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2014

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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
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable	C Name of organization THE HEBREW HOME FOR THE AGED AT RIVERDALE		D Employer identification number 13-1739971
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (718) 581-1000
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 5901 PALISADE AVENUE	Room/suite	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code BRONX, NY 10471		G Gross receipts \$ 89,239,223
F Name and address of principal officer DANIEL REINGOLD 5901 PALISADE AVENUE BRONX, NY 10471		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

J Website: ► WWW HEBREWHOME.ORG

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE LONG TERM RESIDENTIAL HEALTHCARE, SHORT TERM REHAB, AND ALZHEIMER'S CARE FOR THE ELDERLY	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 18
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 1,259
6 Total number of volunteers (estimate if necessary)	6 237
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0

8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,276,040	Current Year 9,424,557
9 Program service revenue (Part VIII, line 2g)	78,555,421	72,616,642
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	629,229	2,343,565
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,913,915	1,290,410
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,374,605	85,675,174

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	481,500	1,269,615
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)	46,755,390	45,648,169
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)	42,496,020	37,029,066
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	89,732,910	83,946,850
19 Revenue less expenses Subtract line 18 from line 12	-4,358,305	1,728,324

20 Total assets (Part X, line 16)	Beginning of Current Year 113,314,734	End of Year 114,140,505
21 Total liabilities (Part X, line 26)	103,336,224	113,868,031
22 Net assets or fund balances Subtract line 21 from line 20	9,978,510	272,474

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	*****	2015-10-30
	Signature of officer DANIEL REINGOLD PRESIDENT & CEO	Date
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name AARON SHAPIRO	Preparer's signature AARON SHAPIRO	Date	Check <input type="checkbox"/> if self-employed	PTIN P01333816
	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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

SEE SCHEDULE O

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 \$ 61,129,739 including grants of \$) (Revenue \$ 63,600,235)
THE HEBREW HOME OPERATES A NURSING AND REHABILITATION CARE CENTER FOR 557 ELDERLY RESIDENTS. THE HOME PROVIDED 198,709 DAYS OF NURSING FACILITY CARE FOR THE YEAR ENDED 12/31/14**4b** (Code) (Expenses \$ 6,649,471 including grants of \$) (Revenue \$ 4,741,672)
CHHA WHICH HAD 739 VISITS FOR 2014**4c** (Code) (Expenses \$ 3,554,950 including grants of \$) (Revenue \$ 2,288,808)
ADULT DAY CARE PROGRAM WHICH HAD 22,922 VISITS FOR THE YEAR 2014. 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

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 6,538,292 including grants of \$ 1,269,615) (Revenue \$ 1,985,927)**4e** **Total program service expenses** 77,872,452

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete *Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete *Schedule C, Part II*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete *Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete *Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete *Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete *Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21 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*
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete *Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then complete *Schedule D, Parts VI, VII, VIII, IX, or X* as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete *Schedule D, Part VI*
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete *Schedule D, Part VII*
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete *Schedule D, Part VIII*
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete *Schedule D, Part IX*
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete *Schedule D, Part X*
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete *Schedule D, Part XI*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete *Schedule D, Parts XI and XII*
- 12b 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete *Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 14b 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*
- 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*
- 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*
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete *Schedule G, Part I* (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete *Schedule G, Part II*
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete *Schedule G, Part III*
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete *Schedule H*
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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 "Yes," complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	43	
1b 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	1,259	
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	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).	7a	No	
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? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year . . .	7e	No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7f	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	8		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .	9a		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
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.	13a		
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	13b		
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 . . .	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? <i>If "No," provide an explanation in Schedule O</i> . . .	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	18	
	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	18	
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	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9	No	
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			

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?	15a	No
a	The organization's CEO, Executive Director, or top management official	15b	No
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records <input checked="" type="checkbox"/> LUZ LIEBESKIND

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)	714,458	3,767,801	703,419

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 **►13**

	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
RIVERSPRING SERVICES CORP 5901 PALISADE AVE BRONX, NY 10471	MANAGEMENT	3,620,026
PREFERRED HOME CARE OF NEW YORK 1370 BROADWAY NEW YORK, NY 10018	HOME CARE	813,891
PRIME STAFFING 499 7TH AVENUE NEW YORK, NY 10018	BUSINESS MANAGEMENT	768,216
UNITEX 161 MACQUESTEN PKWY MT VERNON, NY 10550	LAUNDRY	605,419
ELDERSERVE LICENSED HOME CARE SERVICE AG 5901 PALISADE AVE BRONX, NY 10471	AIDES	597,921
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 ►21		

Part VIII Statement of RevenueCheck 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	1,282,033			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,142,524			
	g Noncash contributions included in lines 1a-1f \$		43,700			
	h Total. Add lines 1a-1f		9,424,557			
Program Service Revenue	Business Code					
	2a MEDICAID/MEDICARE	623000		49,644,659	49,644,659	
	b CARE OF PATIENTS	623000		22,971,983	22,971,983	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		72,616,642			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		234,771		234,771	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(I) Real	(II) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses	5,672,843					
c Gain or (loss)	3,564,049					
d Net gain or (loss)	2,108,794		2,108,794		2,108,794	
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 OVERHEAD ALLOCATED	900099		516,084		516,084	
b CAFETERIA & RELATED	722210		273,177		273,177	
c BEAUTY PARLOR	900099		147,749		147,749	
d All other revenue			353,400		353,400	
e Total. Add lines 11a-11d		1,290,410				
12 Total revenue. See Instructions		85,675,174	72,616,642	0	3,633,975	

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 domestic organizations and domestic governments See Part IV, line 21	1,269,615	1,269,615		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	32,530,989	32,125,955	405,034	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,381,347	2,351,697	29,650	
9 Other employee benefits	8,363,120	8,258,991	104,129	
10 Payroll taxes	2,372,713	2,343,170	29,543	
11 Fees for services (non-employees)				
a Management				
b Legal	371,455	49,738	321,717	
c Accounting	215,665		215,665	
d Lobbying	151,072		151,072	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	88,585	88,585		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,409,387	8,200,314	4,209,073	
12 Advertising and promotion				
13 Office expenses	2,770,069	2,612,213	157,856	
14 Information technology				
15 Royalties				
16 Occupancy	5,491,721	5,491,721		
17 Travel	158,119	144,428	13,691	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	107,072	107,072		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,945,145	5,508,177	436,968	
23 Insurance	694,135	694,135		
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	4,382,546	4,382,546		
b DIETARY	2,924,061	2,924,061		
c MEDICAL SUPPLIES	884,956	884,956		
d DRUGS	435,078	435,078		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	83,946,850	77,872,452	6,074,398	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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	3,190,372	1 4,391,819
	2 Savings and temporary cash investments	7,663,515	2 12,781,877
	3 Pledges and grants receivable, net	1,597,916	3 6,037,207
	4 Accounts receivable, net	12,006,126	4 13,972,978
	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	81,882	8 92,775
	9 Prepaid expenses and deferred charges	951,033	9 762,332
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 162,735,188	
	b Less accumulated depreciation	10b 111,064,306	55,958,369 10c 51,670,882
	11 Investments—publicly traded securities	7,624,684	11 2,682,983
	12 Investments—other securities See Part IV, line 11	7,485,398	12 8,631,657
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	16,755,439	15 13,115,995
	16 Total assets. Add lines 1 through 15 (must equal line 34)	113,314,734	16 114,140,505
Liabilities	17 Accounts payable and accrued expenses	28,423,060	17 35,221,089
	18 Grants payable	18	
	19 Deferred revenue	240,000	19 229,000
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	426,005	21 414,246
	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	59,633,262	23 57,836,914
	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	14,613,897	25 20,166,782
	26 Total liabilities. Add lines 17 through 25	103,336,224	26 113,868,031
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	2,345,562	27 -13,155,065
	28 Temporarily restricted net assets	3,572,948	28 4,367,539
	29 Permanently restricted net assets	4,060,000	29 9,060,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	9,978,510	33 272,474
	34 Total liabilities and net assets/fund balances	113,314,734	34 114,140,505

Part XI Reconciliation of Net AssetsCheck 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	85,675,174
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,946,850
3	Revenue less expenses Subtract line 2 from line 1	3	1,728,324
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,978,510
5	Net unrealized gains (losses) on investments	5	-1,798,372
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	-9,635,988
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	272,474

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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

Additional Data

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

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	925,877	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 \$	1,263,620	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					

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	255,107	including grants of \$) (Revenue \$)
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THE DERFNER JUDAICA MUSEUM - FOUNDED IN 1982 WITH A GIFT FROM RALPH AND LEUBA BAUM TO THE HEBREW HOME OF A COLLECTION OF 800 JEWISH CEREMONIAL OBJECTS FROM THEIR COLLECTION, THE MUSEUM RE-OPENED IN A NEWLY FURNISHED SPACE IN 2009 THE ONGOING EXHIBITION FEATURES TRADITION AND REMEMBRANCE TREASURES OF THE DERFNER JUDAICA MUSEUM REGULARLY CHANGING EXHIBITS FOLLOW TWO OR THREE TIMES A YEAR THE PRIMARY MISSION OF THE MUSEUM IS TO SERVE AS AN EDUCATIONAL RESOURCE ABOUT JEWISH ART, CULTURE AND LIFESTYLE PRACTICES THROUGH PERMANENT AND CHANGING EXHIBITS FOR ITS RESIDENTS AND VISITORS FROM THROUGHOUT THE GREATER METROPOLITAN AREA STRUCTURED TOURS AND WORKSHOPS ARE PROVIDED TO VISITORS OF ALL AGES AND BACKGROUNDS A PORTION OF THE COSTS OF THIS PROGRAM ARE FUNDED THROUGH CONTRIBUTIONS AND GRANTS

(Code) (Expenses \$	91,659	including grants of \$) (Revenue \$)
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IT IS THE MISSION OF THE GREENBERG-STARR CENTER FOR MEMORY SUPPORT TO PROVIDE A RESIDENTIAL COMMUNITY FOR PERSONS WITH MILD TO MODERATE ALZHEIMER'S DISEASE THAT BRINGS TOGETHER HIGHLY TRAINED STAFF AND NEW MODALITIES OF CARE TO ENABLE ALZHEIMER'S VICTIMS TO EXPERIENCE A HEIGHTENED QUALITY OF LIFE, DESPITE THEIR ILLNESS IT IS THE MISSION OF RIVERSPRING 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

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 1,269,615 including grants of \$ 1,269,615) (Revenue \$)

SUPPORT & MANAGEMENT OF AFFILIATES - IN 2014, HHAR TRANSFERRED AN AGGREGATE OF \$1,197,987 TO HHARF AND \$71,628 TO HUHDFC

(Code) (Expenses \$ 1,958,660 including grants of \$) (Revenue \$ 1,086,380)

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 KOSHER 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

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	773,754	including grants of \$	) (Revenue \$	899,547)
OTHER PROGRAMS					

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			
(1) JEFFREY S MAURER	1 00			X			0	0	0
..... CHAIRMAN	..... 9 00	.....	.....	X	.....	.....	0	0	0
(1) KENNETH S LAZAR	1 00			X			0	0	0
..... VICE CHAIRMAN	..... 4 00	.....	.....	X	.....	.....	0	0	0
(2) JOSEPH WYGODA	1 00			X			0	0	0
..... TREASURER & SECRETARY	..... 9 00	.....	.....	X	.....	.....	0	0	0
(3) ANDREW L GAINES	1 00			X			0	0	0
..... VICE CHAIRMAN	..... 6 00	.....	.....	X	.....	.....	0	0	0
(4) JAMES A SHIFREN	1 00			X			0	0	0
..... DIRECTOR	..... 6 00	.....	.....	X	.....	.....	0	0	0
(5) JOEL HOLLANDER	1 00			X			0	0	0
..... DIRECTOR	..... 1 00	.....	.....	X	.....	.....	0	0	0
(6) THOMAS S ROGERS	1 00			X			0	0	0
..... DIRECTOR	..... 2 00	.....	.....	X	.....	.....	0	0	0
(7) MEL HARRIS	1 00			X			0	0	0
..... DIRECTOR	..... 1 00	.....	.....	X	.....	.....	0	0	0
(8) MARTIN HOFFMAN	1 00			X			0	0	0
..... DIRECTOR	..... 5 00	.....	.....	X	.....	.....	0	0	0
(9) STEVEN M JACOBSON	1 00			X			0	0	0
..... DIRECTOR	..... 2 00	.....	.....	X	.....	.....	0	0	0
(10) STANLEY M KATZ	1 00			X			0	0	0
..... DIRECTOR	..... 3 00	.....	.....	X	.....	.....	0	0	0
(11) MICHAEL J KLOSK	1 00			X			0	0	0
..... DIRECTOR	..... 1 00	.....	.....	X	.....	.....	0	0	0
(12) ISADORE KREEL MD	1 00			X			0	0	0
..... DIRECTOR	..... 5 00	.....	.....	X	.....	.....	0	0	0
(13) RICHARD S LANE	1 00			X			0	0	0
..... DIRECTOR	..... 4 00	.....	.....	X	.....	.....	0	0	0
(14) HERMAN LOEFFLER	1 00			X			0	0	0
..... DIRECTOR	..... 5 00	.....	.....	X	.....	.....	0	0	0
(15) JOSHUA SAPAN	1 00			X			0	0	0
..... DIRECTOR	..... 2 00	.....	.....	X	.....	.....	0	0	0
(16) BURTON P RESNICK	1 00			X			0	0	0
..... DIRECTOR	..... 4 00	.....	.....	X	.....	.....	0	0	0
(17) ROBERT GILMAN	1 00			X			0	0	0
..... DIRECTOR	..... 5 00	.....	.....	X	.....	.....	0	0	0
(18) DANIEL REINGOLD	1 00				X		0	1,939,756	275,279
..... PRESIDENT, CEO	..... 34 00	.....	.....		X	.....	0	1,939,756	275,279
(19) LUZ LIEBESKIND	1 00				X		0	367,814	60,335
..... CHIEF FINANCIAL OFFICER	..... 34 00	.....	.....		X	.....	0	367,814	60,335
(20) DAVID WEINSTEIN	1 00					X	0	389,192	59,533
..... EXECUTIVE VP, COO	..... 34 00	.....	.....			X	0	389,192	59,533
(21) DAVID POMERANZ	1 00						0	682,420	145,973
..... EVP STRATEGIC PLANNING & P	..... 34 00	.....	.....				0	682,420	145,973
(22) YELENA PERTSOVSKY	23 00						X	140,831	37,603
..... PHYSICIAN	..... 12 00	.....	.....				X	140,831	37,603
(23) ZACHARY PALACE	23 00							183,182	42,169
..... MEDICAL DIRECTOR	..... 12 00	.....	.....					183,182	42,169
(24) MOJDEH RUTIGLIANO	23 00						X	128,939	22,735
..... VP OF NURSING SERVICES	..... 12 00	.....	.....				X	128,939	22,735

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	Former			
(26) GLENNA STEINKE PHYSICIAN	23 00 12 00					X		129,775	71,512	22,518
(1) BEENA ALEXANDER PHYSICIAN	23 00 12 00					X		131,731	67,507	37,274

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

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service**Name of the organization**

THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

Part I 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.
- b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.
- c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.
- d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations
- g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. 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—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,508,906	8,256,195	7,762,104	4,276,040	9,424,557	34,227,802
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	81,788,974	82,440,210	82,177,560	78,555,421	72,616,642	397,578,807
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	86,297,880	90,696,405	89,939,664	82,831,461	82,041,199	431,806,609
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)						431,806,609

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	86,297,880	90,696,405	89,939,664	82,831,461	82,041,199	431,806,609
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	241,248	315,875	288,647	257,909	234,771	1,338,450
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	241,248	315,875	288,647	257,909	234,771	1,338,450
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 VI)	1,204,460	2,690,195	5,909,833	1,913,915	1,290,410	13,008,813
13 Total support. (Add lines 9, 10c, 11, and 12)	87,743,588	93,702,475	96,138,144	85,003,285	83,566,380	446,153,872
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	96 780 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	96 370 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0 300 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0 330 %
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.
- b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).
- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
11a		
11b		
11c		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

- a The organization satisfied the Activities Test Complete **line 2** below
- b The organization is the parent of each of its supported organizations Complete **line 3** below
- c The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

	Yes	No
2a		

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

	Yes	No
2b		

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

	Yes	No
3a		
3b		

- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

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

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

Section A - Adjusted Net Income

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

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
 2 Enter 85% of line 1
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
 5 Income tax imposed in prior year
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Section D - Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS RESIDENTIAL INCOME INSURANCE RECOVERY CAFETERIA AND RELATED MANAGEMENT FEES FROM RELATED 501C3 ORGANIZATIONS OVERHEAD ALLOCATED

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2014****Open to Public
Inspection****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.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization THE HEBREW HOME FOR THE AGED AT RIVERDALE	Employer identification number 13-1739971
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities 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			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a If zero or less, enter -0-			
i Subtract line 1f from line 1c If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		142,765
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		8,307
j Total Add lines 1c through 1i			151,072
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

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)

Schedule C (Form 990 or 990EZ) 2014

2014

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

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**Name of the organization**

THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
	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) Revenue included in Form 990, Part VIII, line 1 ► \$ 43,700

(ii) Assets included in Form 990, Part X ► \$ 8,105,292

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

a Revenue included 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 <input checked="" type="checkbox"/> Public exhibition | d <input checked="" type="checkbox"/> Loan or exchange programs |
| b <input checked="" type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input checked="" type="checkbox"/> Preservation for future generations | |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	(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	4,060,000
b Contributions	5,000,000				
c Net investment earnings, gains, and losses				58,037	45,159
d Grants or scholarships				58,037	45,159
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,060,000	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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
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		134,106,104	88,057,709		46,048,395
c Leasehold improvements					
d Equipment		27,283,994	23,006,597		4,277,397
e Other		970,312			970,312
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					51,670,882

Part VI 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	4,811,336	F
(B) BOND FUNDS	3,820,321	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►	8,631,657	

Part VII 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	8,105,292
(2) DUE FROM ELDERSERVE LICENSED HOME CARE SERVICES, INC	1,375,678
(3) DUE FROM ELDERSERVE HEALTH, INC	2,112,631
(4) DEPOSITS	240,036
(5) OTHER RECEIVABLES	1,217,533
(6) DUE FROM HUDSON HOUSE HOUSING DEVELOPMENT FUND COMPANY, INC	64,825
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ►	13,115,995

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	925,454
DUE TO THIRD PARTY PAYORS	15,862,204
DUE TO HEBREW HOME HOUSING DEVELOPMENT FUND COMPANY, INC	367,756
DUE TO HEBREW HOME FOR THE AGED AT RIVERDALE FOUNDATION	104,316
DUE TO PALISADE NURSING HOME COMPANY, INC	2,907,052
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	20,166,782

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	83,857,393
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,798,372
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-19,409
e	Add lines 2a through 2d	2e	-1,817,781
3	Subtract line 2e from line 1	3	85,675,174
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	85,675,174

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	82,677,235
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	82,677,235
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	1,269,615
c	Add lines 4a and 4b	4c	1,269,615
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	83,946,850

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, 2011 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS -19,409
PART XII, LINE 4B - OTHER ADJUSTMENTS	TRANSFERS TO RELATED PARTIES 1,269,615

Part XIII Supplemental Information (continued)

Return Reference	Explanation

**Schedule I
(Form 990)****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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)	1,197,987				TRANSFER OF GIFTS TO THE FOUNDATION
(2) HUDSON HOUSE HOUSING DEVELOPMENT FUND COMPANY INC 5901 PALISADE AVENUE BRONX, NY 10456	27-5547643	501(C)(3)	71,628				TO FUND EXPENSES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 2
- 3 Enter total number of other organizations listed in the line 1 table ► 0

Part III Grants and Other Assistance to Domestic Individuals. 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

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

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor 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.► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
THE HEBREW HOME FOR THE AGED AT RIVERDALE

Employer identification number

13-1739971

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

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

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

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

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL REINGOLD, PRESIDENT, CEO	(i) 0 1,855,550	(ii) 0 78,959	(iii) 0 5,247	(C) 0 246,656	(D) 0 28,623	(E) 0 2,215,035	(F) 0 1,142,161
2 LUZ LIEBESKIND, CHIEF FINANCIAL OFFICER	(i) 0 347,405	(ii) 0 18,614	(iii) 0 1,795	(C) 0 57,198	(D) 0 3,137	(E) 0 428,149	(F) 0 0
3 DAVID WEINSTEIN, EXECUTIVE VP, COO	(i) 0 364,820	(ii) 0 20,953	(iii) 0 3,419	(C) 0 35,003	(D) 0 24,530	(E) 0 448,725	(F) 0 0
4 DAVID POMERANZ, EVP STRATEGIC PLANNING & P	(i) 0 470,131	(ii) 0 210,460	(iii) 0 1,829	(C) 0 120,669	(D) 0 25,304	(E) 0 828,393	(F) 0 0
5 YELENA PERTSOVSKY, PHYSICIAN	(i) 140,645 77,502	(ii) 0 0	(iii) 186 103	(C) 8,718 4,804	(D) 15,526 8,555	(E) 165,075 90,964	(F) 0 0
6 ZACHARY PALACE, MEDICAL DIRECTOR	(i) 182,772 100,717	(ii) 0 0	(iii) 410 226	(C) 11,550 6,364	(D) 15,638 8,617	(E) 210,370 115,924	(F) 0 0
7 MOJDEH RUTIGLIANO, VP OF NURSING SERVICES	(i) 128,661 70,902	(ii) 0 0	(iii) 278 150	(C) 8,580 4,727	(D) 6,079 3,349	(E) 143,598 79,128	(F) 0 0
8 GLENNA STEINKE, PHYSICIAN	(i) 128,453 70,783	(ii) 0 0	(iii) 1,322 729	(C) 8,437 4,649	(D) 6,081 3,351	(E) 144,293 79,512	(F) 0 0
9 BEENA ALEXANDER, PHYSICIAN	(i) 131,447 67,351	(ii) 0 0	(iii) 284 156	(C) 8,756 4,487	(D) 15,888 8,143	(E) 156,375 80,137	(F) 0 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 3	THE CEO AND OFFICERS AND KEY EMPLOYEES' COMPENSATION IS PAID THROUGH A RELATED MANAGEMENT SERVICE ORGANIZATION, RIVERSPRING 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.
PART I, LINE 4B	LUZ LIEBESKIND - \$25,822 DAVID POMERANZ - \$56,360

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 and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL REINGOLD, PRESIDENT, CEO	(i) 0 (ii) 1,855,550	0 78,959	0 5,247	0 246,656	0 28,623	0 2,215,035	0 1,142,161	0
1 LUZ LIEBESKIND, CHIEF FINANCIAL OFFICER	(i) 0 (ii) 347,405	0 18,614	0 1,795	0 57,198	0 3,137	0 428,149	0 0	0 0
2 DAVID WEINSTEIN, EXECUTIVE VP, COO	(i) 0 (ii) 364,820	0 20,953	0 3,419	0 35,003	0 24,530	0 448,725	0 0	0 0
3 DAVID POMERANZ, EVP STRATEGIC PLANNING & P	(i) 0 (ii) 470,131	0 210,460	0 1,829	0 120,669	0 25,304	0 828,393	0 0	0 0
4 YELENA PERTSOVSKY, PHYSICIAN	(i) 140,645 (ii) 77,502	0 0	186 103	8,718 4,804	15,526 8,555	165,075 90,964	0 0	0 0
5 ZACHARY PALACE, MEDICAL DIRECTOR	(i) 182,772 (ii) 100,717	0 0	410 226	11,550 6,364	15,638 8,617	210,370 115,924	0 0	0 0
6 MOJDEH RUTIGLIANO, VP OF NURSING SERVICES	(i) 128,661 (ii) 70,902	0 0	278 150	8,580 4,727	6,079 3,349	143,598 79,128	0 0	0 0
7 GLENNA STEINKE, PHYSICIAN	(i) 128,453 (ii) 70,783	0 0	1,322 729	8,437 4,649	6,081 3,351	144,293 79,512	0 0	0 0
8 BEENA ALEXANDER, PHYSICIAN	(i) 131,447 (ii) 67,351	0 0	284 156	8,756 4,487	15,888 8,143	156,375 80,137	0 0	0 0

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2014

Open to Public
InspectionName 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	9	43,700	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		0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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)	COLUMN B IS REFERRING TO THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2014****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 1	FOUNDED IN 1917 IN HARLEM AS A NEIGHBORHOOD SHELTER TO CARE FOR HOMELESS OLDER PEOPLE IN CONFORMANCE WITH THE RELIGIOUS AND DIETARY LAW AND CUSTOMS OF THE JEWISH TRADITION, AND RELOCATED IN 1951, THE HEBREW HOME AT RIVERDALE NOW PROVIDES CARE FOR OVER 12,000 OLDER MEN AND WOMEN OF ALL RELIGIOUS, ECONOMIC AND CULTURAL BACKGROUNDS EACH YEAR THROUGHOUT THE BRONX, MANHATTAN AND WESTCHESTER COUNTY. THE HEBREW HOME AT RIVERDALE IS PART OF THE RIVERSPRING HEALTH SYSTEM. RIVERSPRING HEALTH IS DEDICATED TO HELPING OLDER ADULTS LIVE FULL LIVES FOR NEARLY 100 YEARS. WE HAVE BEEN COMMITTED TO HEALTHY AGING AND THE HIGHEST QUALITY OF LIFE THROUGH INNOVATIVE PROGRAMS AND SERVICES DESIGNED TO MEET THE EVOLVING NEEDS OF OLDER ADULTS. WITH A FULL RANGE OF CARE SOLUTIONS INCLUDING THE NATIONALLY RECOGNIZED HEBREW HOME AT RIVERDALE, MANAGED LONG TERM CARE, ASSISTED LIVING PROGRAMS, SENIOR HOUSING, AND SPECIALIZED SERVICES SUCH AS ELDER ABUSE PREVENTION, MEMORY CARE, AND LGBT SOCIAL DAY CARE, WE EMPOWER OVER 12,000 PATIENTS, RESIDENTS, AND MEMBERS TO LIVE FORWARD EVERY DAY

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	RIVERSPRING HEALTH 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, RIVERSPRING 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 DONE IN DECEMBER 2013 FOR THE 2014 COMPENSATION

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

Return Reference	Explanation
FORM 990, PART VII	IN 2014, MR REINGOLD BECAME VESTED IN A 457(F) RETIREMENT PLAN BENEFIT AMOUNT OF \$1,142,161 ALTHOUGH MR REINGOLD EARNED THIS BENEFIT OVER HIS PRECEDING 24 YEARS OF SERVICE TO THE ORGANIZATION, DUE TO TAXATION RULES APPLYING TO NONPROFIT ORGANIZATIONS, 100% OF THE VALUE OF THE BENEFIT IS REPORTABLE AS TAXABLE INCOME TO MR REINGOLD IN 2014 (THE YEAR HE BECAME VESTED IN THE BENEFIT) THE COMPENSATION COMMITTEE CAREFULLY REVIEWED AND APPROVED MR REINGOLD'S RETIREMENT BENEFIT IN A MANNER FOLLOWING INTERMEDIATE SANCTIONS RULES OF FEDERAL TAX LAW

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>THERAPIST FEES PROGRAM SERVICE EXPENSES 1,131,867 MANAGEMENT AND GENERAL EXPENSES 42,264 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,174,131 NURSING FEES PROGRAM SERVICE EXPENSES 2,650,144 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,650,144 CONSULTING FEES PROGRAM SERVICE EXPENSES 1,503,691 MANAGEMENT AND GENERAL EXPENSES 4,166,809 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,670,500 HOME HEALTH AIDE FEES PROGRAM SERVICE EXPENSES 773,177 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 773,177 ADULT DAY CARE AIDE FEES PROGRAM SERVICE EXPENSES 864,456 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 864,456 RESEARCH FEES PROGRAM SERVICE EXPENSES 62,043 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 62,043 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 99,784 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 99,784 ASSISTED LIVING FEES PROGRAM SERVICE EXPENSES 381,767 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 381,767 SECURITY FEES PROGRAM SERVICE EXPENSES 456,793 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 456,793 REHAB FEES PROGRAM SERVICE EXPENSES 276,592 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 276,592</p>

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJUSTMENT TO REFLECT PENSION FUNDED STATUS -9,616,579 ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS -19,409

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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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?
See Additional Data Table						Yes No

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) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	

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.

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

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

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

	Yes	No
1a		No
1b	Yes	
1c		No
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p		No
1q	Yes	
1r		No
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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes	No			Yes	No			

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2014

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	RIVERSPRING HEALTH 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	RIVERSPRING HEALTH 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	RIVERSPRING HEALTH 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	RIVERSPRING HEALTH HOLDING CORP	No
(6) RIVERSPRING HEALTH 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	RIVERSPRING HEALTH 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	RIVERSPRING HEALTH HOLDING CORP	No
(9) RIVERSPRING SERVICES CORP 5901 PALISADE AVENUE RIVERDALE, NY 10463 46-1763915	MANAGEMENT COMPANY	NY	501(C)(3)	11 TYPE II	RIVERSPRING HEALTH HOLDING CORP	No