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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)

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

OMB No 1545-0047

2014

Open to Public Inspection

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

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION		D Employer identification number 13-2631069
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (718) 289-2100
	271-11 76TH AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code NEW HYDE PARK, NY 110401433		G Gross receipts \$ 98,785,718
F Name and address of principal officer MICHAEL ROSENBLUT 271-11 76TH AVENUE NEW HYDE PARK, NY 110401433			
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: WWW.PARKERINSTITUTE.ORG		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1968	M State of legal domicile NY
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE WITH COMPASSION AND DEDICATION SUPERIOR QUALITY HEALTH CARE AND REHABILITATION FOR ADULTS		
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,232
	6 Total number of volunteers (estimate if necessary)	6	264
	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
	Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		682,026	803,846
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		108,506,201	95,773,624
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,287	12,455
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		689,320	1,335,857
		109,901,834	97,925,782
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		65,744,124	61,671,100
Net Assets or Fund Balances	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)	48,463,953	35,765,169
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	114,208,077	97,436,269
	19 Revenue less expenses Subtract line 18 from line 12	-4,306,243	489,513
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	111,931,766	129,445,749
	21 Total liabilities (Part X, line 26)	54,610,873	72,989,297
22 Net assets or fund balances Subtract line 21 from line 20	57,320,893	56,456,452	

Part II

Signature Block

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

Sign Here	***** Signature of officer		2015-11-11 Date		
	ROBERT WERNER CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M HIGGINS	Preparer's signature GARRETT M HIGGINS	Date 2015-11-11	Check ☐ if self-employed	PTIN P00543209
	Firm's name ▶ O'CONNOR DAVIES LLP			Firm's EIN ▶ 27-1728945	
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 105281633			Phone no (914) 381-8900	

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1

Briefly describe the organization’s mission

TO PROVIDE WITH COMPASSION AND DEDICATION SUPERIOR QUALITY HEALTH CARE AND REHABILITATION FOR ADULTS AND TO DIRECTLY OR INDIRECTLY COORDINATE ARRANGEMENTS AND PROVISION FOR COMPREHENSIVE HEALTH CARE AND SOCIAL SUPPORT SERVICES TO FRAIL ELDERLY AND OTHER INDIVIDUALS WHO MAY REQUIRE CHRONIC OR LONG TERM CARE, AND TO ENGAGE IN EDUCATIONAL ACTIVITIES RELATING TO SUCH ACTIVITIES

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 \$ 75,043,860 including grants of \$) (Revenue \$ 86,505,383)
	INPATIENT PROGRAMSSUB-ACUTE CARE/SHORT-TERM REHABILITATION AND LONG-TERM CARE/SKILLED MEDICAL AND NURSING CARESUB-ACUTE CARE/SHORT-TERM REHABILITATIONMORE THAN THIRTY YEARS AGO, PARKER JEWISH INSTITUTE PIONEERED SHORT-TERM REHABILITATION FOR OLDER ADULTS TODAY, THE INSTITUTE'S UNIQUE RESTORATIVE THERAPY PROGRAM, REFLECTING THE LIFESTYLE DESIRED BY TODAY'S SENIORS, PROMOTES INDEPENDENCE AND RAPID RETURN TO HOME AFTER REHABILITATION FROM THE BROAD RANGE OF SURGICAL PROCEDURES, STROKE, AMPUTATION, INJURIES AND ILLNESS THE AVERAGE LENGTH OF STAY IS TWO TO SIX WEEKS THE SUB-ACUTE REHABILITATION PROGRAM OFFERS STATE-OF-THE-ART REHABILITATION AND CLINICALLY COMPLEX CARE IN A NURTURING ENVIRONMENT DISTINGUISHED IN PATIENT CARE, RESEARCH AND TEACHING, THE MEDICAL DEPARTMENT INCLUDES PRIMARY CARE PHYSICIANS AS WELL AS SPECIALISTS AND A COMPLETE ROSTER OF CONSULTANTS WE OFFER FAVORABLE NURSE TO PATIENT STAFFING RATIOS, AND A NURSING STAFF EXPERIENCED IN CARING FOR COMPLEX MEDICAL AND POST-SURGICAL NEEDS THAT MAY INCLUDE PNEUMONIA, CORONARY BYPASS SURGERY, CARDIO-THORACIC SURGERY, OR VASCULAR SURGERY SPECIALIZED TREATMENTS HAVE BEEN DEVELOPED TO DEAL WITH TRACHEOTOMIES, I V THERAPY, PAIN MANAGEMENT, CHEMOTHERAPY AND WOUND CARE MANAGEMENT THE STROKE AND NEUROLOGICAL REHABILITATION COMPONENT OF THE PROGRAM INCORPORATES THE MOST ADVANCED TECHNIQUES INTO INDIVIDUALIZED TREATMENT PLANS THAT RESULT IN BETTER OUTCOMES AND AN EARLIER DISCHARGE TO HOME THE INTERDISCIPLINARY REHABILITATION TEAMS AT PARKER INCLUDE PHYSIATRISTS (PHYSICIANS WHO SPECIALIZE IN PHYSICAL MEDICINE AND REHABILITATION), AS WELL AS PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS, RECREATION THERAPISTS, NUTRITIONISTS, AND SOCIAL WORKERS THERE IS A FULLY EQUIPPED KITCHEN, BEDROOM AND BATHROOM FOR RE-TRAINING PURPOSES STAFF ALSO FIT PROSTHETIC DEVICES, AND TRAIN PATIENTS IN THE USE OF ADAPTIVE EQUIPMENT ADDITIONAL PATIENT CARE SERVICES AVAILABLE TO SUB-ACUTE CARE/SHORT TERM REHABILITATION PATIENTS INCLUDE - FOOD SERVICE TO MEET SPECIAL DIETARY NEEDS- 24-HOUR LABORATORY SERVICES- 24-HOUR ON-SITE PHARMACY- CHAPLAINCY SERVICE LONG-TERM CARE/SKILLED MEDICAL AND NURSING CARELONG-TERM CARE AT PARKER EMPHASIZES THE IMPORTANCE OF A CARING ENVIRONMENT AND QUALITY OF LIFE THE PROFESSIONAL STAFF DEVELOPS INDIVIDUALIZED CARE PLANS FOR EACH RESIDENT, AND INTERDISCIPLINARY TEAMS REGULARLY REVIEW PROGRESS RESIDENTS AT PARKER ENJOY A HOME AWAY FROM HOME THAT OFFERS ADVANCED CARE AND TRADITIONAL CARING THE MEDICAL STAFF AT PARKER IS ONE OF THE LARGEST, MOST HIGHLY TRAINED OF ANY SIMILAR FACILITY IN THE COUNTRY PHYSICIANS ARE AVAILABLE 24-HOURS A DAY AND ARE ON-SITE 18 HOURS A DAY AMONG ITS SPECIAL SERVICES, THE INSTITUTE PROVIDES ON-SITE CLINICS IN DENTISTRY, OPHTHALMOLOGY, EAR-NOSE-THROAT, RADIOLOGY, ORTHOPEDICS, PODIATRY AND AUDIOLOGY, AS WELL AS PSYCHOLOGY SERVICES IN 2014, APPROXIMATELY 186,767 DAYS OF CARE WERE PROVIDED TO 2,246 PEOPLE RESIDENTS ARE CARED FOR BY "THE PARKER NURSE" --A SPECIAL PROFESSIONAL WHO REFLECTS THE HIGHEST LEVELS OF SKILL AND COMPASSION, AND REGULARLY TAKES PART IN TRAINING TO ADVANCE SKILLS AND UPDATE KNOWLEDGE UNDER THE SUPERVISION OF THE VICE PRESIDENT OF PATIENT CARE SERVICES, NURSE MANAGERS HAVE 24-HOUR RESPONSIBILITY FOR ALL ASPECTS OF RESIDENT CARE REGISTERED NURSES ARE ON DUTY 24 HOURS TO PROVIDE SUPERVISION, TREATMENT AND MEDICATION CERTIFIED NURSING ASSISTANTS PROVIDE PERSONAL CARE ASSISTANCE WHEN NECESSARY, AND ENCOURAGE INDEPENDENCE WHERE APPROPRIATE PARKER'S CNAS ARE OFFERED REMARKABLE TRAINING OPPORTUNITIES TO REGULARLY UPDATE THEIR SKILLS NURSES STAFF THE CONCIERGE/PATIENT LIAISON SERVICE THAT EASES THE TRANSITION OF RESIDENTS FROM HOME OR HOSPITAL TO A LONG TERM CARE SETTING THE REHABILITATION POTENTIAL OF EACH RESIDENT IS EVALUATED UPON ADMISSION AND THROUGHOUT THEIR STAY AT PARKER THE DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION PROVIDES INDIVIDUALIZED PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY DEDICATED TO ENABLING EACH RESIDENT'S MAXIMUM LEVEL OF ACTIVITY THE EXPERIENCED PROFESSIONALS OF PARKER'S SOCIAL WORK DEPARTMENT OFFER SUPPORT AND COUNSELING, HELPING RESIDENTS AND THEIR FAMILIES COPE WITH THE IMPACT OF AGING AND ILLNESS ASSISTANCE IS PROVIDED FOR SOCIAL, FINANCIAL, PSYCHOLOGICAL AND FAMILY CONCERNS THERAPEUTIC RECREATION SPECIALISTS PROVIDE THE SOCIAL, CREATIVE AND INTELLECTUAL STIMULATION SO VITAL TO A RESIDENT'S EMOTIONAL AND PHYSICAL WELL BEING A COMPUTER CENTER, LIVE ENTERTAINMENT, EXERCISE, GAMES, ARTS AND CRAFTS ARE AMONG THE VARIED OPTIONS OF A RECREATION PROGRAM THAT PROMOTES A HEALTHY LEISURE LIFE, 365 DAYS A YEAR PARKER'S DIETARY STAFF IS RESPONSIBLE FOR THE PLANNING, PREPARATION AND DELIVERY OF NUTRITIOUS MEALS AND SNACKS PARKER IS A CERTIFIED KOSHER FACILITY, AND IS HIGHLY REGARDED FOR ITS SUPERB, APPETIZING MEALS A GROWING "BUFFET DINING" PROGRAM PROVIDES RESTAURANT-STYLE DINING FOR RESIDENTS, PART OF THE PROGRAM OF CULTURE CHANGE THAT FOSTERS PATIENT-CENTERED CARE AND A "HOME AWAY FROM HOME" ENVIRONMENT THE DEPARTMENT OF PASTORAL SERVICES OFFERS SPIRITUAL COUNSELING RELIGIOUS SERVICES ARE HELD FOR ALL MAJOR FAITHS A "MEDIATION SUITE" IS PROVIDED FOR THE QUIET MOMENTS THAT A DIVERSE POPULATION OF FAMILIES MAY REQUIRE PATIENTS MAY BEGIN THE ADMISSIONS PROCESS 24 HOURS PER DAY 7 DAYS PER WEEK THROUGH PARKER'S WEBSITE AT WWW.PAKERINSTITUTE.ORG AS WELL AS, THROUGH THE PARKER APP, AVAILABLE FOR MOBILE PHONES AND TABLETS FOR ANY OF ITS PROGRAMS
4b	(Code) (Expenses \$ 5,050,716 including grants of \$) (Revenue \$ 3,622,452)
	LONG TERM HOME HEALTH CARE & CERTIFIED HOME HEALTH CARE PROGRAMS PARKER'S LONG TERM HOME HEALTH CARE PROGRAM COMBINES THE COMFORTS OF HOME WITH THE EXPERT AND EXPERIENCED CARE OF PARKER THIS INVALUABLE COMMUNITY HEALTH PROGRAM DELIVERS A FULL SPECTRUM OF PERSONALIZED NURSING, MEDICAL AND REHABILITATION SERVICES THAT ALLOW OLDER MEN AND WOMEN TO GET WELL, MAINTAIN MAXIMUM INDEPENDENCE, AND REMAIN WHERE THEY MOST WANT TO BE SERVICES INCLUDE - ASSESSMENT BY A REGISTERED NURSE- INDIVIDUALIZED NURSING CARE PLANS- PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY- HOME HEALTH AIDES, PERSONAL CARE WORKERS- HOMEMAKERS AND HOUSEKEEPERS- SOCIAL WORK COUNSELING- PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)- MEDICAL SUPPLIES AND EQUIPMENT- 24-HOUR TELEPHONE AVAILABILITYA NUMBER OF OTHER SERVICES MAY BE COORDINATED THROUGH THIS PROGRAM, INCLUDING MEDICAL TRANSPORTATION, LABORATORY WORK, X-RAYS, DRUGS, DENTISTRY, OPHTHALMOLOGY, PODIATRY, MEDICAL DAY CARE, AND DISCHARGE PLANNING AVAILABLE TO RESIDENTS OF QUEENS COUNTY, NASSAU COUNTY OR BROOKLYN, INDIVIDUALS, FAMILIES, DISCHARGE PLANNERS, ET AL MAY APPLY AFTER DISCHARGE FROM A HOSPITAL OR A LONG TERM CARE FACILITY, OR DIRECTLY FROM HOME
4c	(Code) (Expenses \$ 2,400,050 including grants of \$) (Revenue \$ 3,856,273)
	ADULT DAY HEALTH CARE (MEDICAL MODEL)PARKER'S ADULT DAY HEALTH CARE PROGRAM HAS BEEN DESCRIBED AS A WORLD OF FUN AND GOOD HEALTH BECAUSE IT PROVIDES RECREATION AND MEDICAL CARE FOR THE FRAIL ELDERLY AND DISABLED, IN THE BRIGHT, MODERN SETTING OF PARKER'S COMMUNITY HEALTH CENTER IN LAKE SUCCESS, NEW YORK IN 2014, THIS PROGRAM HAD 16,194 DAYS OF CARE PROVIDED TO 158 PEOPLE, AND SINCE 1995, A TOTAL, TO-DATE, OF 413,735 VISITS SERVICES ARE PROVIDED 9 AM TO 3 PM, 6 DAYS A WEEK, AND INCLUDE - DOOR-TO-DOOR TRANSPORTATION - SUPERVISED ACTIVITIES, INCLUDING GAMES, ART, MUSIC AND EXERCISE- ON-SITE MEDICAL CARE INCLUDING PHYSICIANS, NURSES, DENTISTS AND THERAPISTS- SPECIALISTS IN FOOT CARE, HEARING, VISION AND NUTRITION- A SUPERB HOT MEAL THERE IS A SEPARATE PROGRAM FOR THOSE WITH MEMORY LOSS, AND A SPECIAL CHINESE CULTURAL PROGRAM THIS MEDICAL MODEL DAY CARE CENTER IS A WONDERFUL OPPORTUNITY FOR ADULT CHILDREN TO GO TO WORK AND ADDRESS OTHER RESPONSIBILITIES, SUCH AS CHILD CARE, COMFORTED BY THE KNOWLEDGE THAT THEIR ELDERLY OR DISABLED LOVED ONES ARE ENJOYING A WORLD OF FUN AND EXCELLENT HEALTH CARE DURING THE DAY
	See Additional Data
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 1,243,242 including grants of \$) (Revenue \$ 1,789,516)
4e	Total program service expenses ▶ 83,737,868

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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.	211	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		1,232	
2b		Yes	
3a			No
3b			
4a			No
5a			No
5b			No
5c			
6a			No
6b			
7			
7a			No
7b			
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9a			
9b			
10			
10a			
10b			
11			
11a			
11b			
12a			
12b			
13			
13a			
13b			
13c			
14a			No
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		
	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		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	ROBERT WERNER

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

Part VII

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

Check if Schedule O contains a response 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)	3,710,409	224,510	345,884

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 43

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
THERADYNAMICS PHYSICAL THERAPY 153 BENNETT AVENUE NEW YORK, NY 10040	NURSING HOME OT & PT CONTRACT STAFF	2,312,600
CARING PROFESSIONAL INC 70-20 AUSTIN STREET SUITE 135 FOREST HILLS, NY 11375	HOME HEALTH CARE	1,558,721
CUSTOM COMPUTER SPECIALISTS INC 70 SUFFOLK COURT HAUPPAUGE, NY 11788	IT CONTRACTORS	1,364,478
CJS BUILDERS 132 W 31ST STREET NEW YORK, NY 10001	GENERAL CONTRACTORS	1,090,195
BNV HOMECARE SERVICES INC 96-60 QUEENS BLVD REGO PARK, NY 11374	HOME CARE AIDE PROVIDER	1,025,219

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 26

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a251,692				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d52,173				
	e	Government grants (contributions)	1e371,290				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f128,691				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	MEDICAID REVENUE	623000	44,847,801	44,847,801		
	b	MEDICARE REVENUE	623000	41,208,027	41,208,027		
	c	PRIVATE PATIENT	623000	4,602,138	4,602,138		
	d	OTHER PATIENT REVENUE	623000	4,162,153	4,162,153		
	e	MANAGEMENT INCOME AGEWELL	623000	830,805	830,805		
	f	All other program service revenue		122,700	122,700		
	g	Total. Add lines 2a-2f			95,773,624		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,776			9,776
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
		Gross rents					
		Less rental expenses					
	b	113,755					
	c	Rental income or (loss)					
	d	-41,729					
	d	Net rental income or (loss)		-41,729			-41,729
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses					
	b	746,181					
	c	Gain or (loss)					
	d	2,679					
	d	Net gain or (loss)		2,679			2,679
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . .					
	a						
	b	Less direct expenses					
c	Net income or (loss) from fundraising events . . .						
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue			Business Code				
11a	REIMBURSEMENT FROM AFFILIATE	900099	804,298			804,298	
b	CAFETERIA INCOME	900099	147,562			147,562	
c	PARKING LOT INCOME	900099	144,998			144,998	
d	All other revenue		280,728			280,728	
e	Total. Add lines 11a-11d			1,377,586			
12	Total revenue. See Instructions			97,925,782	95,773,624	0	1,348,312

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.				
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.	2,918,862	1,004,019	1,914,843	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	42,057,752	38,074,811	3,982,941	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,924,154	2,576,094	348,060	
9	Other employee benefits.	8,403,534	7,242,258	1,161,276	
10	Payroll taxes.	5,366,798	4,569,925	796,873	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	317,285		317,285	
c	Accounting.	112,500		112,500	
d	Lobbying.	10,127		10,127	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	7,416,611	7,068,212	348,399	
12	Advertising and promotion.	231,661		231,661	
13	Office expenses.	2,390,337	1,391,169	999,168	
14	Information technology.	1,421,290	13,406	1,407,884	
15	Royalties.				
16	Occupancy.	3,221,664	3,056,553	165,111	
17	Travel.	377,744	377,744		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	147,686	48,065	99,621	
20	Interest.	146,917	146,917		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	4,738,746	4,527,935	210,811	
23	Insurance.	1,665,627	80,020	1,585,607	
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 CASH RECEIPTS ASSES	3,499,411	3,499,411		
b	DRUGS-PRESCRIPTION AND	2,490,864	2,490,864		
c	DIETARY	2,258,564	2,258,564		
d	PURCHASED AND CONTRACTE	2,202,099	2,202,099		
e	All other expenses	3,116,036	3,109,802	6,234	
25	Total functional expenses. Add lines 1 through 24e.	97,436,269	83,737,868	13,698,401	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		787,251	1	710,783
	2	Savings and temporary cash investments		946,059	2	310,192
	3	Pledges and grants receivable, net		3,552	3	299,093
	4	Accounts receivable, net		15,098,299	4	14,070,593
	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		267,193	8	272,440
	9	Prepaid expenses and deferred charges		620,666	9	767,670
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a133,913,516			
	b	Less accumulated depreciation	10b79,708,228	41,637,050	10c	54,205,288
	11	Investments—publicly traded securities		305,847	11	20,925
	12	Investments—other securities See Part IV, line 11		3,602,265	12	
	13	Investments—program-related See Part IV, line 11			13	9,871,943
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		48,663,584	15	48,916,822
	16	Total assets. Add lines 1 through 15 (must equal line 34)		111,931,766	16	129,445,749
Liabilities	17	Accounts payable and accrued expenses		23,478,982	17	19,369,692
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		227,633	21	166,041
	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		10,724,869	23	22,314,803
	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		20,179,389	25	31,138,761
	26	Total liabilities. Add lines 17 through 25		54,610,873	26	72,989,297
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		54,883,084	27	53,968,579
	28	Temporarily restricted net assets		1,173,286	28	1,223,350
	29	Permanently restricted net assets		1,264,523	29	1,264,523
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		57,320,893	33	56,456,452
	34	Total liabilities and net assets/fund balances		111,931,766	34	129,445,749

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	97,925,782
2	Total expenses (must equal Part IX, column (A), line 25)	2	97,436,269
3	Revenue less expenses Subtract line 2 from line 1	3	489,513
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,320,893
5	Net unrealized gains (losses) on investments	5	6,276,531
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	-7,630,485
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,456,452

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	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 ☐ Separate basis ☒ Consolidated basis ☐ 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	No
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	

Additional Data

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

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

(Code	) (Expenses \$	1,243,242	including grants of \$	) (Revenue \$	958,711)
COMMUNITY HOSPICETHE COMMUNITY HOSPICE OF PARKER OFFERS HIGHLY SPECIALIZED CARE FOR TERMINALLY ILL PATIENTS AND SUPPORT FOR THEIR FAMILIES THROUGH PAIN CONTROL AND SYMPTOM MANAGEMENT, AS WELL AS EMOTIONAL SUPPORT, PARKER'S THOROUGHLY EXPERIENCED PROFESSIONAL STAFF PROVIDES CARE AT HOME, OR FOR RESIDENTS IN A NURSING FACILITY SOME 176 PATIENTS AND FAMILIES WERE SERVED IN 2014 WE CREATE PERSONALIZED CARE PLANS THAT MEET THE INDIVIDUAL NEEDS OF EACH PATIENT, AND FOSTER A CALM AND LOVING ENVIRONMENT THAT BENEFITS PATIENTS AND FAMILY MEMBERS EVERY PATIENT HAS ACCESS TO - SKILLED NURSING- PHYSICIAN SERVICES- PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY- SPIRITUAL COUNSELING (MULTI-DENOMINATIONAL)- NUTRITION COUNSELING- HOME HEALTH AIDES- MEDICAL EQUIPMENT AND MEDICATIONS- INPATIENT RESPITE- SHORT-TERM INPATIENT CARE- AMBULETTE TRANSPORTATION- BEREAVEMENT COUNSELING- SOCIAL WORK SERVICES- 24-HOUR ON-CALL SERVICES THE ALZHEIMER'S DAY CARE CENTER AT PARKERTHE ALZHEIMER'S DAY CARE CENTER AT PARKER PROVIDES SENSITIVITY AND STIMULATION FOR PARTICIPANTS AS WELL AS RELIEF AND SUPPORT FOR 100-200 PERSONS (UNDUPLICATED) PER YEAR APPROXIMATELY 3,800 PARTICIPANTS, AND SOME 100,000 COMMUNITY CAREGIVERS/SENIORS (UNDUPLICATED), HAVE BEEN SERVED SINCE THE INCEPTION OF THE PROGRAM IN 1995 PARKER JEWISH INSTITUTE FOR HEALTH CARE & REHABILITATION IS AMONG THE INTERNATIONAL LEADERS IN MANAGING AND TREATING THE FULL RANGE OF CLINICAL AND BEHAVIORAL PROBLEMS FOR PEOPLE AT ALL STAGES OF DEMENTIA THE INSTITUTE'S ALZHEIMER'S CENTER IS A TRULY UNIQUE SOCIAL MODEL DAY CARE PROGRAM THAT REFLECTS THIS DEPTH OF EXPERTISE IT OFFERS - A BEAUTIFUL, SAFE, HOME-LIKE ENVIRONMENT - PROGRAMS THAT ADDRESS MEMORY LOSS AND DAILY LIVING SKILLS- HIGHLY EXPERIENCED PROFESSIONAL STAFF- A BROAD RANGE OF SUPERVISED ACTIVITIES CRAFTS, EXERCISE, DANCING, MUSIC, ART, GARDENING- BATHING, GROOMING AND PERSONAL CARE- EXCELLENT HOT MEAL- ASSISTANCE WITH EATING PROBLEMS- FAMILY GUIDANCE AND SUPPORT GROUPS- REFERRALS TO SPECIALISTS FOR ASSESSMENTS, MEDICAL, DENTAL AND MEDICATION MANAGEMENT- TRANSPORTATIONTHE CENTER CUSTOMIZES SCHEDULES TO MEET CAREGIVERS' NEEDS IT IS OPEN FIVE DAYS A WEEK, MONDAY TO FRIDAY, 7 AM TO 7 PM THE CENTER IS OPEN ON SATURDAYS FROM 9 00 AM TO 5 00 PM WITH TWO SATURDAYS PER MONTH OPEN UNTIL 11 00PM NO MINIMUM NUMBER OF HOURS IS REQUIRED LAKEVILLE AMBULETTEIN 2014, LAKEVILLE AMBULETTE SUPPLIED 55,904 TRIPS FOR PATIENTS OF THE NURSING HOME TO ATTEND MEDICAL APPOINTMENTS, HOME VISITS AND THERAPEUTIC RECREATION EVENTS LAKEVILLE PROVIDES TRANSPORTATION FOR DIALYSIS PATIENTS TO AND FROM THEIR DIALYSIS TREATMENT APPOINTMENTS AND OUTPATIENTS TO AND FROM THEIR DAY PROGRAMS					
(Code	) (Expenses \$		including grants of \$	) (Revenue \$	830,805)
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION SERVES AS AN INVESTOR AND OWNER IN A COLLABORATIVE LIMITED LIABILITY PARTNERSHIP, AGEWELL NEW YORK LLC THROUGH ITS DISREGARDED ENTITY, PARKERCARE NEW YORK, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY AGEWELL NEW YORK LLC OPERATES A NEW YORK STATE MEDICAID MANAGED LONG TERM CARE PLAN ("MLTCP") AND PROMOTES MANAGED LONG TERM HEALTH CARE FOR A BROAD SECTION OF THE COMMUNITY ON A CHARITABLE BASIS					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE L DENHOFF ASSISTANT TREASURER	1 00 1 10	X		X				0	0	0
(1) GARY GRANOFF VICE CHAIRMAN	1 00 2 10	X		X				0	0	0
(2) PHILIP KAPLAN TREASURER	1 00 2 10	X		X				0	0	0
(3) FRANCES KATZ SECRETARY	1 00 2 10	X		X				0	0	0
(4) PETER SEIDEMAN VICE CHAIR	1 00 2 10	X		X				0	0	0
(5) SHERYL SILVERSTEIN VICE CHAIR	1 00 2 10	X		X				0	0	0
(6) LEONARD TANZER CHAIRMAN	1 00 2 10	X		X				0	0	0
(7) NINA KOPPELMAN ASSISTANT TREASURER	1 00 2 10	X		X				0	0	0
(8) WILLIAM ACKERMAN TRUSTEE	1 00 1 10	X						0	0	0
(9) FREDERIC BAUMGARTEN TRUSTEE	1 00 1 10	X						0	0	0
(10) HOWARD BORIS TRUSTEE	1 00 1 10	X						0	0	0
(11) DANIEL DAVIS TRUSTEE	1 00 1 10	X						0	0	0
(12) ALAN B KATZ TRUSTEE	1 00 1 10	X						0	0	0
(13) BARBARA KURSHAN COLEMAN TRUSTEE	1 00 2 10	X						0	0	0
(14) JERRY LANDSBERG TRUSTEE	1 00 2 10	X						0	0	0
(15) JAMES LEVIN TRUSTEE	1 00 1 10	X						0	0	0
(16) CHARLOTTE LEVINE TRUSTEE	1 00 1 10	X						0	0	0
(17) ALVIN MURSTEIN TRUSTEE	1 00 1 10	X						0	0	0
(18) DANIEL STERLING TRUSTEE	1 00 1 10	X						0	0	0
(19) STEVEN WAGNER TRUSTEE	1 00 1 10	X						0	0	0
(20) GLENN GREENBERG TRUSTEE	1 00 1 10	X						0	0	0
(21) JOSHUA SCHNEPS TRUSTEE	1 00 1 10	X						0	0	0
(22) SUZANNE SUSSMAN TRUSTEE	1 00 1 10	X						0	0	0
(23) LEE CHARLES TRUSTEE	1 00 1 10	X						0	0	0
(24) ROBERT STERLING TRUSTEE	1 00 1 10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MICHAEL N ROSENBLUT PRESIDENT/CEO	40 90 8 30			X				897,798	0	41,406
(1) ROBERT M WERNER CFO/VP OF FINANCE	40 00 5 10			X				349,094	0	41,406
(2) CONN FOLEY MD MEDICAL DIRECTOR	50 00				X			400,919	0	41,251
(3) SYLVIA WILLIAMS SR VP PATIENT SERVICES	50 00				X			294,606	0	17,683
(4) JOHN DRIVAS VP HR	44 90 1 70				X			230,013	0	16,906
(5) STUART ALMER EXECUTIVE VP	45 50 5 00				X			319,271	0	41,406
(6) LESLEE MAVROVIC SR VP OF SOCIAL WORK	51 00				X			236,307	0	13,253
(7) GINGER PORTNOY VP FOR DEVELOPMENT	1 00 37 50				X			0	224,510	23,131
(8) KUL ANAND MD ATTENDING PHYSICIAN	40 00					X		210,643	0	26,251
(9) GEORGIENE KENNY ASSOCIATE VP FOR QM	45 00					X		180,218	0	15,900
(10) IGOR ISRAEL MD ASSISTANT MEDICAL DIRECTOR	39 00					X		195,203	0	24,248
(11) KATHLEEN DARMSTADT ASSISTANT VP FOR FINANCE	39 00 5 00					X		189,107	0	6,697
(12) TARA BUONOCORE-RUT VP BUSINESS DEVELOPMENT	39 00					X		207,230	0	36,346

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	Employer identification number 13-2631069
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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.")	564,799	816,968	4,370,445	682,036	803,846	7,238,094
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	106,871,627	117,906,531	118,695,680	108,506,201	95,773,624	547,753,663
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	107,436,426	118,723,499	123,066,125	109,188,237	96,577,470	554,991,757
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.)						554,991,757

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	107,436,426	118,723,499	123,066,125	109,188,237	96,577,470	554,991,757
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	307,285	310,213	269,031	214,151	81,802	1,182,482
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	307,285	310,213	269,031	214,151	81,802	1,182,482
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.)	303,013	392,158	596,435	688,134	1,377,586	3,357,326
13 Total support. (Add lines 9, 10c, 11, and 12.)	108,046,724	119,425,870	123,931,591	110,090,522	98,036,858	559,531,565
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	99 190 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99 410 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0 210 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0 210 %

- 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

	Yes	No
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.	1	
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).	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.	3a	
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.	3b	
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.	3c	
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.	4a	
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. . . .	4b	
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.	4c	
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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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 .	6	
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) .	7	
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).	8	
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 .	9a	
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 .	9b	
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 .	9c	
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.	10a	
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).	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
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.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
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.		

Section C. Type II Supporting Organizations

	Yes	No
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).		

Section D. All Type III Supporting Organizations

	Yes	No
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.		

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 <u>Activities Test</u> 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.			
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.			
3 <u>Parent of Supported Organizations</u> 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.			
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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

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

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	OTHER INCOME - 2010 AMOUNT \$ 19,364 2011 AMOUNT \$ 22,493 2012 AMOUNT \$ 36,724 2013 AMOUNT \$ 42,285 2014 AMOUNT \$ 117,549 CAFETERIA AND CATERING - 2010 AMOUNT \$ 143,012 2011 AMOUNT \$ 158,189 2012 AMOUNT \$ 151,784 2013 AMOUNT \$ 165,564 2014 AMOUNT \$ 147,562 BARBER AND BEAUTY - 2010 AMOUNT \$ 26,130 2011 AMOUNT \$ 20,854 2012 AMOUNT \$ 27,301 2013 AMOUNT \$ 24,731 2014 AMOUNT \$ 23,059 ALZHEIMER BATH MEALS - 2010 AMOUNT \$ 36,356 2011 AMOUNT \$ 45,371 2012 AMOUNT \$ 59,758 2013 AMOUNT \$ 51,292 MEDICAL RECORDS INCOME - 2010 AMOUNT \$ 11,597 2011 AMOUNT \$ 20,527 2012 AMOUNT \$ 21,237 2013 AMOUNT \$ 13,178 2014 AMOUNT \$ 18,103 HEARING AID INCOME-INPATIENT - 2010 AMOUNT \$ 11,912 2011 AMOUNT \$ 12,556 VENDING MACHINES - 2010 AMOUNT \$ 6,986 2011 AMOUNT \$ 9,556 2012 AMOUNT \$ 22,708 2013 AMOUNT \$ 30,080 2014 AMOUNT \$ 10,143 PURCHASE DISCOUNTS REBATES - 2010 AMOUNT \$ 10,988 2011 AMOUNT \$ 4,208 2012 AMOUNT \$ 6,275 2013 AMOUNT \$ 8,554 2014 AMOUNT \$ 6,149 RECOVERY OF BAD DEBT - 2010 AMOUNT \$ 6,035 2011 AMOUNT \$ 50 2012 AMOUNT \$ 17,698 2013 AMOUNT \$ 61,544 2014 AMOUNT \$ 37,533 INSURANCE RECOVERY - 2010 AMOUNT \$ 4,053 2011 AMOUNT \$ 48,820 2012 AMOUNT \$ 99,775 2013 AMOUNT \$ 3,237 2014 AMOUNT \$ 4,387 ALZHEIMER APPLICATIONS - 2010 AMOUNT \$ 1,650 2011 AMOUNT \$ 1,500 2012 AMOUNT \$ 1,150 2013 AMOUNT \$ 600 ENERGY CURTAILMENT INCOME - 2010 AMOUNT \$ 17,202 2011 AMOUNT \$ 11,564 2012 AMOUNT \$ 43,743 2013 AMOUNT \$ 34,542 2014 AMOUNT \$ 28,819 SALES TAX VENDOR CREDIT - 2010 AMOUNT \$ 293 2011 AMOUNT \$ 1,025 2012 AMOUNT \$ 677 X-RAY INCOME - 2010 AMOUNT \$ 1,280 2011 AMOUNT \$ 1,183 2012 AMOUNT \$ 1,232 FOOD SERVICES - 2010 AMOUNT \$ 6,155 2012 AMOUNT \$ 1,733 2013 AMOUNT \$ 9,815 2014 AMOUNT \$ 3,151 PARKING - 2011 AMOUNT \$ 8,631 2013 AMOUNT \$ 8,675 2014 AMOUNT \$ 144,998 TV RENTAL INCOME - 2011 AMOUNT \$ 25,631 2012 AMOUNT \$ 39,272 2014 AMOUNT \$ 31,835 REIMBURSEMENT FROM AFFILIATE - 2012 AMOUNT \$ 65,368 2013 AMOUNT \$ 234,037 2014 AMOUNT \$ 804,298

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (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 PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	Employer identification number 13-2631069
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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?		☐ Yes ☐ No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		10,127
j	Total. Add lines 1c through 1i.			10,127
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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	COSTS ARE INCURRED AS PART OF DUES PAID TO NURSING HOME INDUSTRY ORGANIZATIONS

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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.

Name of the organization PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	Employer identification number 13-2631069
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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)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☐ No

Part IV

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

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☒ No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	175,295	175,295	175,295	175,295	175,295
b Contributions					
c Net investment earnings, gains, and losses			16	352	1,825
d Grants or scholarships					
e Other expenditures for facilities and programs			16	352	1,825
f Administrative expenses					
g End of year balance	175,295	175,295	175,295	175,295	175,295

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

Board designated or quasi-endowment

b

Permanent endowment 100 000 %

c

Temporarily restricted endowment

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

3a

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

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

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 516,666 | | 516,666 |
| b Buildings | | 67,340,315 | 44,915,194 | 22,425,121 |
| c Leasehold improvements | | 2,539,074 | 2,216,590 | 322,484 |
| d Equipment | | 40,144,719 | 32,044,314 | 8,100,405 |
| e Other | | 23,372,742 | 532,130 | 22,840,612 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 54,205,288 |
- Schedule D (Form 990) 2014

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	253,378,545
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	6,276,531
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	159,448,408
e	Add lines 2a through 2d	2e	165,724,939
3	Subtract line 2e from line 1	3	87,653,606
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	10,272,176
c	Add lines 4a and 4b	4c	10,272,176
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	97,925,782

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	241,482,765
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	148,048,994
e	Add lines 2a through 2d	2e	148,048,994
3	Subtract line 2e from line 1	3	93,433,771
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	4,002,498
c	Add lines 4a and 4b	4c	4,002,498
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	97,436,269

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 IV, LINE 2B	RESIDENTS' FUNDS ARE HELD BY THE INSTITUTE ON BEHALF OF THE RESIDENTS. SUCH FUNDS REPRESENT LIVING ALLOWANCES RECEIVED BY RESIDENTS AS WELL AS OTHER RESIDENTS' FUNDS DEPOSITED WITH THE INSTITUTE FOR SAFEKEEPING. THE FUNDS ARE DISBURSED BY THE INSTITUTE AT THE REQUEST OF, OR ON BEHALF OF, RESIDENTS FOR THEIR PERSONAL USE.
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUND PURPOSE IS TO PROVIDE LONG-TERM SUPPORT FOR ITS CHARITABLE PURPOSES.
PART X, LINE 2	THE INSTITUTE RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE INSTITUTE HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE INSTITUTE IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO DECEMBER 31, 2011.
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED ON PART VIII, LINE 6B 113,755. REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITIES 159,334,653.
PART XI, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 10,272,176.
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED ON PART VIII, LINE 6B 113,755. EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITIES 147,935,239.
PART XII, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 4,002,498.

[illegible]

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number

13-2631069

Part I

Questions Regarding Compensation

	Yes	No
1a Check the 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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 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?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported in Form 990, Part VII, paid or 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.	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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
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Additional Data

Software ID:

Software Version:

EIN: 13-2631069

Name: PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

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 MICHAEL N ROSENBLUT, PRESIDENT/CEO	(i)	897,798	0	0	5,200	36,206	939,204	0
	(ii)	0	0	0	0	0	0	0
1 ROBERT M WERNER, CFO/VP OF FINANCE	(i)	349,094	0	0	5,200	36,206	390,500	0
	(ii)	0	0	0	0	0	0	0
2 CONN FOLEY MD, MEDICAL DIRECTOR	(i)	400,919	0	0	5,200	36,051	442,170	0
	(ii)	0	0	0	0	0	0	0
3 SYLVIA WILLIAMS, SR VP PATIENT SERVICES	(i)	294,606	0	0	5,200	12,483	312,289	0
	(ii)	0	0	0	0	0	0	0
4 JOHN DRIVAS, VP HR	(i)	230,013	0	0	4,423	12,483	246,919	0
	(ii)	0	0	0	0	0	0	0
5 STUART ALMER, EXECUTIVE VP	(i)	319,271	0	0	5,200	36,206	360,677	0
	(ii)	0	0	0	0	0	0	0
6 LESLEE MAVROVIC, SR VP OF SOCIAL WORK	(i)	236,307	0	0	4,175	9,078	249,560	0
	(ii)	0	0	0	0	0	0	0
7 GINGER PORTNOY, VP FOR DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	224,510	0	0	4,417	18,714	247,641	0
8 KUL ANAND MD, ATTENDING PHYSICIAN	(i)	210,643	0	0	4,127	22,124	236,894	0
	(ii)	0	0	0	0	0	0	0
9 GEORGIENE KENNY, ASSOCIATE VP FOR QM	(i)	180,218	0	0	3,455	12,445	196,118	0
	(ii)	0	0	0	0	0	0	0
10 IGOR ISRAEL MD, ASSISTANT MEDICAL DIRECTOR	(i)	195,203	0	0	2,416	21,832	219,451	0
	(ii)	0	0	0	0	0	0	0
11 KATHLEEN DARMSTADT, ASSISTANT VP FOR FINANCE	(i)	189,107	0	0	3,755	2,942	195,804	0
	(ii)	0	0	0	0	0	0	0
12 TARA BUONOCORE-RUT, VP BUSINESS DEVELOPMENT	(i)	207,230	0	0	4,073	32,273	243,576	0
	(ii)	0	0	0	0	0	0	0

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.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	Employer identification number 13-2631069
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Return Reference	Explanation
FORM 990, PART III, LINE 2	PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION EXPANDED ITS TAX-EXEMPT MISSION AND PROGRAM SERVICE ACTIVITIES IN THE ARENA OF MANAGED CARE THROUGH ITS PARTNERSHIP WITH AGEWELL NEW YORK, LLC, A MANAGED LONG-TERM CARE PLAN ("MLTCP") THE JOINT VENTURE ENTERED INTO WITH AGEWELL NEW YORK, LLC ENCOMPASSES COORDINATING ARRANGEMENTS AND PROVISION OF COMPREHENSIVE HEALTH CARE AND SOCIAL SUPPORT SERVICES TO THE ELDERLY AND THOSE PERSONS WITH CHRONIC OR LONG TERM ILLNESSES, AND ENGAGES IN EDUCATIONAL ACTIVITIES RELATING TO SUCH ACTIVITIES IN FURTHERANCE OF ITS TAX-EXEMPT PURPOSES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DANIEL STERLING AND ROBERT STERLING HAVE A FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	PARKER JEWISH INSTITUTE FOR HEATH CARE AND REHABILITATION, AMENDED THE BY LAWS IN 2014 INCLUDE THE FOLLOWING STATEMENT IN ITS MISSION STATEMENT TO DIRECTLY OR INDIRECTLY COORDINATE ARRANGEMENTS AND PROVISION FOR COMPREHENSIVE HEALTH CARE AND SOCIAL SUPPORT SERVICES TO FRAIL ELDERLY AND OTHER INDIVIDUALS WHO MAY REQUIRE CHRONIC OR LONG TERM CARE, AND TO ENGAGE IN EDUCATIONAL ACTIVITIES RELATING TO SUCH ACTIVITIES

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

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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A WRITTEN EMPLOYMENT CONTRACT IS CURRENTLY IN PLACE FOR THE PRESIDENT/CEO THE CONTRACT WAS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES EXTERNAL INFORMATION AND SURVEYS WERE USED FOR COMPARATIVE PURPOSES IN DETERMINING THE COMPENSATION AMOUNTS IN THE CONTRACT PERFORMANCE IS REVIEWED ANNUALLY BY THE CHAIRMAN OF THE BOARD OF TRUSTEES RECOMMENDATIONS ARE MADE TO THE EXECUTIVE COMMITTEE OF THE BOARD WHO APPROVE THE SALARIES OF THE KEY EMPLOYEES AND OTHER OFFICERS RECOMMENDATIONS ARE BASED ON A REVIEW OF FORM 990'S OF SIMILAR-SIZED ORGANIZATIONS THE BOARD'S APPROVAL OF THE SALARIES ARE DOCUMENTED IN THE MINUTES TO THE MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AND FORM 1023 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION, FORM 990, FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST. THE ORGANIZATION ALSO FILES AN ANNUAL COST REPORT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH WHICH CONTAINS FINANCIAL STATEMENTS AND RELATED NOTE DISCLOSURES. THIS COST REPORT IS AVAILABLE TO THE PUBLIC UPON REQUEST.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT -8,393,255 CHANGE IN EQUITY INTEREST IN PARKER FOUNDATION 806,496 DEFERRED TAX LOSS -43,726

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number

13-2631069

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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
(1) LAKEVILLE AMBULETTE TRANSPORTATION LLC 271-11 76 AVENUE NEW HYDE PARK, NY 11040 26-1086299	AMBULETTE TRANSPORTATION	NY	1,556,309	1,193,299	PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION
(2) PARKERCARE NEW YORK LLC 271-11 76 AVENUE NEW HYDE PARK, NY 11040 45-3736400	INVESTED IN A NYS MEDICAID MANAGED LONG-TERM CARE PLAN	NY	0	9,872,943	PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PARKER JEWISH INSTITUTE FOR HEALTHCARE & REHAB FOUNDATION 271-11 76TH AVENUE NEW HYDE PARK, NY 11040 11-3041480	TO SUPPORT AND BENEFIT THE PARKER JEWISH INSTITUTE	NY	501(C)3	7	GERIATRIC RESOURCES OF NEW YORK		No
(2) GERIATRIC RESOURCES OF NEW YORK 271-11 76TH AVENUE NEW HYDE PARK, NY 11040 11-3100541	TO SUPPORT AND BENEFIT THE PARKER JEWISH INSTITUTE	NY	501(C)3	TYPE II	N/A		No
(3) QUEENS-LONG ISLAND RENAL INSTITUTE INC 271-11 76TH AVENUE NEW HYDE PARK, NY 11040 26-4827558	OPERATE A DIAGNOSTIC AND TREATMENT CENTER SPECIALIZING IN RENAL DIALYSIS	NY	501(C)3	3	GERIATRIC RESOURCES OF NEW YORK		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) Disproporionate 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	
(1) AGEWELL NEW YORK LLC 271-11 76TH AVE NEW HYDE PARK, NY 11040 30-0743059	OPERATES A PARTIALLY CAPITATED MEDICAID MANAGED LONG- TERM CARE PROGRAM	NY	PARKERCARE NEW YORK LLC	RELATED	6,353,262			No		Yes		55 000 %

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

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

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

Schedule R (Form 990) 2014

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		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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