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2011

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Inspection

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

## A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable	C Name of organization THE HEBREW HOME FOR THE AGED AT RIVERDALE	D Employer identification number 13-1739971
<input type="checkbox"/> Address change	Doing Business As	E Telephone number (718) 581-1000
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)	F Gross receipts \$ 98,053,902
<input type="checkbox"/> Initial return	5901 PALISADE AVENUE	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Application pending	BRONX, NY 10471	
	F Name and address of principal officer DANIEL REINGOLD 5901 PALISADE AVENUE BRONX, NY 10471	G(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		G(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		G(c) Group exemption number ►

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

J Website: ► WWW HEBREWHOME.ORG

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

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE LONG TERM RESIDENTIAL HEALTHCARE, SHORT TERM REHAB, AND ALZHEIMER'S CARE FOR THE ELDERLY	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 25
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 25
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5 882
6 Total number of volunteers (estimate if necessary) . . . . .	6 375
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b 0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 4,508,906	Current Year 8,256,195
9 Program service revenue (Part VIII, line 2g) . . . . .	81,788,974	82,440,210
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	266,409	403,505
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,204,460	2,690,195
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	87,768,749	93,790,105

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	5,318,421	1,259,928
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)	50,163,310	48,399,547
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-24e) . . . . .	37,148,467	39,925,953
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	92,630,198	89,585,428
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-4,861,449	4,204,677

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 118,882,160	End of Year 122,903,242
21 Total liabilities (Part X, line 26) . . . . .	110,945,072	113,871,957
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	7,937,088	9,031,285

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer DANIEL REINGOLD PRESIDENT & CEO Type or print name and title	2012-10-19 Date
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Paid Preparer's Use Only	Preparer's signature ► FREDERICK H ROTHMAN	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P01275277
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► LOEB & TROPER LLP 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017			EIN ► 13-1517563
				Phone no ► (212) 867-4000

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

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

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

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

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

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

If "Yes," describe these changes on Schedule O

**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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**

<b>4a</b>	(Code ) (Expenses \$ 65,398,892 including grants of \$ 1,259,928 ) (Revenue \$ 69,384,136 )
THE HEBREW HOME OPERATES NURSING FACILITIES FOR 542 ELDERLY RESIDENTS WHICH PROVIDED 197,088 DAYS OF NURSING FACILITY CARE FOR THE YEAR ENDED 12/31/11	
<b>4b</b>	(Code ) (Expenses \$ 8,836,012 including grants of \$ ) (Revenue \$ 9,491,562 )
LONG TERM HOME HEALTH CARE PROGRAM WHICH HAD 81,918 VISITS IN 2011	
<b>4c</b>	(Code ) (Expenses \$ 4,770,700 including grants of \$ ) (Revenue \$ 3,564,512 )
ADULT DAY CARE PROGRAM WHICH HAD 25,002 VISITS FOR THE YEAR 2011. INCLUDED WITHIN THIS PROGRAM IS THE ELDERSERVE AT NIGHT PROGRAM WHICH PROVIDES OVERNIGHT CARE FOR COMMUNITY RESIDENTS WITH ALZHEIMER'S DISEASE WHO REQUIRE CONSTANT SUPERVISION DURING THE NIGHT, WHILE ALLOWING THEIR FAMILIES TO GET A GOOD NIGHT'S REST AND BE REFRESHED TO CARE FOR THEIR FAMILY MEMBER THE NEXT DAY. A PORTION OF THE COSTS OF THIS PROGRAM ARE FUNDED THROUGH CONTRIBUTIONS AND GRANTS	
	(Code ) (Expenses \$ 1,242,082 including grants of \$ ) (Revenue \$ )
IT IS THE MISSION OF THE HARRY & JEANETTE WEINBERG CENTER FOR ELDER ABUSE PREVENTION, INTERVENTION AND RESEARCH TO PROVIDE EMERGENCY SHELTER FOR VICTIMS OF ELDER ABUSE, TO ENHANCE PROFESSIONAL AND PUBLIC AWARENESS AND KNOWLEDGE ABOUT ELDER ABUSE, TO BUILD COLLABORATIVE WORKING NETWORKS, AND TO FACILITATE SUCCESSFUL REPLICATION OF THE WEINBERG CENTER MODEL. THE RIGHT TO SELF DETERMINATION OF OLDER ADULTS GUIDES THE SPIRIT AND ACTIVITIES OF THE WEINBERG CENTER LOCATED WITHIN THE HEBREW HOME AT RIVERDALE'S LONG TERM CARE FACILITY, THE WEINBERG SHELTER IS AVAILABLE TO VICTIMS OF ELDER ABUSE 24/7, REGARDLESS OF ABILITY TO PAY. THE CENTER PROVIDES A SAFE HAVEN, HEALTHCARE AND CIVIL LEGAL SUPPORT SERVICES FOR VICTIMS WHILE WE ENDEAVOR TO EMPOWER THEM TO RETURN SAFELY TO THEIR HOMES. COMMUNITY OUTREACH AND INFORMATION PROGRAMS BRING ATTENTION AND INCREASED AWARENESS TO THE PUBLIC ABOUT THIS HIDDEN EPIDEMIC. A NATIONAL TRAINING PROGRAM PROVIDES INFORMATION AND MATERIALS FOR FACILITIES WHO ARE INTERESTED IN REPLICATING THE WEINBERG MODEL IN THEIR COMMUNITIES. WEINBERG CENTER LEADERSHIP HAS PRESENTED EXPERT TESTIMONY ON ELDER ABUSE FOR THE UNITED STATES SENATE SPECIAL COMMITTEE ON AGING, THE NEW YORK ASSEMBLY COMMITTEE ON AGING, NEW YORK CITY COUNCIL PUBLIC HEARINGS. THE WEINBERG CENTER HAS EARNED NUMEROUS STATE AND NATIONAL AWARDS AND IS FUNDED PRIMARILY THROUGH PHILANTHROPIC SUPPORT. THIS PROGRAM IS FUNDED THROUGH CONTRIBUTIONS AND GRANTS	
	(Code ) (Expenses \$ 1,051,476 including grants of \$ ) (Revenue \$ )
RESEARCH DIVISION - THE OVERALL MISSION OF THE RESEARCH DIVISION OF THE HEBREW HOME AT RIVERDALE (RD-HHAR) IS PROMOTING STATE-OF-THE-SCIENCE RESEARCH AIMED AT IMPROVING THE QUALITY OF LIFE AND CARE FOR OLDER PERSONS. THE RD-HHAR IS AT THE FOREFRONT OF RESEARCH RELATED TO FOUR FOCI, WHICH DEFINE ITS MISSION: 1) EVALUATION OF EMERGING TECHNOLOGIES SUCH AS ELECTRONIC HEALTH RECORDS, TELEMEDICINE AND DATA-BASED QUALITY MONITORING, 2) ADVANCEMENT OF ASSESSMENT TECHNOLOGY FOR EVALUATION OF DEMENTIA AND MEMORY IMPAIRMENT, AND SELF-REPORTED HEALTH-RELATED OUTCOMES, 3) DEVELOPMENT AND DISSEMINATION OF EDUCATIONAL AND TRAINING PROGRAMS TO ENHANCE QUALITY OF CARE, 4) PROMOTION OF MINORITY HEALTH AND REDUCTION OF HEALTH DISPARITIES. THIS PROGRAM IS FUNDED THROUGH CONTRIBUTIONS AND GRANTS	
	(Code ) (Expenses \$ 233,228 including grants of \$ ) (Revenue \$ )
THE DERFNER JUDAICA MUSEUM - FOUNDED IN 1982 WITH A GIFT FROM RALPH AND LEUBA BAUM TO THE HEBREW HOME OF A COLLECTION OF 800 JEWISH CEREMONIAL OBJECTS FROM THEIR COLLECTION, THE MUSEUM RE-OPENED IN A NEWLY FURNISHED SPACE IN 2009. THE ONGOING EXHIBITION FEATURES TRADITION AND REMEMBRANCE. TREASURES OF THE DERFNER JUDAICA MUSEUM REGULARLY CHANGING EXHIBITS FOLLOW TWO OR THREE TIMES A YEAR. THE PRIMARY MISSION OF THE MUSEUM IS TO SERVE AS AN EDUCATIONAL RESOURCE ABOUT JEWISH ART, CULTURE AND LIFESTYLE PRACTICES THROUGH PERMANENT AND CHANGING EXHIBITS FOR ITS RESIDENTS AND VISITORS FROM THROUGHOUT THE GREATER METROPOLITAN AREA. STRUCTURED TOURS AND WORKSHOPS ARE PROVIDED TO VISITORS OF ALL AGES AND BACKGROUNDS. A PORTION OF THE COSTS OF THIS PROGRAM ARE FUNDED THROUGH CONTRIBUTIONS AND GRANTS	
	(Code ) (Expenses \$ 86,063 including grants of \$ ) (Revenue \$ )
IT IS THE MISSION OF THE GREENBERG-STARR CENTER FOR MEMORY SUPPORT TO PROVIDE A RESIDENTIAL COMMUNITY FOR PERSONS WITH MILD TO MODERATE ALZHEIMER'S DISEASE THAT BRINGS TOGETHER HIGHLY TRAINED STAFF AND NEW MODALITIES OF CARE TO ENABLE ALZHEIMER'S VICTIMS TO EXPERIENCE A HEIGHTENED QUALITY OF LIFE, DESPITE THEIR ILLNESS. IT IS THE MISSION OF ELDERSERVE AT NIGHT TO PROVIDE OVERNIGHT CARE FOR COMMUNITY RESIDENTS WITH ALZHEIMER'S DISEASE WHO REQUIRE CONSTANT SUPERVISION DURING THE NIGHT, WHILE ALLOWING THEIR FAMILIES TO GET A GOOD NIGHT'S REST AND BE REFRESHED TO CARE FOR THEIR FAMILY MEMBER THE NEXT DAY. A PORTION OF THE COSTS OF THIS PROGRAM ARE FUNDED THROUGH CONTRIBUTIONS AND GRANTS	
<b>4d</b>	Other program services (Describe in Schedule O ) (Expenses \$ 2,612,849 including grants of \$ ) (Revenue \$ )
<b>4e</b>	<b>Total program service expenses</b> \$ 81,618,453

**Part IV Checklist of Required Schedules**

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

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

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

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

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

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

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

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

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

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

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

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

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.

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, Part II and IV.

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.

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

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

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

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

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

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

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25		24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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)		28a	No	
28b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
28c	A family member of a current or former officer, director, trustee, or key employee? 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	<input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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	<input checked="" type="checkbox"/>	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?		35a	No	
35b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	76
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	882
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	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 or securities account)?	4a	No
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	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?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?	10a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	11a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	12a	
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</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

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

1a	25
1b	25

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

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

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .

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

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

6 Did the organization have members or stockholders? . . . . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .

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

a The governing body? . . . . .

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

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

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

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

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

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .

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

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

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

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

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

13 Did the organization have a written whistleblower policy? . . . . .

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

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

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

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

### Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

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

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

## **Part VII: 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, or 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 organizations compensated any current or former officer, director, or trustee.

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►19**

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ELDERSERVE LICENSED HOME CARE SERVICE AG 5901 PALISADE AVE BRONX, NY 10471	AIDES	2,930,038
WESTCHESTER AMBULETTE SERVICE 58 PALISADE AVENUE YONKERS, NY 10701	TRANSPORT	1,283,510
BARKSDALE HEALTHCARE SERVICES 327 FIFTH AVENUE PELHAM, NY 10803	HOME CARE	696,852
UNITEX 161 MACQUESTEN PARKWAY MT VERNON, NY 10016	LAUNDRY	605,123
WHITE GLOVE INC 85 BARTLETTE STREET BROOKLYN, NY 11206	NURSES	511,772

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►20

**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		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	6,540,163				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,716,032				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ 53,650						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		8,256,195				
<b>Program Service Revenue</b>	Business Code						
			<b>2a</b> MEDICAID/MEDICARE	623000	63,749,298	63,749,298	
			<b>b</b> CARE OF PATIENTS	623000	18,690,912	18,690,912	
			<b>c</b>				
			<b>d</b>				
			<b>e</b>				
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		82,440,210				
<b>Other Revenue</b>	Investment income (including dividends, interest and other similar amounts) . . . . .						
				315,875		315,875	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses						
<b>c</b> Rental income or (loss)							
<b>d</b> Net rental income or (loss) . . . . .							
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
	4,351,427						
<b>b</b> Less cost or other basis and sales expenses	4,263,797						
<b>c</b> Gain or (loss)	87,630						
<b>d</b> Net gain or (loss) . . . . .					87,630		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		Business Code					
<b>11a</b> MANAGEMENT FEES	900099	1,851,388			1,851,388		
<b>b</b> CAFETERIA & RELATED	722210	344,507			344,507		
<b>c</b> INSURANCE RECOVERY	524298	212,710			212,710		
<b>d</b> All other revenue . . . . .		281,590			281,590		
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		2,690,195					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		93,790,105	82,440,210	0	3,093,700		

**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)

Check if Schedule O contains a response to any question in this Part IX **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
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,259,928	1,259,928		
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,458,997		1,458,997	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	33,026,461	30,816,474	2,209,987	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,709,099	2,644,739	64,360	
<b>9</b> Other employee benefits . . . . .	8,647,359	7,839,516	807,843	
<b>10</b> Payroll taxes . . . . .	2,557,631	2,304,267	253,364	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	405,985	3,800	402,185	
<b>b</b> Legal . . . . .	421,327	8,928	412,399	
<b>c</b> Accounting . . . . .	238,909		238,909	
<b>d</b> Lobbying . . . . .	166,642		166,642	
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	4,937	4,937		
<b>g</b> Other . . . . .	12,047,253	11,359,391	687,862	
<b>12</b> Advertising and promotion . . . . .	291,085		291,085	
<b>13</b> Office expenses . . . . .	6,615,089	6,237,291	377,798	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	5,273,716	5,273,716		
<b>17</b> Travel . . . . .	203,351	150,647	52,704	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	608,823	608,823		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	6,018,184	5,475,344	542,840	
<b>23</b> Insurance . . . . .	823,199	823,199		
<b>24</b> 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 )				
<b>a</b> NYS ASSESSMENT	4,531,823	4,531,823		
<b>b</b> BAD DEBT	2,275,630	2,275,630		
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	89,585,428	81,618,453	7,966,975	0
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	1,360,391	<b>1</b> 2,478,168
	2 Savings and temporary cash investments . . . . .	4,488,660	<b>2</b> 10,538,727
	3 Pledges and grants receivable, net . . . . .	2,545,685	<b>3</b> 3,989,249
	4 Accounts receivable, net . . . . .	17,644,075	<b>4</b> 13,945,106
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>
	7 Notes and loans receivable, net . . . . .		<b>7</b>
	8 Inventories for sale or use . . . . .	121,182	<b>8</b> 88,038
	9 Prepaid expenses and deferred charges . . . . .	843,128	<b>9</b> 725,829
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	154,255,379	<b>10a</b>
	b Less accumulated depreciation . . . . .	92,135,114	<b>10b</b> 62,684,766 <b>10c</b> 62,120,265
	11 Investments—publicly traded securities . . . . .	14,138,445	<b>11</b> 7,441,314
	12 Investments—other securities See Part IV, line 11 . . . . .		<b>12</b> 5,074,357
	13 Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>
	14 Intangible assets . . . . .		<b>14</b>
	15 Other assets See Part IV, line 11 . . . . .	15,055,828	<b>15</b> 16,502,189
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	118,882,160	<b>16</b> 122,903,242
Liabilities	17 Accounts payable and accrued expenses . . . . .	31,304,883	<b>17</b> 34,826,676
	18 Grants payable . . . . .		<b>18</b>
	19 Deferred revenue . . . . .	108,438	<b>19</b>
	20 Tax-exempt bond liabilities . . . . .	17,419,690	<b>20</b> 18,028,937
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	546,143	<b>21</b> 516,637
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	47,734,834	<b>23</b> 47,536,576
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	13,831,084	<b>25</b> 12,963,131
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	110,945,072	<b>26</b> 113,871,957
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	-735,841	<b>27</b> 981,370
	28 Temporarily restricted net assets . . . . .	4,612,929	<b>28</b> 3,989,915
	29 Permanently restricted net assets . . . . .	4,060,000	<b>29</b> 4,060,000
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .		<b>30</b>
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>
	33 Total net assets or fund balances . . . . .	7,937,088	<b>33</b> 9,031,285
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	118,882,160	<b>34</b> 122,903,242

**Part XI Reconciliation 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	93,790,105
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,585,428
3	Revenue less expenses Subtract line 2 from line 1	3	4,204,677
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,937,088
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,110,480
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	9,031,285

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

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

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

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
b <b>33 1/3% support test—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 <b>Private Foundation</b> 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,872,112	18,335,638	3,347,637	4,508,906	8,256,195	39,320,488
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	75,007,723	76,852,179	80,698,199	81,788,974	82,440,210	396,787,285
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 <b>Total.</b> Add lines 1 through 5	79,879,835	95,187,817	84,045,836	86,297,880	90,696,405	436,107,773
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 <b>Public Support</b> (Subtract line 7c from line 6 )						436,107,773

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	79,879,835	95,187,817	84,045,836	86,297,880	90,696,405	436,107,773
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	515,685	330,176	359,585	241,248	315,875	1,762,569
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	515,685	330,176	359,585	241,248	315,875	1,762,569
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	1,511,077	966,639	3,155,556	1,204,460	2,690,195	9,527,927
13 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )	81,906,597	96,484,632	87,560,977	87,743,588	93,702,475	447,398,269
14 <b>First Five Years</b> 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 <b>stop here</b>						

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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	97 480 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	97 670 %

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

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 390 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 490 %
19a <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
b <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
20 <b>Private Foundation</b> 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISCELLANEOUS RESIDENTIAL INCOME INSURANCE RECOVERY CAFETERIA AND RELATED GAIN ON MORTGAGE REFINANCING MANAGEMENT FEES FROM RELATED 501(C)(3) ORGANIZATIONS

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2011****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.

**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, line 35c (Proxy Tax), then

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

Name of the organization THE HEBREW HOME FOR THE AGED AT RIVERDALE	Employer identification number 13-1739971
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**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 on behalf of or in opposition to candidates for public office in Part IV

► \$ \_\_\_\_\_

2 Political expenditures

3 Volunteer hours

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

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

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

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

4a Was a correction made?  Yes  No

b If "Yes," describe in Part IV

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

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

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

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

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

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

(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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	
			Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		158,205
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		8,437
<b>j</b> Total lines 1c through 1i			166,642
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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".**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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?		
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	4	
	5	

**Part IV Supplemental Information**

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

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	HEBREW HOME FOR THE AGED AT RIVERDALE ENGAGED A LAW FIRM TO LOBBY ON BEHALF OF THE HOME TO INFLUENCE NEW YORK STATE AND NEW YORK CITY LEGISLATIVE BRANCHES REGARDING BUDGET, REGULATORY, AND LEGISLATIVE ISSUES PERTAINING TO ADULT HOMES AND HEALTH CARE

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► Attach to Form 990. ► See separate instructions.

**Name of the organization**

THE HEBREW HOME FOR THE AGED AT RIVERDALE

**Employer identification number**

13-1739971

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

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

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

► \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	4,060,000	4,060,000	4,500,000	1,000,000	
b Contributions . . . . .			150,000	3,500,000	
c Investment earnings or losses . . . . .	58,037	45,159	35,799		
d Grants or scholarships . . . . .	58,037	45,159	35,799		
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .			590,000		
g End of year balance . . . . .	4,060,000	4,060,000	4,060,000	4,500,000	

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

a Board designated or quasi-endowment ►  
 b Permanent endowment ► 100 000 %  
 c Term endowment ►

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

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		374,778			374,778
b Buildings . . . . .		126,766,482	73,864,491		52,901,991
c Leasehold improvements . . . . .					
d Equipment . . . . .		21,789,364	18,270,623		3,518,741
e Other . . . . .		5,324,755			5,324,755
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					62,120,265

**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		

**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	93,790,105
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	89,585,428
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,204,677
4	Net unrealized gains (losses) on investments	4	491,524
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,602,004
9	Total adjustments (net) Add lines 4 - 8	9	-3,110,480
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,094,197

**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	93,693,643
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	491,524
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-587,986
e	Add lines 2a through 2d	2e	-96,462
3	Subtract line 2e from line 1	3	93,790,105
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	93,790,105

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

1	Total expenses and losses per audited financial statements	1	88,325,500
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	88,325,500
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	1,259,928
c	Add lines 4a and 4b	4c	1,259,928
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	89,585,428

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE HEBREW HOME'S COLLECTION OF 5,000 WORKS OF ART AND MUSEUM OF 1,400 JEWISH CEREMONIAL OBJECTS ARE AN INTEGRAL PART OF THE HOME AND ITS PROGRAMS FOUND THROUGHOUT INDOOR AND OUTDOOR PUBLIC SPACES, ART ENHANCES THE ENVIRONMENT AND IS BOTH THERAPEUTIC AND EDUCATIONAL, FURTHERING THE HOME'S MISSION TO PROVIDE OLDER PEOPLE WITH CARE IN AN ENRICHED ENVIRONMENT WHERE THEY CAN LIVE, LEARN AND FLOURISH
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	HHAR'S ENDOWMENT CONSISTS OF FIVE INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED TO SUPPORT THE JUDAICA MUSEUM, LIBRARY, GERIATRIC MEDICINE, ELDER ABUSE SHELTER, AND INTERGENERATIONAL PROGRAMS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	HHAR HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING DECEMBER 31, 2008 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		ADJUSTMENT TO REFLECT PENSION FUNDED STATUS - 3,014,018 ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS -16,996 DISPOSAL OF FIXED ASSETS - 570,990 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 3,602,004
PART XII, LINE 2D - OTHER ADJUSTMENTS		ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS -16,996 DISPOSAL OF FIXED ASSETS -570,990
PART XIII, LINE 4B - OTHER ADJUSTMENTS		TRANSFERS TO RELATED PARTIES 1,259,928

**Schedule I  
(Form 990)**

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

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

► Attach to Form 990

2011

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

## THE HEBREW HOME FOR THE AGED AT RIVERDALE

**Employer identification number**

13-1739971

## **Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed .

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

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

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

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

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

OMB No 1545-0047

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

THE HEBREW HOME FOR THE AGED AT RIVERDALE

**Employer identification number**

13-1739971

**Part I Questions Regarding Compensation**

Yes No

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment?

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

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

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

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

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

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	DANIEL REINGOLD - \$207,189
	PART I, LINE 7	BONUSES GIVEN ARE AT THE DISCRETION OF THE COMPENSATION COMMITTEE UP TO 10% OF EXECUTIVE'S SALARY DEPENDING ON WHETHER OR NOT TRIGGERS ESTABLISHED EVERY YEAR ARE MET

SCHEDULE M  
(Form 990)

## NonCash Contributions

OMB No 1545-0047

2011

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Internal Revenue Service

►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
►Attach to Form 990.

Name of the organization  
THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .	X	23	53,650	EXPERT OPINION
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( _____ ) . . . . .				
26 Other ► ( _____ ) . . . . .				
27 Other ► ( _____ ) . . . . .				
28 Other ► ( _____ ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .		29		2

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

**Part II**

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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THIS NUMBER IS REFERRING TO THE NUMBER OF CONTRIBUTIONS THAT WERE GIVEN

**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.

**2011****Open to Public  
Inspection**Name of the organization  
THE HEBREW HOME FOR THE AGED AT RIVERDALE**Employer identification number**  
13-1739971

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	SHELLEY FEHRENBACH AND MILTON A. GILBERT HAVE A FAMILY RELATIONSHIP
	FORM 990, PART VI, SECTION A, LINE 2	STANLEY M KATZ AND BURTON P RESNICK - FAMILY RELATIONSHIP
	FORM 990, PART VI, SECTION A, LINE 6	HEBREW HOME HOLDING CORP IS THE SOLE MEMBER OF HEBREW HOME FOR THE AGED AT RIVERDALE
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE REVIEWS THE 990 WITH THE CHIEF FINANCIAL OFFICER AND THE PREPARER, AND REPORTS THEIR FINDINGS TO THE FULL BOARD OF DIRECTORS. THE COMPLETE 990 IS ALSO MADE AVAILABLE FOR THE ENTIRE BOARD OF DIRECTORS TO REVIEW AND COMMENT
	FORM 990, PART VI, SECTION B, LINE 12C	ON A YEARLY BASIS, THE COMPLIANCE OFFICER, WORKING WITH ADMINISTRATION, DISTRIBUTES CONFLICT OF INTEREST QUESTIONNAIRES TO BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES WITH INSTRUCTIONS TO COMPLETE THE FORMS AND RETURN THEM TO THE COMPLIANCE OFFICER. THE COMPLIANCE OFFICER REVIEWS ALL SUBMITTED FORMS AND IDENTIFIES ANY CONFLICTS WHICH NEED TO BE REPORTED, CONSULTING WITH LEGAL COUNSEL, IF NECESSARY. THE COMPLIANCE OFFICER NOTIFIES THE CHAIRMAN OF THE BOARD AND THE CEO OF ANY CONFLICTS SO THAT CONFLICTED INDIVIDUALS APPROPRIATELY RECUSE THEMSELVES FROM DISCUSSIONS AND VOTING ON MATTERS ON WHICH THEY HAVE A CONFLICT OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	DETERMINATION OF THE CEO AND OFFICERS COMPENSATION IS BASED ON INDEPENDENT COMPARATIVE ANALYSIS OF COMPENSATION LEVELS FOR OTHER CEO'S AND OFFICERS IN ORGANIZATIONS OF SIMILAR SIZE IN THE LONG-TERM CARE INDUSTRY IN THE NY METROPOLITAN AREA. THIS IS DONE BY AN INDEPENDENT COMPENSATION CONSULTANT AND THE INFORMATION IS THEN REVIEWED BY A COMPENSATION COMMITTEE AND APPROVED BY THE FULL BOARD. THE DETERMINATION FOR KEY EMPLOYEES COMPENSATION IS REVIEWED DURING ANNUAL BUDGET MEETINGS AND THEN APPROVED BY THE CEO. THIS PROCESS WAS LAST DONE IN 2010.
	FORM 990, PART VI, SECTION C, LINE 18	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST
HOURS WORKED FOR RELATED ORGANIZATIONS	FORM 990, PART VII	DANIEL REINGOLD - 16 DAVID WEINSTEIN - 16 DAVID POMERANZ - 16 LUZ LIEBESKIND - 16 JEFFERY S. MAURER - 4 KENNETH S. LAZAR - 3 THOMAS S. ROGERS - 1 JOSEPH WY GODA - 8 I. ROY COHEN - 2 SHELLEY FEHRENBACH - 1 MICHAEL FUCHS - 1 MARTIN HOFFMAN - 2 STEVEN M. JACOBSON - 2 STANLEY M. KATZ - 2 ISADORE KREEL, M.D. - 3 RICHARD S. LANE - 3 HERMAN LOEFFLER - 1 SEYMOUR D. REICH - 1 JAMES A. SHIFREN - 3 BURTON P. RESNICK - 3 MICHAEL D. HESS - 1
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 491,524 ADJUSTMENT TO REFLECT PENSION FUNDED STATUS -3,014,018 ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS -16,996 DISPOSAL OF FIXED ASSETS -570,990 TOTAL TO FORM 990, PART XI, LINE 5 -3,110,480
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## THE HEBREW HOME FOR THE AGED AT RIVERDALE

**Employer identification number**

13-173997

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

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

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

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

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

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

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

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

**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation

**Software ID:****Software Version:****EIN:** 13-1739971**Name:** THE HEBREW HOME FOR THE AGED AT RIVERDALE**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	<b>g</b> Section 512 (b)(13) controlled organization
PALISADE NURSING HOME COMPANY INC 5901 PALISADE AVENUE RIVERDALE, NY 10471 13-2668331	NURSING HOME	NY	501(C) (3)	3	HEBREW HOME HOLDING CORP	No
HEBREW HOME HOUSING DEVELOPMENT FUND CO INC 5901 PALISADE AVENUE RIVERDALE, NY 10471 13-2956755	HOUSING	NY	501(C) (3)	9	HEBREW HOME HOLDING CORP	No
ELDERSERVE LICENSED HOME CARE SERVICE AGENCY INC 3547 JOHNSON AVENUE BRONX, NY 10463 13-3900644	SERVICE AGENCY	NY	501(C) (3)	9	N/A	No
RIVERDALE TERRACE HOUSING DEVELOPMENT FUND CO INC 5901 PALISADE AVENUE RIVERDALE, NY 10471 13-3900256	HOUSING	NY	501(C) (3)	9	HEBREW HOME HOLDING CORP	No
HEBREW HOME FOR THE AGED AT RIVERDALE FOUNDATION INC 5901 PALISADE AVENUE RIVERDALE, NY 10471 20-4352212	FOUNDATION FOR HHAR	NY	501(C) (3)	7	N/A	No
ELDERSERVE HEALTH INC 5901 PALISADE AVENUE RIVERDALE, NY 10471 80-0517818	MANAGED CARE CORPORATION	NY	501(C) (3)	9	HEBREW HOME HOLDING CORP	No
HEBREW HOME HOLDING CORP 5901 PALISADE AVENUE RIVERDALE, NY 10471 27-0996795	TO SUPPORT HEALTHCARE SERVICES	NY	501(C) (3)	11 TYPE 1	N/A	No
NATIONAL ALZHEIMER'S CENTER INC 5901 PALISADE AVENUE RIVERDALE, NY 10471 13-3403753	TO PROMOTE ALZHEIMER'S CARE	NY	501(C) (3)	11 TYPE 1	HEBREW HOME HOLDING CORP	No
HUDSON HOUSE HOUSING DEVELOPMENT FUND COMPANY INC 5901 PALISADE AVENUE RIVERDALE, NY 10463 27-5547643	HOUSING	NY	501(C) (3)	9	HEBREW HOME HOLDING CORP	No

## Additional Data

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

### Form 990, Special Condition Description:

#### Special Condition Description

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

#### 4d. Other program services

(Code ) (Expenses \$ 1,242,082 including grants of \$ ) (Revenue \$ )

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

(Code ) (Expenses \$ 1,051,476 including grants of \$ ) (Revenue \$ )

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

(Code ) (Expenses \$ 233,228 including grants of \$ ) (Revenue \$ )

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

(Code ) (Expenses \$ 86,063 including grants of \$ ) (Revenue \$ )

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
JEFFREY S MAURER CHAIRMAN	1 00	X		X			0	0	0
KENNETH S LAZAR VICE CHAIRMAN	1 00	X		X			0	0	0
JOSEPH WYGODA TREASURER	1 00	X		X			0	0	0
I ROY COHEN SECRETARY	1 00	X		X			0	0	0
ANDREW L GAINES DIRECTOR	1 00	X					0	0	0
TODD KERWIN MD DIRECTOR	1 00	X					0	0	0
THOMAS S ROGERS DIRECTOR	1 00	X					0	0	0
SHELLY FEHRENBACH DIRECTOR	1 00	X					0	0	0
MEL HARRIS DIRECTOR	1 00	X					0	0	0
MARTIN HOFFMAN DIRECTOR	1 00	X					0	0	0
STEVEN M JACOBSON DIRECTOR	1 00	X					0	0	0
STANLEY M KATZ DIRECTOR	1 00	X					0	0	0
MICHAEL FUCHS DIRECTOR	1 00	X					0	0	0
MICHAEL J KLOSK DIRECTOR	1 00	X					0	0	0
ISADORE KREEL MD DIRECTOR	1 00	X					0	0	0
RICHARD S LANE DIRECTOR	1 00	X					0	0	0
HERMAN LOEFFLER DIRECTOR	1 00	X					0	0	0
MICHAEL PALIN DIRECTOR	1 00	X					0	0	0
SEYMORE D REICH ESQ DIRECTOR	1 00	X					0	0	0
JOSHUA SAPAN DIRECTOR	1 00	X					0	0	0
BURTON P RESNICK DIRECTOR	1 00	X					0	0	0
JAMES A SHIFREN DIRECTOR	1 00	X					0	0	0
JEROME WEINRIB DIRECTOR	1 00	X					0	0	0
MILTON GILBERT DIRECTOR	1 00	X					0	0	0
MICHAEL D HESS DIRECTOR	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			
DANIEL REINGOLD PRESIDENT, CEO	19 00			X			502,380	197,677	234,120
DAVID WEINSTEIN CHIEF OPERATING OFFICER	19 00			X			235,973	92,851	59,649
DAVID POMERANZ ASSOCIATE EXECUTIVE DIR	19 00			X			224,423	88,205	60,960
LUZ LIEBESKIND CHIEF FINANCIAL OFFICER	19 00			X			215,636	84,850	36,260
VILMA BALTAZAR DIRECTOR OF NURSING	22 00				X		110,317	62,095	17,096
ZACHARY PALACE MEDICAL DIRECTOR	25 00					X	183,111	73,547	34,413
REBECCA MAGBAG PHYSICIAN	25 00					X	140,171	56,299	32,758
ERNESTO NUEVA ESPANA PHYSICIAN	25 00					X	138,266	55,535	11,464
GLENNA STEINKE PHYSICIAN	25 00					X	152,775	61,362	17,304
BEENA ALEXANDER PHYSICIAN	25 00					X	138,377	55,579	31,824