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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 5901 PALISADE AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BRONX, NY 10471

D Employer identification number
13-1739971

E Telephone number
(718) 581-1000

G Gross receipts $ 85,840,008

F Name and address of principal officer
DANIEL REINGOLD
5901 PALISADE AVENUE
BRONX, NY 10471

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW 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

Activities & Governance

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 2013 (Part V, line 2a)	**5**	909
6	Total number of volunteers (estimate if necessary)	**6**	383
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,762,104	4,276,040
9	Program service revenue (Part VIII, line 2g)	82,177,560	78,555,421
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	385,767	629,229
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,909,833	1,913,915
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,235,264	85,374,605
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,577,130	481,500
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)	50,770,884	46,755,390
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)	41,990,491	42,496,020
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	94,338,505	89,732,910
19	Revenue less expenses Subtract line 18 from line 12	1,896,759	-4,358,305

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	124,260,408	113,314,734
21	Total liabilities (Part X, line 26)	115,323,267	103,336,224
22	Net assets or fund balances Subtract line 21 from line 20	8,937,141	9,978,510

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

****** 2014-10-03
Signature of officer Date

DANIEL REINGOLD PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ISRAEL TANNENBAUM				P01589203

Firm's name ▶ LOEB & TROPER LLP — Firm's EIN ▶ 13-1517563

Firm's address ▶ 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017 — Phone no (212) 867-4000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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, INVTERVENTION 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 61,594,271 including grants of $) (Revenue $ 68,675,567)

THE HEBREW HOME OPERATES NURSING FACILITIES FOR 557 ELDERLY RESIDENTS WHICH PROVIDED 197,714 DAYS OF NURSING FACILITY CARE FOR THE YEAR ENDED 12/31/13

4b (Code) (Expenses $ 10,824,931 including grants of $) (Revenue $ 4,899,304)

LONG TERM HOME HEALTH CARE PROGRAM WHICH HAD 8,762 VISITS IN 2013 DURING THE YEAR THE PROGRAM WAS CONVERTED INTO A CHHA WHICH HAD 738 VISITS FOR 2013

4c (Code) (Expenses $ 6,171,117 including grants of $) (Revenue $ 4,159,053)

ADULT DAY CARE PROGRAM WHICH HAD 22,921 VISITS FOR THE YEAR 2013 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 $ 1,121,689 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 $ 1,669,157 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 $ 386,635 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 $ 200,339 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 NIGHTS 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 $ 481,500 including grants of $ 481,500) (Revenue $)

SUPPORT & MANAGEMENT OF AFFILIATES - IN 2013, HHAR TRANSFERRED AN AGGREGATE OF $481,500 TO HHARF HHAR PROVIDED MANAGEMENT SERVICES TO ITS AFFILIATES AMOUNTING TO $633,718

(Code) (Expenses $ 637,105 including grants of $) (Revenue $ 247,529)

THE HOME'S ASSISTED LIVING PROGRAM PROVIDES ITS 35 RESIDENTS WITH COMFORTABLE APARTMENTS ALONG WITH CLINICAL AND SUPPORT SERVICES TO MAINTAIN THEIR HIGHEST LEVEL OF INDEPENDENCE ON ITS 32 ACRE CAMPUS THE APARTMENTS, DECORATED WITH DESIGNER FURNISHINGS, OFFER AN ARRAY OF DAILY SERVICES AND AMENITIES TO HELP RESIDENTS WITH THE ASSISTANCE THEY MAY NEED THESE INCLUDE NURSING AND MEDICAL SERVICES, SOCIAL, RECREATIONAL AND CULTURAL ACTIVITIES, DAILY SERVICE OF THREE KOSHERS MEALS, AS WELL AS PERSONAL CARE SERVICES TO ASSIST WITH DRESSING, BATHING AND GROOMING HOUSEKEEPING AND LAUNDRY SERVICES ROUND OUT A HOME-LIKE LIVING EXPERIENCE

(Code) (Expenses $ 622,410 including grants of $) (Revenue $ 573,968)

OTHER PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses $ 5,118,835 including grants of $ 481,500) (Revenue $ 821,497)

4e **Total program service expenses** ▶ 83,709,154

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**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*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	71		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	909		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ 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 ☐ Other (explain in Schedule O)

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

20 State the name, 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 or note to any line in this Part VII . . . . . ☐

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								635,086	2,290,527	628,536

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 ▶ 14

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
HHAR SERVICES CORP 5901 PALISADE AVE BRONX NY 10471	MANAGEMENT	3,121,649
AFFINITY REHABILITATION LLP 305 LOCUST AVENUE OADDALE NY 11769	HOMECARE	1,474,539
WESTCHESTER AMBULETTE SERVICE 58 PALISADE AVENUE YONKERS NY 10701	TRANSPORT	1,047,907
ELDERSERVE LICENSED HOME CARE SERVICE AG 5901 PALISADE AVE BRONX NY 10471	AIDES	932,087
UNITEX 161 MACQUESTEN PKWY MT VERNON NY 10550	LAUNDRY	694,269

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 ▶ 26

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	1,429,429			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,846,611			
	g	Noncash contributions included in lines 1a-1f $		188,725			
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,276,040			
Program Service Revenue			Business Code				
	2a	MEDICAID/MEDICARE	623000	56,796,422	56,796,422		
	b	CARE OF PATIENTS	623000	21,758,999	21,758,999		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		78,555,421			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		257,909			257,909
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	836,723				
	b	Less cost or other basis and sales expenses	465,403				
	c	Gain or (loss)	371,320				
	d	Net gain or (loss) . . . . . ▶			371,320		371,320
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MGMT FEES-RELATED COMP	900099	633,718			633,718
	b	OVERHEAD ALLOCATED	900099	480,854			480,854
	c	CAFETERIA & RELATED	722210	256,604			256,604
	d	All other revenue		542,739			542,739
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,913,915			
	12	**Total revenue.** See Instructions . . . . . ▶		85,374,605	78,555,421	0	2,543,144

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	481,500	481,500		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	143,168		143,168	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	32,624,399	32,070,616	553,783	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,369,412	3,297,744	71,668	
9 Other employee benefits	8,232,362	8,057,260	175,102	
10 Payroll taxes	2,386,049	2,335,298	50,751	
11 Fees for services (non-employees)				
a Management				
b Legal	370,213	88,950	281,263	
c Accounting	250,600		250,600	
d Lobbying	122,754		122,754	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	111,010	111,010		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,148,045	10,393,256	3,754,789	
12 Advertising and promotion	6,836		6,836	
13 Office expenses	7,407,093	7,287,670	119,423	
14 Information technology				
15 Royalties . .				
16 Occupancy	5,472,580	5,472,580		
17 Travel	197,724	166,322	31,402	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	174,683	174,683		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,685,598	6,223,381	462,217	
23 Insurance	848,430	848,430		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a NYS ASSESSMENT	4,523,595	4,523,595		
b BAD DEBT	2,176,859	2,176,859		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	89,732,910	83,709,154	6,023,756	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,863,941	1	3,190,372
	2	Savings and temporary cash investments		9,441,276	2	7,663,515
	3	Pledges and grants receivable, net		3,414,934	3	1,597,916
	4	Accounts receivable, net		15,834,908	4	12,006,126
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		83,895	8	81,882
	9	Prepaid expenses and deferred charges		748,569	9	951,033
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 161,077,530			
	b	Less accumulated depreciation	10b 105,119,161	61,080,830	10c	55,958,369
	11	Investments—publicly traded securities		7,427,608	11	7,624,684
	12	Investments—other securities See Part IV, line 11		6,430,915	12	7,485,398
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		17,933,532	15	16,755,439
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		124,260,408	16	113,314,734
Liabilities	17	Accounts payable and accrued expenses		36,345,331	17	28,423,060
	18	Grants payable			18	
	19	Deferred revenue			19	240,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		440,738	21	426,005
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		65,181,329	23	59,633,262
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		13,355,869	25	14,613,897
	26	**Total liabilities.** Add lines 17 through 25		115,323,267	26	103,336,224
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		993,047	27	2,345,562
	28	Temporarily restricted net assets		3,884,094	28	3,572,948
	29	Permanently restricted net assets		4,060,000	29	4,060,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,937,141	33	9,978,510
	34	Total liabilities and net assets/fund balances		124,260,408	34	113,314,734

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	85,374,605
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,732,910
3	Revenue less expenses Subtract line 2 from line 1	3	-4,358,305
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,937,141
5	Net unrealized gains (losses) on investments	5	-72,417
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,472,091
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,978,510

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
13-1739971

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,347,637	4,508,906	8,256,195	7,762,104	4,276,040	28,150,882
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	80,698,199	81,788,974	82,440,210	82,177,560	78,555,421	405,660,364
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	84,045,836	86,297,880	90,696,405	89,939,664	82,831,461	433,811,246
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						433,811,246

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	84,045,836	86,297,880	90,696,405	89,939,664	82,831,461	433,811,246
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	359,585	241,248	315,875	288,647	257,909	1,463,264
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	359,585	241,248	315,875	288,647	257,909	1,463,264
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)	3,155,556	1,204,460	2,690,195	5,909,833	1,913,915	14,873,959
13 **Total support.** (Add lines 9, 10c, 11, and 12)	87,560,977	87,743,588	93,702,475	96,138,144	85,003,285	450,148,469

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	96 370 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	96 650 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	0 330 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	0 330 %

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Return Reference	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 501C3 ORGANIZATIONS OVERHEAD ALLOCATED

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

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

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

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

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

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

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

Name of the organization	Employer identification number
THE HEBREW HOME FOR THE AGED AT RIVERDALE	13-1739971

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

(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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		115,287
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		7,467
j	Total Add lines 1c through 1i			122,754
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Return Reference	Explanation
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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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2013

Open to Public Inspection

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 188,725

(ii) Assets included in Form 990, Part X ▶ $ 8,061,592

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	4,060,000	4,060,000	4,060,000	4,060,000	4,500,000
b	Contributions					150,000
c	Net investment earnings, gains, and 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	4,060,000	4,060,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		374,778		374,778
b Buildings		133,345,491	83,452,910	49,892,581
c Leasehold improvements				
d Equipment		26,360,647	21,666,251	4,694,396
e Other		996,614		996,614
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				55,958,369

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) TIFF MULTI ASSET	3,760,775	F
(B) BOND FUNDS	3,724,623	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	7,485,398	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CAPITALIZED MUSEUM AND ART COLLECTION	8,061,592
(2) DUE FROM ELDERSERVE LICENSED HOME CARE SERVICES, INC	1,226,521
(3) DUE FROM ELDERSERVE HEALTH, INC	2,188,136
(4) DUE FROM HEBREW HOME FOR THE AGED AT RIVERDALE FOUNDATION, INC	791,867
(5) DEPOSITS	326,991
(6) OTHER RECEIVABLES	905,359
(7) DUE FROM PALISADE NURSING HOME COMPANY, INC	3,191,569
(8) DUE FROM HUDSON HOUSE HOUSING DEVELOPMENT FUND COMPANY, INC	63,404
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	16,755,439

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
RETIREMENT BENEFITS PAYABLE	1,654,126
DUE TO THIRD PARTY PAYORS	12,631,273
DUE TO HEBREW HOME HOUSING DEVLOPMENT FUND COMPANY, INC	328,498
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	14,613,897

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	83,121,345
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-76,401		
e	Add lines **2a** through **2d**			2e	-76,401
3	Subtract line **2e** from line **1**			3	83,197,746
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	2,176,859		
c	Add lines **4a** and **4b**			4c	2,176,859
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	85,374,605

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	87,074,551
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	87,074,551
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	2,658,359		
c	Add lines **4a** and **4b**			4c	2,658,359
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	89,732,910

Part XIII Supplemental Information

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

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
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
PART X, LINE 2	HHAR HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING DECEMBER 31, 2010 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS -3,984 UNREALIZED LOSS ON INVESTMENTS -72,417
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 2,176,859
PART XII, LINE 4B - OTHER ADJUSTMENTS	TRANSFERS TO RELATED PARTIES 481,500 BAD DEBT EXPENSE 2,176,859

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
(1) CAPITALIZED MUSEUM AND ART COLLECTION	8,061,592
(2) DUE FROM ELDERSERVE LICENSED HOME CARE SERVICES, INC	1,226,521
(3) DUE FROM ELDERSERVE HEALTH, INC	2,188,136
(4) DUE FROM HEBREW HOME FOR THE AGED AT RIVERDALE FOUNDATION, INC	791,867
(5) DEPOSITS	326,991
(6) OTHER RECEIVABLES	905,359
(7) DUE FROM PALISADE NURSING HOME COMPANY, INC	3,191,569
(8) DUE FROM HUDSON HOUSE HOUSING DEVELOPMENT FUND COMPANY, INC	63,404

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE HEBREW HOME FOR THE AGED AT RIVERDALE FOUNDATION INC 5901 PALISADE AVENUE BRONX,NY 10456	20-4352212	501(C)(3)	481,500				TRANSFER OF GIFTS TO THE FOUNDATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL INTERCOMPANY GRANTS ARE CLOSELY MONITORED BY MANAGEMENT AND THE BOARD OF DIRECTORS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
13-1739971

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)DANIEL REINGOLD PRESIDENT, CEO	(i)	54,056	0	0	0	0	54,056	0
	(ii)	624,663	0	3,354	246,356	25,037	899,410	0
(2)DAVID WEINSTEIN EXECUTIVE VP, COO	(i)	26,858	0	0	0	0	26,858	0
	(ii)	315,323	0	3,242	34,753	24,248	377,566	0
(3)DAVID POMERANZ EVP STRATEGIC PLANNING & PROG DEV	(i)	36,740	0	0	0	0	36,740	0
	(ii)	405,074	0	1,794	64,009	24,471	495,348	0
(4)LUZ LIEBESKIND CHIEF FINANCIAL OFFICER	(i)	25,514	0	0	0	0	25,514	0
	(ii)	290,844	0	1,621	31,176	2,934	326,575	0
(5)DAVID FINKELSTEIN CHIEF INFORMATION OFFICER	(i)	18,572	0	0	0	0	18,572	0
	(ii)	212,951	0	1,182	10,594	23,981	248,708	0
(6)ZACHARY PALACE MEDICAL DIRECTOR	(i)	174,492	0	392	11,128	15,180	201,192	0
	(ii)	103,340	0	232	6,591	8,990	119,153	0
(7)CARL WILLNER VICE PRESIDENT OF FINANCE	(i)	16,997	0	0	0	0	16,997	0
	(ii)	189,603	0	680	14,868	23,920	229,071	0
(8)GLENNA STEINKE PHYSICIAN	(i)	132,509	0	1,264	8,785	5,921	148,479	0
	(ii)	78,476	0	748	5,203	3,507	87,934	0
(9)BEENA ALEXANDER PHYSICIAN	(i)	147,421	0	271	9,298	17,270	174,260	0
	(ii)	57,239	0	161	3,610	6,706	67,716	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	DANIEL REINGOLD - $226,010 LUZ LIEBESKIND - $15,965 DAVID POMERANZ - $43,775 DAVID WEINSTEIN - $16,995

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DANIEL REINGOLD PRESIDENT, CEO	(I) (II)	54,056 624,663	0 0	0 3,354	0 246,356	0 25,037	54,056 899,410	0 0
DAVID WEINSTEIN EXECUTIVE VP, COO	(I) (II)	26,858 315,323	0 0	0 3,242	0 34,753	0 24,248	26,858 377,566	0 0
DAVID POMERANZ EVP STRATEGIC PLANNING & PROG DEV	(I) (II)	36,740 405,074	0 0	0 1,794	0 64,009	0 24,471	36,740 495,348	0 0
LUZ LIEBESKIND CHIEF FINANCIAL OFFICER	(I) (II)	25,514 290,844	0 0	0 1,621	0 31,176	0 2,934	25,514 326,575	0 0
DAVID FINKELSTEIN CHIEF INFORMATION OFFICER	(I) (II)	18,572 212,951	0 0	0 1,182	0 10,594	0 23,981	18,572 248,708	0 0
ZACHARY PALACE MEDICAL DIRECTOR	(I) (II)	174,492 103,340	0 0	392 232	11,128 6,591	15,180 8,990	201,192 119,153	0 0
CARL WILLNER VICE PRESIDENT OF FINANCE	(I) (II)	16,997 189,603	0 0	0 680	0 14,868	0 23,920	16,997 229,071	0 0
GLENNA STEINKE PHYSICIAN	(I) (II)	132,509 78,476	0 0	1,264 748	8,785 5,203	5,921 3,507	148,479 87,934	0 0
BEENA ALEXANDER PHYSICIAN	(I) (II)	147,421 57,239	0 0	271 161	9,298 3,610	17,270 6,706	174,260 67,716	0 0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
13-1739971

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	28	188,725	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 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER IN COLUMN B IS REFERRING TO THE NUMBER OF CONTRIBUTIONS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
13-1739971

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE HEBREW HOME AT RIVERDALE OPENED THE TERRACE AT RIVERDALE, A PREMIER ASSISTED LIVING COMMUNITY IN JULY 2013 THE HOME'S FIRST ASSISTED LIVING PROGRAM PROVIDES ITS 35 RESIDENTS WITH COMFORTABLE APARTMENTS ALONG WITH CLINICAL AND SUPPORT SERVICES TO MAINTAIN THEIR HIGHEST LEVEL OF INDEPENDENCE ON ITS 32 ACRE CAMPUS THE APARTMENTS, DECORATED WITH DESIGNER FURNISHINGS, OFFER AN ARRAY OF DAILY SERVICES AND AMENITIES TO HELP RESIDENTS WITH THE ASSISTANCE THEY MAY NEED THESE INCLUDE NURSING AND MEDICAL SERVICES, SOCIAL, RECREATIONAL AND CULTURAL ACTIVITIES, DAILY SERVICE OF THREE KOSHERS MEALS, AS WELL AS PERSONAL CARE SERVICES TO ASSIST WITH DRESSING, BATHING AND GROOMING HOUSEKEEPING AND LAUNDRY SERVICES ROUND OUT A HOME-LIKE LIVING EXPERIENCE

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	STANLEY M KATZ AND BURTON P RESNICK - FAMILY RELATIONSHIP

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO AND OFFICERS AND KEY EMPLOYEES' COMPENSATION IS PAID THROUGH A RELATED MANAGEMENT SERVICE ORGANIZATION, HHAR SERVICES CORP COMPENSATION IS ALLOCATED TO EACH RELATED ENTITY BASED ON AN APPROVED METHODOLOGY DETERMINATION OF THE 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 OF THE RELATED ENTITIES PAYING THE COMPENSATION THIS PROCESS WAS LAST DONE IN 2013

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

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	THERAPIST FEES PROGRAM SERVICE EXPENSES 2,122,172 MANAGEMENT AND GENERAL EXPENSES 83,121 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,205,293 NURSING FEES PROGRAM SERVICE EXPENSES 1,541,640 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,541,640 CONSULTING FEES PROGRAM SERVICE EXPENSES 1,546,617 MANAGEMENT AND GENERAL EXPENSES 3,671,668 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,218,285 HOME HEALTH AIDE FEES PROGRAM SERVICE EXPENSES 2,984,230 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,984,230 ADULT DAY CARE AIDE FEES PROGRAM SERVICE EXPENSES 1,399,952 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,399,952 RESEARCH FEES PROGRAM SERVICE EXPENSES 108,016 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 108,016 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 93,925 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 93,925 ASSISTED LIVING FEES PROGRAM SERVICE EXPENSES 132,271 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 132,271 SECURITY FEES PROGRAM SERVICE EXPENSES 464,433 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 464,433

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJUSTMENT TO REFLECT PENSION FUNDED STATUS 5,476,075 ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS - 3,984 DISPOSAL OF FIXED ASSETS

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
13-1739971

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 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
(1) 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
(2) 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
(3) 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
(4) 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
(5) ELDERSERVE HEALTH INC 5901 PALISADE AVENUE RIVERDALE, NY 10471 80-0517818	MANAGED CARE CORPORATION	NY	501(C)(3)	9	HEBREW HOME HOLDING CORP		No
(6) HEBREW HOME HOLDING CORP 5901 PALISADE AVENUE RIVERDALE, NY 10471 27-0996795	TO SUPPORT HEALTHCARE SERVICES	NY	501(C)(3)	11 TYPE I	N/A		No
(7) NATIONAL ALZHEIMER'S CENTER INC 5901 PALISADE AVENUE RIVERDALE, NY 10471 13-3403753	TO PROMOTE ALZHEIMER'S CARE	NY	501(C)(3)	11 TYPE I	HEBREW HOME HOLDING CORP		No
(8) 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
(9) HHAR SERVICES CORP 5901 PALISADE AVENUE RIVERDALE, NY 10463 46-1763915	MANAGEMENT COMPANY	NY	501(C)(3)	11 TYPE II	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, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY S MAURER CHAIRMAN	1 00 3 00	X		X				0	0	0
KENNETH S LAZAR VICE CHAIRMAN	1 00 3 00	X		X				0	0	0
JOSEPH WYGODA TREASURER	1 00 8 00	X		X				0	0	0
JAMES A SHIFREN SECRETARY	1 00 2 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 2 00	X						0	0	0
SHELLY FEHRENBACH DIRECTOR	1 00 1 00	X						0	0	0
MEL HARRIS DIRECTOR	1 00	X						0	0	0
MARTIN HOFFMAN DIRECTOR	1 00 2 00	X						0	0	0
STEVEN M JACOBSON DIRECTOR	1 00 2 00	X						0	0	0
STANLEY M KATZ DIRECTOR	1 00 2 00	X						0	0	0
MICHAEL FUCHS DIRECTOR	1 00 1 00	X						0	0	0
MICHAEL J KLOSK DIRECTOR	1 00	X						0	0	0
ISADORE KREEL MD DIRECTOR	1 00 3 00	X						0	0	0
RICHARD S LANE DIRECTOR	1 00 3 00	X						0	0	0
HERMAN LOEFFLER DIRECTOR	1 00 1 00	X						0	0	0
MICHAEL PALIN DIRECTOR	1 00	X						0	0	0
SEYMORE D REICH ESQ DIRECTOR	1 00 1 00	X						0	0	0
JOSHUA SAPAN DIRECTOR	1 00	X						0	0	0
BURTON P RESNICK DIRECTOR	1 00 3 00	X						0	0	0
ROBERT GILMAN DIRECTOR	1 00 3 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 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL REINGOLD PRESIDENT, CEO	1 00 34 00			X				54,056	628,017	271,393
DAVID WEINSTEIN EXECUTIVE VP, COO	1 00 34 00			X				26,858	318,565	59,001
DAVID POMERANZ EVP STRATEGIC PLANNING & PROG DEV	1 00 34 00			X				36,740	406,868	88,480
LUZ LIEBESKIND CHIEF FINANCIAL OFFICER	1 00 34 00			X				25,514	292,465	34,110
DAVID FINKELSTEIN CHIEF INFORMATION OFFICER	1 00 34 00					X		18,572	214,133	34,575
ZACHARY PALACE MEDICAL DIRECTOR	22 00 13 00					X		174,884	103,572	41,889
CARL WILLNER VICE PRESIDENT OF FINANCE	1 00 34 00					X		16,997	190,283	38,788
GLENNA STEINKE PHYSICIAN	22 00 13 00					X		133,773	79,224	23,416
BEENA ALEXANDER PHYSICIAN	22 00 13 00					X		147,692	57,400	36,884