR QUALITY HEALTH CARE AND REHABILITATION FOR ADULTS

**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 $ 69,746,457 including grants of $ ) (Revenue $ 75,534,482 )

INPATIENT PROGRAMSSUB-ACUTE CARE/SHORT-TERM REHABILITATION AND LONG-TERM CARE/SKILLED MEDICAL AND NURSING CARESUB-ACUTE CARE/SHORT-TERM REHABILITATIONMORE THAN THIRTY YEARS AGO, PARKER JEWISH INSTITUTE PIONEERED SHORT-TERM REHABILITATION FOR OLDER ADULTS TODAY, THE INSTITUTE'S UNIQUE RESTORATIVE THERAPY PROGRAM, REFLECTING THE LIFESTYLE DESIRED BY TODAY'S SENIORS, PROMOTES INDEPENDENCE AND RAPID RETURN TO HOME AFTER REHABILITATION FROM THE BROAD RANGE OF SURGICAL PROCEDURES, STROKE, AMPUTATION, INJURIES AND ILLNESS THE AVERAGE LENGTH OF STAY IS TWO TO SIX WEEKS THE SUB-ACUTE REHABILITATION PROGRAM OFFERS STATE-OF-THE-ART REHABILITATION AND CLINICALLY COMPLEX CARE IN A NURTURING ENVIRONMENT DISTINGUISHED IN PATIENT CARE, RESEARCH AND TEACHING, THE MEDICAL DEPARTMENT INCLUDES PRIMARY CARE PHYSICIANS AS WELL AS SPECIALISTS AND A COMPLETE ROSTER OF CONSULTANTS WE OFFER FAVORABLE NURSE TO PATIENT STAFFING RATIOS, AND A NURSING STAFF EXPERIENCED IN CARING FOR COMPLEX MEDICAL AND POST-SURGICAL NEEDS THAT MAY INCLUDE PNEUMONIA, CORONARY BYPASS SURGERY, CARDIO-THORACIC SURGERY, OR VASCULAR SURGERY SPECIALIZED TREATMENTS HAVE BEEN DEVELOPED TO DEAL WITH TRACHEOTOMIES, I V THERAPY, PAIN MANAGEMENT, CHEMOTHERAPY AND WOUND CARE MANAGEMENT THE STROKE AND NEUROLOGICAL REHABILITATION COMPONENT OF THE PROGRAM INCORPORATES THE MOST ADVANCED TECHNIQUES INTO INDIVIDUALIZED TREATMENT PLANS THAT RESULT IN BETTER OUTCOMES AND AN EARLIER DISCHARGE TO HOME THE INTERDISCIPLINARY REHABILITATION TEAMS AT PARKER INCLUDE PHYSIATRISTS (PHYSICIANS WHO SPECIALIZE IN PHYSICAL MEDICINE AND REHABILITATION), AS WELL AS PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS, RECREATION THERAPISTS, NUTRITIONISTS, AND SOCIAL WORKERS THERE IS A FULLY EQUIPPED KITCHEN, BEDROOM AND BATHROOM FOR RE-TRAINING PURPOSES STAFF ALSO FIT PROSTHETIC DEVICES, AND TRAIN PATIENTS IN THE USE OF ADAPTIVE EQUIPMENT ADDITIONAL PARKERCARE SERVICES AVAILABLE TO SUB-ACUTE CARE/SHORT TERM REHABILITATION PATIENTS INCLUDE - FOOD SERVICE TO MEET SPECIAL DIETARY NEEDS- 24-HOUR LABORATORY SERVICES- 24-HOUR ON-SITE PHARMACY- CHAPLAINCY SERVICE LONG-TERM CARE/SKILLED MEDICAL AND NURSING CARELONG-TERM CARE AT PARKER EMPHASIZES THE IMPORTANCE OF A CARING ENVIRONMENT AND QUALITY OF LIFE THE PROFESSIONAL STAFF DEVELOPS INDIVIDUALIZED CARE PLANS FOR EACH RESIDENT, AND INTERDISCIPLINARY TEAMS REGULARLY REVIEW PROGRESS RESIDENTS AT PARKER ENJOY A HOME AWAY FROM HOME THAT OFFERS ADVANCED CARE AND TRADITIONAL CARING THE MEDICAL STAFF AT PARKER IS ONE OF THE LARGEST, MOST HIGHLY TRAINED OF ANY SIMILAR FACILITY IN THE COUNTRY DOCTORS ARE PRESENT 24 HOURS A DAY, SEVEN DAYS A WEEK AMONG ITS SPECIAL SERVICES, THE INSTITUTE PROVIDES ON-SITE CLINICS IN DENTISTRY, OPHTHALMOLOGY, EAR-NOSE-THROAT, RADIOLOGY, ORTHOPEDICS, PODIATRY AND AUDIOLOGY, AS WELL AS PSYCHOLOGY SERVICES IN 2010, APPROXIMATELY 184,539 DAYS OF CARE WERE PROVIDED TO 2,464 PEOPLE RESIDENTS ARE CARED FOR BY "THE PARKER NURSE" --A SPECIAL PROFESSIONAL WHO REFLECTS THE HIGHEST LEVELS OF SKILL AND COMPASSION, AND REGULARLY TAKES PART IN TRAINING TO ADVANCE SKILLS AND UPDATE KNOWLEDGE UNDER THE SUPERVISION OF THE VICE PRESIDENT OF PATIENT CARE SERVICES, NURSE MANAGERS HAVE 24-HOUR RESPONSIBILITY FOR ALL ASPECTS OF RESIDENT CARE REGISTERED NURSES ARE ON DUTY 24 HOURS TO PROVIDE SUPERVISION, TREATMENT AND MEDICATION CERTIFIED NURSING ASSISTANTS PROVIDE PERSONAL CARE ASSISTANCE WHEN NECESSARY, AND ENCOURAGE INDEPENDENCE WHERE APPROPRIATE PARKER'S CNAS ARE OFFERED REMARKABLE TRAINING OPPORTUNITIES TO REGULARLY UPDATE THEIR SKILLS NURSES STAFF THE CONCIERGE/PATIENT LIAISON SERVICE THAT EASES THE TRANSITION OF RESIDENTS FROM HOME OR HOSPITAL TO A LONG TERM CARE SETTING THE REHABILITATION POTENTIAL OF EACH RESIDENT IS EVALUATED UPON ADMISSION AND THROUGHOUT THEIR STAY AT PARKER THE DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION PROVIDES INDIVIDUALIZED PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY DEDICATED TO ENABLING EACH RESIDENT'S MAXIMUM LEVEL OF ACTIVITY THE EXPERIENCED PROFESSIONALS OF PARKER'S SOCIAL WORK DEPARTMENT OFFER SUPPORT AND COUNSELING, HELPING RESIDENTS AND THEIR FAMILIES COPE WITH THE IMPACT OF AGING AND ILLNESS ASSISTANCE IS PROVIDED FOR SOCIAL, FINANCIAL, PSYCHOLOGICAL AND FAMILY CONCERNS THERAPEUTIC RECREATION SPECIALISTS PROVIDE THE SOCIAL, CREATIVE AND INTELLECTUAL STIMULATION SO VITAL TO A RESIDENT'S EMOTIONAL AND PHYSICAL WELL BEING A COMPUTER CENTER, LIVE ENTERTAINMENT, EXERCISE, GAMES, ARTS AND CRAFTS ARE AMONG THE VARIED OPTIONS OF A RECREATION PROGRAM THAT PROMOTES A HEALTHY LEISURE LIFE, 365 DAYS A YEAR PARKER'S DIETARY STAFF IS RESPONSIBLE FOR THE PLANNING, PREPARATION AND DELIVERY OF NUTRITIOUS MEALS AND SNACKS PARKER IS A CERTIFIED KOSHER FACILITY, AND IS HIGHLY REGARDED FOR ITS SUPERB, APPETIZING MEALS A GROWING "BUFFET DINING" PROGRAM PROVIDES RESTAURANT-STYLE DINING FOR RESIDENTS, PART OF THE PROGRAM OF CULTURE CHANGE THAT FOSTERS PATIENT-CENTERED CARE AND A "HOME AWAY FROM HOME" ENVIRONMENT THE DEPARTMENT OF PASTORAL SERVICES OFFERS SPIRITUAL COUNSELING RELIGIOUS SERVICES ARE HELD FOR ALL MAJOR FAITHS A "MEDIATION SUITE" IS PROVIDED FOR THE QUIET MOMENTS THAT A DIVERSE POPULATION OF FAMILIES MAY REQUIRE

**4b** (Code ) (Expenses $ 3,063,161 including grants of $ ) (Revenue $ 6,265,699 )

ADULT DAY HEALTH CAREPARKER'S ADULT DAY HEALTH CARE PROGRAM HAS BEEN DESCRIBED AS A WORLD OF FUN AND GOOD HEALTH BECAUSE IT PROVIDES RECREATION AND MEDICAL CARE FOR THE FRAIL ELDERLY AND DISABLED, IN THE BRIGHT, MODERN SETTING OF PARKER'S COMMUNITY HEALTH CENTER IN LAKE SUCCESS, NEW YORK IN 2010, THIS PROGRAM HAD 25,916 DAYS OF CARE PROVIDED TO 273 PEOPLE, AND SINCE 1995, A TOTAL, TO-DATE, OF 328,184 VISITS SERVICES ARE PROVIDED 9 AM TO 3 PM, 7 DAYS A WEEK, AND INCLUDE - DOOR-TO-DOOR TRANSPORTATION - SUPERVISED ACTIVITIES, INCLUDING GAMES, ART, MUSIC AND EXERCISE- ON-SITE MEDICAL CARE INCLUDING PHYSICIANS, NURSES, DENTISTS AND THERAPISTS- SPECIALISTS IN FOOT CARE, HEARING, VISION AND NUTRITION- A SUPERB HOT MEAL THERE IS A SEPARATE PROGRAM FOR THOSE WITH MEMORY LOSS, AND A SPECIAL CHINESE CULTURAL PROGRAM THIS MEDICAL MODEL DAY CARE CENTER IS A WONDERFUL OPPORTUNITY FOR ADULT CHILDREN TO GO TO WORK AND ADDRESS OTHER RESPONSIBILITIES, SUCH AS CHILD CARE, COMFORTED BY THE KNOWLEDGE THAT THEIR ELDERLY OR DISABLED LOVED ONES ARE ENJOYING A WORLD OF FUN AND EXCELLENT HEALTH CARE DURING THE DAY

**4c** (Code ) (Expenses $ 20,488,960 including grants of $ ) (Revenue $ 22,763,390 )

LONG TERM HOME HEALTH CAREPARKER'S LONG TERM HOME HEALTH CARE PROGRAM COMBINES THE COMFORTS OF HOME WITH THE EXPERT AND EXPERIENCED CARE OF PARKER THIS INVALUABLE COMMUNITY HEALTH PROGRAM DELIVERS A FULL SPECTRUM OF PERSONALIZED NURSING, MEDICAL AND REHABILITATION SERVICES THAT ALLOW OLDER MEN AND WOMEN TO GET WELL, MAINTAIN MAXIMUM INDEPENDENCE, AND REMAIN WHERE THEY MOST WANT TO BE SERVICES INCLUDE - ASSESSMENT BY A REGISTERED NURSE- INDIVIDUALIZED NURSING CARE PLANS- PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY- HOME HEALTH AIDES, PERSONAL CARE WORKERS- HOMEMAKERS AND HOUSEKEEPERS- SOCIAL WORK COUNSELING- PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)- MEDICAL SUPPLIES AND EQUIPMENT- 24-HOUR TELEPHONE AVAILABILITYA NUMBER OF OTHER SERVICES MAY BE COORDINATED THROUGH THIS PROGRAM, INCLUDING MEDICAL TRANSPORTATION, LABORATORY WORK, X-RAYS, DRUGS, DENTISTRY, OPHTHALMOLOGY, PODIATRY, MEDICAL DAY CARE, AND DISCHARGE PLANNING AVAILABLE TO RESIDENTS OF QUEENS COUNTY, NASSAU COUNTY OR BROOKLYN, INDIVIDUALS, FAMILIES, DISCHARGE PLANNERS, ET AL MAY APPLY AFTER DISCHARGE FROM A HOSPITAL OR A LONG TERM CARE FACILITY, OR DIRECTLY FROM HOME IN 2010, THE ORGANIZATION PROVIDED APPROXIMATELY 212,154 DAYS OF CARE TO 923 PEOPLE

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**
(Expenses $ 1,499,147 including grants of $ ) (Revenue $ 2,308,056 )

**4e** **Total program service expenses** ▶ $ 94,797,725

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | Yes | |
| 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* | 3 | | No |
| 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* | 4 | Yes | |
| 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* | 5 | | |
| 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* | 6 | | No |
| 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* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 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* | 9 | Yes | |
| 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* | 10 | Yes | |
| 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, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| 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.* | 11b | | No |
| 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.* | 11c | | No |
| 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.* | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| 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 X.* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | | No |
| 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* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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* | 14b | | No |
| 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* | 15 | | No |
| 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* | 16 | | No |
| 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)* | 17 | | No |
| 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* | 18 | | No |
| 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* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | No |
| 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) | 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* | **21** | | No |
| **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* | **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* | **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* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **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* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **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* | **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* | **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) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **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* | **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* | **33** | Yes | |
| **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* | **34** | Yes | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | **35** | | No |
| **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* ☐ Yes ☑ No | | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **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* | **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 | **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 | 119 | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | | 1c Yes | |
| 2a | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 1,158 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . | | | 3a | No |
| b | 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 |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | No |
| c | 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 |
| b | 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).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | | 7a | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | | | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | | 7h | |
| 8 | **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.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | | | 9a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | | | 9b | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | | 14a | No |
| b | 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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . | 1a | 26 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 26 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | 5 | | No |
| 6 | Does the organization have members or stockholders? . . . . . | | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . | | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . | | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | | 9 | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . . | 10a | | No |
| 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? . . . . | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| 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* . . . . . | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . . | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? . . . . . | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? . . . . . | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official . . . . . | 15a | Yes | |
| b | Other officers or key employees of the organization . . . . . | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions ) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | 16a | | No |
| 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? . . . . . | 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 ▶

ROBERT WERNER
271-11 76TH AVENUE
NEW HYDE PARK, NY 11040
(718) 289-2100

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b** **Sub-Total** | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** | | | | | | | | 3,052,777 | 0 | 301,538 |

**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 ▶ 30

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | **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? *If "Yes," complete Schedule J for such individual* | **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? *If "Yes," complete Schedule J for such person* | **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 |
|---|---|---|
| CARING PROFESSIONAL INC<br>70-20 AUSTIN STREET SUITE 135<br>FOREST HILLS, NY 11375 | HOME HEALTH CARE | 4,595,777 |
| ATTENTIVE HOME CARE<br>85-06 QUEENS BLVD<br>ELMHURST, NY 11373 | HOME HEALTH CARE | 1,717,233 |
| CUSTOM COMPUTER SPECIALISTS INC<br>70 SUFFOLK COURT<br>HAUPPAUGE, NY 11788 | COMPUTER CONSULTANTS | 1,263,634 |
| GERIATRIC SERVICES PC<br>69 SOUTH BROADWAY<br>YONKERS, NY 10701 | PHYSICIANS | 1,200,000 |
| THERADYNAMICS PHYSICAL THERAPY<br>3871 SEDGWICK AVE APT 1B<br>BRONX, NY 10463 | REHAB THERAPISTS | 990,299 |

**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 | 73,823 | | | | |
| | e Government grants (contributions) 1e | 163,248 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | 327,728 | | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | |
| | h **Total.** Add lines 1a-1f | | 564,799 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a MEDICAID REVENUE | 623000 | 71,528,909 | 71,528,909 | | |
| | b MEDICARE REVENUE | 623000 | 28,737,138 | 28,737,138 | | |
| | c PRIVATE PATIENT | 623000 | 4,942,710 | 4,942,710 | | |
| | d OTHER PATIENT REVENUE | 623000 | 1,662,870 | 1,662,870 | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f | | 106,871,627 | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) | | 112,827 | | | 112,827 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a Gross Rents | 194,458 / | | | | |
| | b Less rental expenses | / | | | | |
| | c Rental income or (loss) | 194,458 / | | | | |
| | d Net rental income or (loss) | | 194,458 | | | 194,458 |
| | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 497,709 / | | | | |
| | b Less cost or other basis and sales expenses | 497,709 / | | | | |
| | c Gain or (loss) | 0 / | | | | |
| | d Net gain or (loss) | | 0 | | | |
| Other Revenue | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | |
| | b Less direct expenses b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 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 a | | | | | |
| | b Less cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a CAFETERIA AND CATERING | 900099 | 143,012 | | | 143,012 |
| | b ALZHEIMER BATH & MEALS | 900099 | 36,356 | | | 36,356 |
| | c BARBER AND BEAUTY | 900099 | 26,130 | | | 26,130 |
| | d All other revenue | | 97,515 | | | 97,515 |
| | e **Total.** Add lines 11a–11d | | 303,013 | | | |
| | 12 **Total revenue.** See Instructions | | 108,046,724 | 106,871,627 | 0 | 610,298 |

## 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 | | | | |
| 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 | 2,490,975 | 860,428 | 1,630,547 | |
| 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 | 42,018,854 | 38,367,962 | 3,650,892 | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 2,622,517 | 2,340,734 | 281,783 | |
| 9 Other employee benefits | 9,546,700 | 8,630,337 | 916,363 | |
| 10 Payroll taxes | 3,408,491 | 3,019,442 | 389,049 | |
| a Fees for services (non-employees) Management | | | | |
| b Legal | 163,368 | 9,143 | 154,225 | |
| c Accounting | 107,700 | | 107,700 | |
| d Lobbying | 44,961 | | 44,961 | |
| e Professional fundraising services *See Part IV, line 17* | | | | |
| f Investment management fees | | | | |
| g Other | 19,703,317 | 19,424,477 | 278,840 | |
| 12 Advertising and promotion | 282,537 | 4,168 | 278,369 | |
| 13 Office expenses | 3,242,626 | 2,298,225 | 944,401 | |
| 14 Information technology | 984,979 | | 984,979 | |
| 15 Royalties | | | | |
| 16 Occupancy | 3,287,973 | 3,122,886 | 165,087 | |
| 17 Travel | 24,606 | 24,606 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 149,807 | 71,148 | 78,659 | |
| 20 Interest | 463,014 | 463,014 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,099,744 | 3,868,133 | 231,611 | |
| 23 Insurance | 2,028,499 | 13,556 | 2,014,943 | |
| 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 PURCHASED AND CONTRACTE | 3,692,794 | 3,201,979 | 490,815 | |
| b NYS CASH RECEIPTS ASSES | 3,055,303 | 3,055,303 | | |
| c DIETARY | 2,462,421 | 2,462,421 | | |
| d DRUGS-PRESCRIPTION AND | 2,121,387 | 2,121,387 | | |
| e BAD DEBT | 999,996 | 999,996 | | |
| f All other expenses | 678,866 | 438,380 | 240,486 | |
| 25 **Total functional expenses.** Add lines 1 through 24f | 107,681,435 | 94,797,725 | 12,883,710 | 0 |
| 26 **Joint costs.** Check here ▶ ☐ 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 | | 5,337,669 | 1 | 783,981 |
| | 2 | Savings and temporary cash investments | | 7,018,559 | 2 | 2,725,021 |
| | 3 | Pledges and grants receivable, net | | 172,297 | 3 | 25,586 |
| | 4 | Accounts receivable, net | | 12,345,315 | 4 | 14,368,407 |
| | 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 | | 254,346 | 8 | 239,308 |
| | 9 | Prepaid expenses and deferred charges | | 205,865 | 9 | 267,945 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 94,703,649 | | | |
| | b | Less accumulated depreciation | 10b 61,063,537 | 33,369,999 | 10c | 33,640,112 |
| | 11 | Investments—publicly traded securities | | | 11 | 3,783,472 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 38,097,953 | 15 | 42,686,779 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 96,802,003 | 16 | 98,520,611 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 17,981,074 | 17 | 18,802,488 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 161,023 | 19 | 147,846 |
| | 20 | Tax-exempt bond liabilities | | 4,192,226 | 20 | 2,997,226 |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | 283,286 | 21 | 319,653 |
| | 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 | | 8,534,004 | 23 | 8,687,166 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 16,738,659 | 25 | 19,168,114 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 47,890,272 | 26 | 50,122,493 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 46,486,859 | 27 | 46,028,069 |
| | 28 | Temporarily restricted net assets | | 1,160,350 | 28 | 1,105,527 |
| | 29 | Permanently restricted net assets | | 1,264,522 | 29 | 1,264,522 |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ 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 | | 48,911,731 | 33 | 48,398,118 |
| | 34 | Total liabilities and net assets/fund balances | | 96,802,003 | 34 | 98,520,611 |

## Part XI Reconcilliation of Net Assets

Check 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 | 108,046,724 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 107,681,435 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | 365,289 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 48,911,731 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | -878,902 |
| 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 | 48,398,118 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . . | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? . . . . . | 2b | Yes | |
| c | 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 . . . . . | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ 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? . . . . . | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . | 3b | | |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

**Employer identification number**
13-2631069

## 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

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

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

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

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

| | Yes | No |
|---|---|---|
| **(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? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

**h** 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? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the U S ? Yes | (vi) No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **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 ") | 1,646,198 | 1,671,391 | 1,303,143 | 678,589 | 564,799 | 5,864,120 |
| 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 | 96,107,216 | 101,860,257 | 101,805,256 | 103,703,683 | 106,871,627 | 510,348,039 |
| 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 | 97,753,414 | 103,531,648 | 103,108,399 | 104,382,272 | 107,436,426 | 516,212,159 |
| 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 ) | | | | | | 516,212,159 |

### 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 | 97,753,414 | 103,531,648 | 103,108,399 | 104,382,272 | 107,436,426 | 516,212,159 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 401,456 | 441,341 | 254,967 | 81,842 | 307,285 | 1,486,891 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 401,456 | 441,341 | 254,967 | 81,842 | 307,285 | 1,486,891 |
| 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 ) | 252,512 | 237,291 | 238,696 | 201,704 | 303,013 | 1,233,216 |
| 13 **Total support** (Add lines 9, 10c, 11 and 12 ) | 98,407,382 | 104,210,280 | 103,602,062 | 104,665,818 | 108,046,724 | 518,932,266 |

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(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 | 99 480 % |
| 16 | Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 99 200 % |

### Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) | 17 | 0 290 % |
| 18 | Investment income percentage from **2009** Schedule A, Part III, line 17 | 18 | 0 280 % |

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 OTHER INCOME CAFETERIA AND CATERING BARBER AND BEAUTY ALZHEIMER BATH & MEALS MEDICAL RECORDS INCOME HEARING AID INCOME-INPATIENT VENDING MACHINES PURCHASE DISCOUNTS & REBATES RECOVERY OF BAD DEBT INSURANCE RECOVERY ALZHEIMER APPLICATIONS ENERGY CURTAILMENT INCOME SALES TAX VENDOR CREDIT X-RAY INCOME CATERING FUNCTIONAL FOOD SERVICE

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 13-2631069
**Name:** PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

**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 | Former | | | |
| WILLIAM ACKERMAN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| FREDERIC BAUMGARTEN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| HOWARD BORIS TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| DANIEL DAVIS TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MIKE L DENHOFF VICE CHAIRMAN | 1 00 | X | | X | | | | 0 | 0 | 0 |
| GARY GRANOFF SECRETARY | 1 00 | X | | X | | | | 0 | 0 | 0 |
| PHILIP KAPLAN ASSISTANT TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| ALAN B KATZ ASSISTANT SECRETARY | 1 00 | X | | X | | | | 0 | 0 | 0 |
| FRANCIS KATZ VICE CHAIRMAN | 1 00 | X | | X | | | | 0 | 0 | 0 |
| BARBARA KURSHAN COLEMAN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| JERRY LANDSBERG IMMEDIATE PAST CHAIRMAN | 1 00 | X | | X | | | | 0 | 0 | 0 |
| JAMES LEVIN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHARLOTTE LEVINE TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARVIN MARCUS TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| ALVIN MURSTEIN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| HENRY T PAT SCHWAEBER CHAIRMAN | 1 00 | X | | X | | | | 0 | 0 | 0 |
| PETER SEIDEMAN ASSISTANT TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| SHERYL SILVERSTEIN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| DANIEL STERLING TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| LEONARD TANZER TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| DAVID TAUB TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| STEVEN WAGNER TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| GLENN GREENBERG TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOSHUA SCHNEPS TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| FLORENCE SPENCER TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |

## 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 | Former | | | |
| SUZANNE SUSSMAN<br>TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL N ROSENBLUT<br>PRESIDENT/CEO | 37 50 | | | X | | | | 600,890 | 0 | 35,344 |
| ROBERT M WERNER<br>VP CFO | 37 50 | | | X | | | | 259,105 | 0 | 31,644 |
| CONN FOLEY MD<br>SENIOR VP | 40 00 | | | | X | | | 349,629 | 0 | 35,290 |
| SYLVIA WILLIAMS<br>VP PT SVCS | 37 50 | | | | X | | | 237,076 | 0 | 14,619 |
| JOHN DRIVAS<br>VP HR | 37 50 | | | | X | | | 203,649 | 0 | 14,216 |
| STUART ALMER<br>EXECUTIVE VP | 37 50 | | | | X | | | 220,595 | 0 | 34,589 |
| LESLEE MAVROVIC<br>VP SS | 37 50 | | | | X | | | 191,049 | 0 | 29,534 |
| CHRISTOPHER FERRERI<br>VP ADMINISTRATION | 37 50 | | | | X | | | 189,018 | 0 | 33,666 |
| CHARLES SEIDE<br>DIRECTOR OF PHARMACY | 37 50 | | | | | X | | 152,726 | 0 | 2,593 |
| KUL ANAND MD<br>ATT MD | 37 50 | | | | | X | | 193,046 | 0 | 25,436 |
| PAMELA HOROWITZ<br>LTHHC ADMIN | 37 50 | | | | | X | | 165,500 | 0 | 26,087 |
| GEORGIENE KENNY<br>ASSOCIATE VP OF QM | 37 50 | | | | | X | | 145,405 | 0 | 13,077 |
| DR NEENA SHAH<br>PHYSICIAN | 40 00 | | | | | X | | 145,089 | 0 | 5,443 |

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

**4d. Other program services**

(Code ) (Expenses $ 1,499,147 including grants of $ ) (Revenue $ 2,308,056 )

COMMUNITY HOSPICETHE COMMUNITY HOSPICE OF PARKER OFFERS HIGHLY SPECIALIZED CARE FOR TERMINALLY ILL PATIENTS AND SUPPORT FOR THEIR FAMILIES THROUGH PAIN CONTROL AND SYMPTOM MANAGEMENT, AS WELL AS EMOTIONAL SUPPORT, PARKER'S THOROUGHLY EXPERIENCED PROFESSIONAL STAFF PROVIDES CARE AT HOME, OR FOR RESIDENTS IN A NURSING FACILITY SOME 150 PATIENTS ARE NOW SERVED ANNUALLY, 1,469 SINCE ITS BEGINNING IN 1997 WE CREATE PERSONALIZED CARE PLANS THAT MEET THE INDIVIDUAL NEEDS OF EACH PATIENT, AND FOSTER A CALM AND LOVING ENVIRONMENT THAT BENEFITS PATIENTS AND FAMILY MEMBERS EVERY PATIENT HAS ACCESS TO - SKILLED NURSING- PHYSICIAN SERVICES- PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY- SPIRITUAL COUNSELING (MULTI-DENOMINATIONAL)- NUTRITION COUNSELING- HOME HEALTH AIDES- MEDICAL EQUIPMENT AND MEDICATIONS- INPATIENT RESPITE- SHORT-TERM INPATIENT CARE- AMBULETTE TRANSPORTATION- BEREAVEMENT COUNSELING- SOCIAL WORK SERVICES- 24-HOUR ON-CALL SERVICES THE ALZHEIMER'S DAY CARE CENTER AT PARKERTHE ALZHEIMER'S DAY CARE CENTER AT PARKER PROVIDES SENSITIVITY AND STIMULATION FOR PARTICIPANTS AS WELL AS RELIEF AND SUPPORT FOR 100-200 PERSONS (UNDUPLICATED) PER YEAR APPROXIMATELY 3,000 PARTICIPANTS, AND SOME 100,000 COMMUNITY CAREGIVERS/SENIORS (UNDUPLICATED), HAVE BEEN SERVED SINCE THE INCEPTION OF THE PROGRAM IN 1995 PARKER JEWISH INSTITUTE FOR HEALTH CARE & REHABILITATION IS AMONG THE INTERNATIONAL LEADERS IN MANAGING AND TREATING THE FULL RANGE OF CLINICAL AND BEHAVIORAL PROBLEMS FOR PEOPLE AT ALL STAGES OF DEMENTIA THE INSTITUTE'S ALZHEIMER'S CENTER IS A TRULY UNIQUE SOCIAL MODEL DAY CARE PROGRAM THAT REFLECTS THIS DEPTH OF EXPERTISE IT OFFERS - A BEAUTIFUL, SAFE, HOME-LIKE ENVIRONMENT - PROGRAMS THAT ADDRESS MEMORY LOSS AND DAILY LIVING SKILLS- HIGHLY EXPERIENCED PROFESSIONAL STAFF- A BROAD RANGE OF SUPERVISED ACTIVITIES CRAFTS, EXERCISE, DANCING, MUSIC, ART, GARDENING- BATHING, GROOMING AND PERSONAL CARE- EXCELLENT HOT MEAL-ASSISTANCE WITH EATING PROBLEMS- FAMILY GUIDANCE AND SUPPORT GROUPS- REFERRALS TO SPECIALISTS FOR ASSESSMENTS, MEDICAL, DENTAL AND MEDICATION MANAGEMENT- TRANSPORTATIONTHE CENTER CUSTOMIZES SCHEDULES TO MEET CAREGIVERS' NEEDS IT IS OPEN SIX DAYS A WEEK, MONDAY TO FRIDAY, 7 AM TO 7 PM, AS WELL AS SATURDAYS AND HOLIDAYS, 9 AM TO 5 PM NO MINIMUM NUMBER OF HOURS IS REQUIRED

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# SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

**2010**

**Open to Public 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 | Employer identification number |
|---|---|
| PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION | 13-2631069 |

### 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 funtion activities ▶ $ _____

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|---|---|---|
| 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 | | |
| 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- | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

## 4-Year Averaging Period Under Section 501(h)
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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) Yes | (a) No | (b) 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? | | No | |
| 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 | | 44,961 |
| j | Total lines 1c through 1i | | | 44,961 |
| 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? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

## Part IV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| EXPLANATION OF OTHER LOBBYING ACTIVITIES | PART II-B, LINE 1I | COSTS ARE INCURRED AS PART OF DUES PAID TO NURSING HOME INDUSTRY ORGANIZATIONS |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# 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.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

**Employer identification number**
13-2631069

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part 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 | 1,264,522 | 1,276,857 | 1,239,563 | | |
| b Contributions | | | 37,294 | | |
| c Investment earnings or losses | 1,825 | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,825 | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,264,522 | 1,276,857 | 1,276,857 | | |

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

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 | | 516,666 | | 516,666 |
| b Buildings | | 49,699,146 | 35,485,539 | 14,213,607 |
| c Leasehold improvements | | 2,398,626 | 1,590,033 | 808,593 |
| d Equipment | | 32,192,804 | 23,590,934 | 8,601,870 |
| e Other | | 9,896,407 | 397,031 | 9,499,376 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 33,640,112 |

**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 | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**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) EQUITY INTEREST IN PARKER JEWISH FOUNDATION | 36,486,707 |
| (2) AMBULETTE LICENSE FEE | 250,000 |
| (3) DUE FROM THIRD PARTY PAYORS | 4,232,340 |
| (4) OTHER ASSETS | 121,938 |
| (5) SECURITY DEPOSITS | 72,041 |
| (6) ASSETS LIMITED TO USE - CASH | 1,523,753 |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | 42,686,779 |

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| DEFERRED COMPENSATION PAYABLE | 201,082 |
| ACCRUED PENSION LIABILITY | 9,799,889 |
| ACCRUED INTEREST PAYABLE | 25,854 |
| DUE TO THIRD PARTY PAYORS | 8,880,752 |
| PATIENT ADVANCES | 260,537 |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 19,168,114 |

**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 | 108,046,724 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 107,681,435 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 365,289 |
| 4 | Net unrealized gains (losses) on investments | 4 | -47,741 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -831,161 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -878,902 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -513,613 |

## 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 | 107,998,983 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | -47,741 | | |
| 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 | -47,741 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 108,046,724 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 108,046,724 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 107,681,435 |
| 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 | 107,681,435 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 107,681,435 |

## 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 IV, LINE 2B | RESIDENTS' FUNDS ARE HELD BY THE INSTITUTE ON BEHALF OF THE RESIDENTS SUCH FUNDS REPRESENT LIVING ALLOWANCES RECEIVED BY RESIDENTS AS WELL AS OTHER RESIDENTS' FUNDS DEPOSITED WITH THE INSTITUTE FOR SAFEKEEPING THE FUNDS ARE DISBURSED BY THE INSTITUTE AT THE REQUEST OF, OR ON BEHALF OF, RESIDENTS FOR THEIR PERSONAL USE |
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | THE ORGANIZATION'S ENDOWMENT FUND PURPOSE IS TO PROVIDE LONG-TERM SUPPORT FOR ITS CHARITABLE PURPOSES IN 2010, THE ORGANIZATION RECLASSED $12,335 OUT OF THE BEGINNING BALANCE OF PERMANENTLY RESTRICTED NET ASSETS INTO UNRESTRICTED NET ASSETS |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | THE INSTITUTE RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THEN NOT OF BEING SUSTAINED MANAGEMENT HAS DETERMINED THAT THE INSTITUTE HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE THE INSTITUTE IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2007 |
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | PENSION LIABILITY ADJUSTMENT -1,127,666 CHANGE IN EQUITY INTEREST IN PARKER FOUNDATION 296,505 |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

**Employer identification number**
13-2631069

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate 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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ 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 orprovision of all the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **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? | **2** | | |
| **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<br>☑ Compensation committee ☑ Written employment contract<br>☐ Independent compensation consultant ☑ Compensation survey or study<br>☑ Form 990 of other organizations ☑ 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? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | 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? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**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) MICHAEL N ROSENBLUT | (i) | 600,890 | 0 | 0 | 4,900 | 30,444 | 636,234 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) ROBERT M WERNER | (i) | 259,105 | 0 | 0 | 4,900 | 26,744 | 290,749 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (3) CONN FOLEY MD | (i) | 349,629 | 0 | 0 | 4,900 | 30,390 | 384,919 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (4) SYLVIA WILLIAMS | (i) | 237,076 | 0 | 0 | 4,230 | 10,389 | 251,695 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (5) JOHN DRIVAS | (i) | 203,649 | 0 | 0 | 3,431 | 10,785 | 217,865 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (6) STUART ALMER | (i) | 220,595 | 0 | 0 | 4,366 | 30,223 | 255,184 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (7) LESLEE MAVROVIC | (i) | 191,049 | 0 | 0 | 3,221 | 26,313 | 220,583 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (8) CHRISTOPHER FERRERI | (i) | 189,018 | 0 | 0 | 3,809 | 29,857 | 222,684 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (9) CHARLES SEIDE | (i) | 152,726 | 0 | 0 | 950 | 1,643 | 155,319 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (10) KUL ANAND MD | (i) | 193,046 | 0 | 0 | 3,252 | 22,184 | 218,482 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (11) PAMELA HOROWITZ | (i) | 165,500 | 0 | 0 | 3,386 | 22,701 | 191,587 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (12) GEORGIENE KENNY | (i) | 145,405 | 0 | 0 | 2,807 | 10,270 | 158,482 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (13) DR NEENA SHAH | (i) | 145,089 | 0 | 0 | 2,905 | 2,538 | 150,532 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ( 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 |
|---|---|---|

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**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.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

**Employer identification number**
13-2631069

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | | THE SOLE MEMBER OF THE CORPORATION SHALL BE GERIATRIC RESOURCES OF NEW YORK |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION A, LINE 7A | | AT EACH ANNUAL MEETING OF GERIATRIC RESOURCES OF NEW YORK, TRUSTEES OF THE INSTITUTE SHALL BE ELECTED TO VACANT POSITIONS ON THE BOARD, EACH FOR A TERM OF THREE YEARS, TO HOLD OFFICE UNTIL HIS SUCCESSOR HAS BEEN ELECTED AND HAS QUALIFIED A VACANCY IN ANY OFFICE MAY BE FILLED BY THE BOARD OF TRUSTEES OF GERIATRIC RESOURCES OF NEW YORK AS PROVIDED IN THE BYLAWS OF GERIATRIC RESOURCES OF NEW YORK |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION A, LINE 7B | | THE REPEAL OR AMENDMENT OF ANY BYLAW OF THE CORPORATION SHALL BE EFFECTED BY EITHER OF THE FOLLOWING METHODS (I) A VOTE OF TWO-THIRDS OF THE ENTIRE BOARD OF TRUSTEES OF GERIATRIC RESOURCES OF NEW YORK OR (II) A VOTE OF TWO-THIRDS OF THE TRUSTEES PRESENT AT ANY MEETING OF THE BOARD OF TRUSTEES OF GERIATRIC RESOURCES OF NEW YORK, PROVIDED THAT (A) WRITTEN NOTICE OF EITHER THE TEXT OR SUBSTANCE OF ANY PROPOSED AMENDMENT OR APPEAL OF THE BYLAWS SHALL BE GIVEN TO ALL TRUSTEES AT LEAST TEN BUSINESS DAYS PRIOR TO THE DATE OF THE MEETING AT WHICH THE AMENDMENT OR REPEAL IS TO BE PROPOSED, WITH NOTICE OF THE RIGHT TO INFORM THE BOARD OF TRUSTEES OF THE TRUSTEE'S OPPOSITION IN WRITING, AND (B) NO MORE THAN A TOTAL OF ONE-THIRD OF ALL TRUSTEES HAVE ADVISED THE BOARD OF TRUSTEES EITHER IN WRITING OF THEIR OPPOSITION, OR EXPRESSED THEIR OPPOSITION TO SUCH AMENDMENT OR REPEAL VERBALLY AT A MEETING AT WHICH A QUORUM IS PRESENT |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION B, LINE 11 | | PARKER JEWISH INSTITUTE FOR HEALTHCARE AND REHABILIATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION B, LINE 12C | ANNUALLY, THE BOARD OF TRUSTEES AND OFFICERS OF THE BOARD ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY EACH PERSON MUST COMPLETE A STATEMENT AFFIRMING THAT THEY DO NOT HAVE ANY CONFLICTS OR POTENTIAL CONFLICTS IF A CONFLICT WERE TO ARISE, IT WOULD BE BROUGHT TO THE BOARD'S ATTENTION THROUGH THE EXECUTIVE COMMITTEE AND THE CORPORATE COMPLIANCE COMMITTEE FOR REVIEW |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION B, LINE 15 | A WRITTEN EMPLOYMENT CONTRACT IS CURRENTLY IN PLACE FOR A PRESIDENT/CEO, AND IS REVIEWED ANNUALLY BY THE COMPENSATION/PERSONNEL COMMITTEE OF THE BOARD OF TRUSTEES AND FURTHER APPROVED BY THE BOARD OF TRUSTEES ADDITIONAL INFORMATION AND SURVEYS ARE USED FOR COMPARATIVE PURPOSES IN DETERMINING THE COMPENSATION AMOUNT RECOMMENDATIONS ARE MADE TO THE EXECUTIVE COMMITTEE OF THE BOARD WHO APPROVE THE SALARIES OF THE KEY EMPLOYEES |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON GUIDESTAR ORG AND OTHER SIMILAR TYPES OF WEBSITES IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 271-11 76TH AVENUE, NEW HYDE PARK, NY 11040-1433 OR BY CALLING THE ORGANIZATION DIRECTLY AT (718)-343-2100 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VII, SECTION A | ALL OF THE PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION BOARD MEMBERS WORK ON AVERAGE, ONE HOUR A WEEK FOR TWO OF THE RELATED PARTIES, GERIATRIC RESOURCES OF NEW YORK, AND PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION FOUNDATION THE FOLLOWING BOARD MEMBERS WORK ON AVERAGE, ONE HOUR A WEEK FOR THE QUEEN-LONG ISLAND RENAL INSTITUTE GARY C GRANOFF, PHILIP KAPLAN, JERRY LANDSBERG, HENRY T "PAT" SCHWAEBER, LEONARD TANZER, AND DAVID TAUB MICHAEL ROSENBLUT AND ROBERT WERNER EACH WORK 37 50 HOURS FOR THE PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION, AND ONE HOUR EACH FOR GERIATRIC RESOURCES OF NEW YORK, PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION FOUNDATION, AND THE QUEENS-LONG ISLAND RENAL INSTITUTE |

| Identifier | Return Reference | Explanation |
|---|---|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -47,741 PENSION LIABILITY ADJUSTMENT - 1,127,666 CHANGE IN EQUITY INTEREST IN PARKER FOUNDATION 296,505 TOTAL TO FORM 990, PART XI, LINE 5 -878,902 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART XII, LINE 2C | THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

**Employer identification number**
13-2631069

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| (1) LAKEVILLE AMBULETTE TRANSPORTATION<br>271-11 76 AVENUE<br>NEW HYDE PARK, NY 11040<br>26-1086299 | AMBULETTE TRANSPORTATION | NY | 368,763 | 772,233 | N/A |
| | | | | | |
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (1) PARKER JEWISH INSTITUTE FOR HEALTHCARE & REHAB FOUNDATION<br>271-11 76TH AVENUE<br>NEW HYDE PARK, NY 11040<br>11-3041480 | TO SUPPORT AND BENEFIT THE PARKER JEWISH INSTITUTE | NY | 501(C)3 | 7 | N/A | | No |
| (2) GERIATRIC RESOURCES OF NEW YORK<br>271-11 76TH AVENUE<br>NEW HYDE PARK, NY 11040<br>11-3100541 | TO SUPPORT AND BENEFIT THE PARKER JEWISH INSTITUTE | NY | 501(C)3 | 12 | N/A | | No |
| (3) QUEENS-LONG ISLAND RENTAL INSTITUTE INC<br>271-11 76TH AVENUE<br>NEW HYDE PARK, NY 11040<br>26-4827558 | OPERATE A DIAGNOSTIC AND TREATMENT CENTER SPECIALIZING IN RENAL DIALYSIS | NY | 501(C)3 | 3 | N/A | | No |
| | | | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
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## 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

| | | Yes | No |
|---|---|---|---|
| **1** | During the tax year, did the orgranization 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 | **1a** | **No** |
| **b** | Gift, grant, or capital contribution to other organization(s) | **1b** | **No** |
| **c** | Gift, grant, or capital contribution from other organization(s) | **1c** | **Yes** |
| **d** | Loans or loan guarantees to or for other organization(s) | **1d** | **No** |
| **e** | Loans or loan guarantees by other organization(s) | **1e** | **No** |
| **f** | Sale of assets to other organization(s) | **1f** | **No** |
| **g** | Purchase of assets from other organization(s) | **1g** | **No** |
| **h** | Exchange of assets | **1h** | **No** |
| **i** | Lease of facilities, equipment, or other assets to other organization(s) | **1i** | **No** |
| **j** | Lease of facilities, equipment, or other assets from other organization(s) | **1j** | **No** |
| **k** | Performance of services or membership or fundraising solicitations for other organization(s) | **1k** | **No** |
| **l** | Performance of services or membership or fundraising solicitations by other organization(s) | **1l** | **Yes** |
| **m** | Sharing of facilities, equipment, mailing lists, or other assets | **1m** | **No** |
| **n** | Sharing of paid employees | **1n** | **Yes** |
| **o** | Reimbursement paid to other organization for expenses | **1o** | **No** |
| **p** | Reimbursement paid by other organization for expenses | **1p** | **No** |
| **q** | Other transfer of cash or property to other organization(s) | **1q** | **No** |
| **r** | Other transfer of cash or property from other organization(s) | **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)** | | | | |
| **(2)** | | | | |
| **(3)** | | | | |
| **(4)** | | | | |
| **(5)** | | | | |
| **(6)** | | | | |

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

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

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

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

| Identifier | Return Reference | Explanation |
|---|---|---|