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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
NEW HYDE PARK, NY 110401433

D Employer identification number
13-2631069

E Telephone number
(718) 289-2100

G Gross receipts $ 95,712,389

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW PARKERINSTITUTE ORG

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

L Year of formation 1968

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE WITH COMPASSION AND DEDICATION SUPERIOR QUALITY HEALTH CARE AND REHABILITATION FOR ADULTS 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 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	1,164
6	Total number of volunteers (estimate if necessary)	**6**	424
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,374,481	2,093,417
9	Program service revenue (Part VIII, line 2g)	94,813,647	90,959,902
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,660	-82,293
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,789,116	1,779,621
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,988,904	94,750,647
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	105,790
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)	62,085,529	61,232,711
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)	35,417,851	35,290,724
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	97,503,380	96,629,225
19	Revenue less expenses Subtract line 18 from line 12	485,524	-1,878,578

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	143,176,013	160,311,521
21	Total liabilities (Part X, line 26)	82,858,719	84,626,031
22	Net assets or fund balances Subtract line 21 from line 20	60,317,294	75,685,490

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

****** 2017-11-14
Signature of officer Date

ROBERT WERNER CFO/ SR VP OF OPERATIONS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GARRETT M HIGGINS	GARRETT M HIGGINS	2017-11-09		P00543209

Firm's name ▶ PKF 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 $ 75,362,418 including grants of $) (Revenue $ 84,601,714)
See Additional Data

4b (Code) (Expenses $ 3,487,275 including grants of $) (Revenue $ 2,159,795)
See Additional Data

4c (Code) (Expenses $ 1,439,783 including grants of $) (Revenue $ 1,693,934)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses $ 1,682,460 including grants of $ 105,790) (Revenue $ 2,504,459)

4e **Total program service expenses ▶** 81,971,936

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	Yes	
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

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

			Yes	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**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	232		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,164		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section A. Governing Body and Management

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

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

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

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,307,483	220,296	269,848

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 ▶ 46

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THERADYNAMICS REHAB MANAGEMENT LLC 255 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	OT, PT AND SPEECH SERVICES	3,060,257
CUSTOM COMPUTER SPECIALISTS INC 70 SUFFOLK COURT HAUPPAUGE, NY 11788	IT SERVICES	1,252,283
PREMIER RECRUITMENT OUTSOURCING LLC 71 GOODWAY DRIVE S ROCHESTER, NY 14623	HR SERVICES	384,923
HOGAN LOVELLS 875 THIRD AVE NEW YORK, NY 10022	LEGAL SERVICES	364,897
WHITE GLOVE PLACEMENT INC 85 BARTLETT ST BROOKLYN, NY 11206	NURSING STAFF	344,475

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 ▶ 67

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	100,014			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	133,842			
	e Government grants (contributions)	1e	1,685,580			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	173,981			
	g Noncash contributions included in lines 1a-1f $ _____					
	h Total. Add lines 1a-1f ▶		2,093,417			
Program Service Revenue		Business Code				
	2a MEDICAID REVENUE	623000	48,343,483	48,343,483		
	b MEDICARE REVENUE	623000	33,363,920	33,363,920		
	c PRIVATE PATIENT	623000	3,792,509	3,792,509		
	d OTHER PATIENT REVENUE	623000	3,605,680	3,605,680		
	e MANAGEMENT INCOME AGEWELL	623000	1,693,450	1,693,450		
	f All other program service revenue		160,860	160,860		
	g Total. Add lines 2a–2f ▶		90,959,902			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		7,311			7,311
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	58,993				
	b Less rental expenses	90,621				
	c Rental income or (loss)	-31,628				
	d Net rental income or (loss) ▶		-31,628			-31,628
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	781,517				
	b Less cost or other basis and sales expenses	871,121				
	c Gain or (loss)	-89,604				
	d Net gain or (loss) ▶		-89,604			-89,604
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a REIMBURSEMENT FROM AFFILIATE	900099	1,388,525			1,388,525
	b CAFETERIA INCOME	900099	123,876			123,876
	c PARKING LOT INCOME	900099	118,711			118,711
	d All other revenue		180,137			180,137
	e Total. Add lines 11a–11d ▶		1,811,249			
	12 Total revenue. See Instructions ▶		94,750,647	90,959,902	0	1,697,328

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) Fundraisingexpenses
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	105,790	105,790		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,367,975	964,568	1,403,407	
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	41,729,531	37,280,793	4,448,738	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,606,976	3,186,322	420,654	
9 Other employee benefits	8,261,097	7,091,645	1,169,452	
10 Payroll taxes	5,267,132	4,517,489	749,643	
11 Fees for services (non-employees)				
a Management				
b Legal	264,053		264,053	
c Accounting	170,413		170,413	
d Lobbying	9,660		9,660	
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)	7,084,671	6,432,946	651,725	
12 Advertising and promotion	415,362		415,362	
13 Office expenses	2,026,055	968,898	1,057,157	
14 Information technology	1,589,500	16,464	1,573,036	
15 Royalties				
16 Occupancy	2,967,993	2,794,264	173,729	
17 Travel	323,200	323,200		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	120,463	42,106	78,357	
20 Interest	35,417	35,417		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,139,505	4,883,702	255,803	
23 Insurance	1,789,306	99,093	1,690,213	
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	2,978,484	2,978,484		
b DRUGS-PRESCRIPTION AND	2,829,989	2,829,989		
c DIETARY	2,168,070	2,168,070		
d MEDICAL SUPPLIES	1,694,429	1,694,429		
e All other expenses	3,684,154	3,558,267	125,887	
25 **Total functional expenses.** Add lines 1 through 24e	96,629,225	81,971,936	14,657,289	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,145,572	1	127,877
	2	Savings and temporary cash investments	10,315	2	10,366
	3	Pledges and grants receivable, net	199,678	3	517,060
	4	Accounts receivable, net	15,299,805	4	17,224,505
	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	276,252	8	499,091
	9	Prepaid expenses and deferred charges	690,577	9	620,330
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 152,964,614			
	b	Less accumulated depreciation — 10b: 87,101,279	61,856,203	10c	65,863,335
	11	Investments—publicly traded securities	21,043	11	196,937
	12	Investments—other securities See Part IV, line 11	726,075	12	2,133,459
	13	Investments—program-related See Part IV, line 11	8,094,626	13	23,025,232
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	54,855,867	15	50,093,329
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	143,176,013	16	160,311,521
Liabilities	17	Accounts payable and accrued expenses	16,118,588	17	18,729,655
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	32,232,349
	21	Escrow or custodial account liability Complete Part IV of Schedule D	144,134	21	126,878
	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	29,888,255	23	621,269
	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	36,707,742	25	32,915,880
	26	**Total liabilities.** Add lines 17 through 25	82,858,719	26	84,626,031
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	57,006,372	27	72,306,157
	28	Temporarily restricted net assets	2,046,399	28	2,114,810
	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	60,317,294	33	75,685,490
	34	Total liabilities and net assets/fund balances	143,176,013	34	160,311,521

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	94,750,647
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,629,225
3	Revenue less expenses Subtract line 2 from line 1	3	-1,878,578
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,317,294
5	Net unrealized gains (losses) on investments	5	14,554,529
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	2,692,245
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75,685,490

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-2631069

Name: PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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 THE PROGRAM HAS BEEN IN EXISTENCE SINCE 1985 CERTIFIED HOME HEALTH CARE SERVICES ARE INTERMITTENT SKILLED CARE, PROVIDED UNDER THE DIRECTION OF MD ORDERS CERTIFIED HOME HEALTH CARE SERVICES ARE COORDINATED WITH INTERDISCIPLINARY TEAM MEMBERS TO ENSURE THE MOST EFFICIENT PLAN FOR THE PATIENTS' SAFE TRANSITION AND STAY IN THE COMMUNITY PARTICIPANTS IN THIS PROGRAM RECEIVE INDIVIDUALIZED NURSING, MEDICAL AND REHABILITATION SERVICES THAT ALLOW THEM TO MAINTAIN MAXIMUM INDEPENDENCE AND REMAIN IN THE COMFORT OF THEIR HOMES PARKER'S CERTIFIED HOME HEALTH AGENCY IS LICENSED IN BROOKLYN, BRONX, QUEENS, NASSAU, SUFFOLK AND WESTCHESTER COUNTIES REFERRALS MAY BE MADE FROM AN ACUTE CARE OR LONG TERM CARE FACILITY, COMMUNITY, OR DIRECTLY FROM HOME HOME CARE SERVICES INCLUDE -COMPREHENSIVE ASSESSMENT BY A REGISTERED NURSE-INDIVIDUALIZED NURSING CARE PLANS-PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY-SOCIAL WORK AND NUTRITION-HOME HEALTH AIDES-DISCHARGE PLANNING-SPECIALIZED SERVICES ARE AVAILABLE SUCH AS INFUSION AND WOUND CARE-24-HOUR TELEPHONE AVAILABILITYTHE CERTIFIED HOME HEALTH CARE PROGRAM PROVIDED SERVICES TO 464 PATIENTS IN 2016 WITH APPROXIMATELY 17,000 DAYS OF SERVICE

Form 990, Part III, Line 4c:

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 THIS PROGRAM WAS CLOSED ON 8/26/2016 IN 2016, THIS PROGRAM HAD 7,202 DAYS OF CARE PROVIDED TO 89 PEOPLE, AND SINCE 1995, A TOTAL, TO-DATE, OF 432,564 VISITS SERVICES ARE PROVIDED 9 AM TO 3 PM, 6 DAYS A WEEK

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

(Code) (Expenses $ 1,682,460 including grants of $ 105,790) (Revenue $ 811,009)

COMMUNITY / INPATIENT HOSPICECOMMUNITY / INPATIENT HOSPICE AT PARKER JEWISH INSTITUTE HAS BEEN PROVIDING COMFORT, RELIEF, AND PEACE OF MIND TO INDIVIDUALS WITH ADVANCED OR LIFE-LIMITING ILLNESS AND THEIR FAMILIES SINCE 1997 PARKER'S HOSPICE IS AN INTIMATE AND UNIQUE PROGRAM THAT PROVIDES PERSONALIZED CARE TO ENSURE YOUR COMFORT, ENHANCE YOUR QUALITY OF LIFE, PRESERVE YOUR DIGNITY, AND RESPECT YOUR CHOICES 24-HOURS A DAY, 7 DAYS A WEEK AS AN ILLNESS PROGRESSES, IT CAN BE DIFFICULT TO MAKE CHOICES ABOUT CARE OR KNOW WHAT TO EXPECT PARKER'S COMPASSIONATE TEAM CAN HELP EXPLORE YOUR OPTIONS WITH RESPECT WHICH SERVICES ARE BEST, AS WELL AS WHEN AND WHERE CARE SHOULD BE PROVIDED CARE TEAMS WILL PARTNER WITH YOUR CAREGIVERS AND PERSONAL DOCTOR TO DEVELOP A TAILORED CARE SERVICES MAY INCLUDE -MEDICAL CARE, INCLUDING ALL MEDICATION, SUPPLIES, AND EQUIPMENT NECESSARY TO MANAGE SYMPTOMS AND RELIEVE PHYSICAL DISCOMFORT-GUIDANCE ON WHAT TO EXPECT AS CONDITION CHANGES-COUNSELING FOR EMOTIONAL AND SPIRITUAL SUPPORT-HELP WITH PRACTICAL ISSUES, SUCH AS ADVANCE CARE PLANNING, MEDICAL DECISION-MAKING, AND PREPARING FOR THE FUTURE THE HOSPICE PROGRAM PROVIDED 12,902 DAYS OF CARE IN 2016 FOR 189 PATIENTS AND THEIR FAMILIES IN 2016 PARKER ON MADISON MOVED TO A NEW LOCATION IN HEMPSTEAD, NY AND A FOCUS ON SOCIAL DAY CARE PARKER ON MADISON SOCIAL ADULT DAY CARE PROGRAM, LOCATED AT OUR FREE STANDING FACILITY IN HEMPSTEAD, NY PARKER OFFERS A UNIQUE SOCIAL ADULT DAY CARE PROGRAM FOR THE FRAIL ELDERLY AND CLIENTS WITH EARLY STAGE DEMENTIA THE PROGRAM ALSO PROVIDES RELIEF AND SUPPORT TO FAMILIES AND CAREGIVERS THE PROGRAM IS OPEN MONDAY THROUGH FRIDAY FROM 10 AM TO 3PM THE DAILY RAT INCLUDES DOOR TO DOOR TRANSPORTATION VIA LAKEVILLE AMBULETTE, NUTRITIOUS SNACKS AND HOT HEALTHY LUNCH CULTURAL ARTS, WHICH INCLUDES CRAFTS, MUSIC, EXERCISE AND CONVERSATION ACTIVITIES ARE FOCUSED AROUND INCLUSION AND AFFORDING PARTICIPANTS OPPORTUNITIES TO EXPERIENCE SOCIAL INTERACTION AND STIMULATING ACTIVITIES CARE GIVER SUPPORT IS ALSO OFFERED AT THE CENTER TWICE A MONTH PARTICIPANTS ARE OFFERED ASSISTANCE WITH TOILETING AND HYGIENE AS WELL AS QUEUING AND REDIRECTION WHEN NEEDED STAFF IS TRAINED TO RESPOND TO THE NEEDS OF A FRAIL ELDERLY AND EARLY TO EARLY/MID STAGE DEMENTIA CLIENT IN ADDITION, PARKER HAS BEEN WORKING WITH THE NYS DEPARTMENT OF HEALTH AND WITH AMERICORP ON DEVELOPING SUPPORT PROGRAMS FOR THE CAREGIVERS OF ALZHEIMER PATIENTS OVER THE PAST FEW YEARS WILLING HEARTS, HELPFUL HANDS PROGRAM CONNECTS THOSE CARING FOR A LOVED ONE WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIAS WITH FREE SUPPORT SERVICES SERVICES INCLUDE IN-HOME CONSULTATIONS, FAMILY CONSULTATIONS, SUPPORT GROUPS, EDUCATION AND TRAINING PROGRAMS ON HOW TO CARE FOR SOMEONE WITH ALZHEIMER'S DISEASE, RESPITE SCHOLARSHIPS, ACCESS TO VOLUNTEER COMPANIONS, AND MEMORY CAFES ALL SERVICES ARE FREE AND AVAILABLE TO CAREGIVERS OF PERSONS WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIAS LIVING IN NASSAU AND SUFFOLK COUNTIES WILLING HEARTS, HELPFUL HANDS SERVED OVER 650 LONG ISLAND FAMILIES CARING FOR A LOVED ONE WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIAS IN 2016 THE INITIATIVE, WHICH IS FUNDED IN PART BY A MULTI-YEAR GRANT FROM THE NEW YORK STATE DEPARTMENT OF HEALTH, SEEKS TO SERVE AN ADDITIONAL 500 CAREGIVERS IN THE COMING YEAR TO HELP EASE THE STRESS ASSOCIATED WITH BEING A CAREGIVER, WILLING HEARTS, HELPFUL HANDS PROVIDES RESPITE OR TEMPORARY RELIEF SO CAREGIVERS CAN TAKE A BREAK THE PROGRAM OFFERS A SCHOLARSHIP THAT COVERS IN-HOME CARE, ADULT DAY SERVICES OR OVERNIGHT STAYS IN AN ASSISTED LIVING FACILITY OR NURSING HOME CAREGIVERS CAN RECEIVE UP TO 120 HOURS OR A MAXIMUM OF $1,800 PER CALENDAR YEAR IN ADDITION, CAREGIVERS ALSO HAVE ACCESS TO VOLUNTEER COMPANIONS TRAINED VOLUNTEERS ARE MATCHED WITH FAMILY CAREGIVERS AND MAKE WEEKLY VISITS THEY PROVIDE A FRIENDLY VISIT, THEY REMINISCE, SING SONGS, PLAY CARDS AND GAMES, AND GO ON WALKS WITH THEIR SENIOR IN ADDITION TO THESE RESPITE SERVICES, CAREGIVERS CAN ALSO TAKE ADVANTAGE OF EDUCATION AND TRAINING PROGRAMS OFFERED BY WILLING HEARTS, HELPFUL HANDS, AS WELL AS THE VARIOUS SUPPORT GROUPS HELD ACROSS LONG ISLAND IN ADDITION, THE PROGRAM'S MEMORY CAF S GIVE CAREGIVERS A BREAK FROM THEIR STRESSFUL ROUTINES AT HOME BY PROVIDING A FUN, SAFE ENVIRONMENT TO SOCIALIZE IN WITH THEIR LOVED ONES LAKEVILLE AMBULETTEIN 2016 LAKEVILLE AMBULETTE SUPPLIED 25,909 TRIPS FOR PATIENTS OF THE NURSING HOME AND THE SURROUNDING COMMUNITY 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 $ 1,693,450)

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"), MEDICARE ADVANTAGE PLAN 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			
PETER SEIDEMAN CHAIRMAN	1 00 2 60	X		X				0	0	0
LEONARD TANZER IMMEDIATE PAST CHAIR	1 00 2 10	X		X				0	0	0
MICHAEL L DENHOFF VICE CHAIR	1 00 2 10	X		X				0	0	0
PHILIP KAPLAN VICE CHAIR	1 00 2 10	X		X				0	0	0
GARY GRANOFF VICE CHAIR	1 00 2 10	X		X				0	0	0
ROBERT STERLING ASSISTANT SECRETARY	1 00 1 10	X		X				0	0	0
FRANCES KATZ ASSISTANT TREASURER	1 00 2 10	X		X				0	0	0
JERRY LANDSBERG ASSISTANT TREASURER	1 00 2 60	X		X				0	0	0
NINA KOPPELMAN TREASURER	1 00 2 10	X		X				0	0	0
SHERYL SILVERSTEIN DMD SECRETARY	1 00 2 10	X		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			
ALAN B KATZ TRUSTEE	1 00 1 10	X						0	0	0
ALVIN MURSTEIN TRUSTEE	1 00 1 10	X						0	0	0
CHARLOTTE LEVINE TRUSTEE	1 00 2 10	X						0	0	0
DANIEL STERLING TRUSTEE	1 00 1 10	X						0	0	0
FREDERIC BAUMGARTEN TRUSTEE	1 00 1 10	X						0	0	0
HOWARD BORIS TRUSTEE	1 00 1 10	X						0	0	0
JAMES LEVIN TRUSTEE	1 00 1 10	X						0	0	0
LEE CHARLES TRUSTEE	1 00 1 10	X						0	0	0
STEVEN WAGNER ESQ TRUSTEE	1 00 1 10	X						0	0	0
SUZANNE SUSSMAN TRUSTEE	1 00 2 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			
WILLIAM ACKERMAN TRUSTEE	1 00 1 10	X						0	0	0
BARBARA KURSHAN COLEMAN TRUSTEE	1 00 2 10	X						0	0	0
TARYN TANZER TRUSTEE	1 00 2 10	X						0	0	0
ANNE DUNNE TRUSTEE	1 00 1 10	X						0	0	0
LAURIE GINOR TRUSTEE	1 00 1 10	X						0	0	0
ROBERT M WERNER SR VICE PRES FOR OPERATIONS/CFO	40 00 9 10			X				385,531	0	36,007
MICHAEL N ROSENBLUT PRESIDENT/CEO	40 90 14 30			X				945,862	0	36,007
CONN FOLEY MD MEDICAL DIRECTOR	50 00				X			397,982	0	39,430
GINGER PORTNOY VP FOR DEVELOPMENT	1 00 37 50				X			0	220,296	15,992
WILLIAM PASCOCELLO SR VP FOR HEALTH SERVICES	45 50 5 00				X			312,420	0	9,511

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			
COLLEEN ARIOLA VP PATIENT SERVICES	50 00				X			197,936	0	7,289
GEORGIENE KENNY VP FOR QM	30 00 10 00					X		183,717	0	15,728
IGOR ISRAEL MD ASSOCIATE MEDICAL DIRECTOR	39 00					X		197,772	0	27,891
KUL ANAND MD ATTENDING PHYSICIAN	40 00					X		208,337	0	27,607
TARA BUONOCORE-RUT VP BUSINESS DEVELOPMENT	0 00 44 00					X		277,892	0	35,980
KATHLEEN DARMSTADT ASSOCIATE VP FOR FINANCE	38 00 6 00					X		200,034	0	18,406

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
13-2631069

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☑ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,370,445	682,036	803,846	1,374,481	2,093,417	9,324,225
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	118,695,680	108,506,201	95,773,624	94,813,647	90,959,902	508,749,054
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	123,066,125	109,188,237	96,577,470	96,188,128	93,053,319	518,073,279
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)						518,073,279

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	123,066,125	109,188,237	96,577,470	96,188,128	93,053,319	518,073,279
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	269,031	214,151	81,802	55,360	66,304	686,648
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	269,031	214,151	81,802	55,360	66,304	686,648
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)	596,435	688,134	1,377,586	1,861,312	1,811,249	6,334,716
13 **Total support.** (Add lines 9, 10c, 11, and 12)	123,931,591	110,090,522	98,036,858	98,104,800	94,930,872	525,094,643

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 2016 (line 8, column (f) divided by line 13, column (f))	15	98 660 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	98 940 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	0 130 %
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	0 170 %

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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*	1		
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*	2		

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)*	1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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)*	2		
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*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
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*	3b		

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)

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

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2012 AMOUNT $ 36,724 2013 AMOUNT $ 42,285 2014 AMOUNT $ 117,549 2015 AMOUNT $ 35,545 2016 AMOUNT $ 90,564 CAFETERIA - 2012 AMOUNT $ 151,784 2013 AMOUNT $ 165,564 2014 AMOUNT $ 147,562 2015 AMOUNT $ 137,358 2016 AMOUNT $ 123,876 BARBER AND BEAUTY - 2012 AMOUNT $ 27,301 2013 AMOUNT $ 24,731 2014 AMOUNT $ 23,059 2015 AMOUNT $ 21,983 2016 AMOUNT $ 23,668 ALZHEIMER BATH MEALS - 2012 AMOUNT $ 59,758 2013 AMOUNT $ 51,292 2016 AMOUNT $ 0 MEDICAL RECORDS INCOME - 2012 AMOUNT $ 21,237 2013 AMOUNT $ 13,178 2014 AMOUNT $ 18,103 2015 AMOUNT $ 22,393 2016 AMOUNT $ 17,835 VENDING MACHINES - 2012 AMOUNT $ 22,708 2013 AMOUNT $ 30,080 2014 AMOUNT $ 10,143 2015 AMOUNT $ 12,790 2016 AMOUNT $ 7,503 PURCHASE DISCOUNTS REBATES - 2012 AMOUNT $ 6,275 2013 AMOUNT $ 8,554 2014 AMOUNT $ 6,149 2015 AMOUNT $ 10,412 2016 AMOUNT $ 14,064 RECOVERY OF BAD DEBT - 2012 AMOUNT $ 17,698 2013 AMOUNT $ 61,544 2014 AMOUNT $ 37,533 2015 AMOUNT $ 85,667 2016 AMOUNT $ 17,453 INSURANCE RECOVERY - 2012 AMOUNT $ 99,775 2013 AMOUNT $ 3,237 2014 AMOUNT $ 4,387 2016 AMOUNT $ 0 ALZHEIMER APPLICATIONS - 2012 AMOUNT $ 1,150 2013 AMOUNT $ 600 2016 AMOUNT $ 0 ENERGY CURTAILMENT INCOME - 2012 AMOUNT $ 43,743 2013 AMOUNT $ 34,542 2014 AMOUNT $ 28,819 2015 AMOUNT $ 18,222 2016 AMOUNT $ 5,952 SALES TAX VENDOR CREDIT - 2012 AMOUNT $ 677 X-RAY INCOME - 2012 AMOUNT $ 1,232 FOOD SERVICES - 2012 AMOUNT $ 1,733 2013 AMOUNT $ 9,815 2014 AMOUNT $ 3,151 2015 AMOUNT $ 4,381 2016 AMOUNT $ 3,098 PARKING - 2013 AMOUNT $ 8,675 2014 AMOUNT $ 144,998 2015 AMOUNT $ 126,612 2016 AMOUNT $ 118,711 TV RENTAL INCOME - 2012 AMOUNT $ 39,272 2014 AMOUNT $ 31,835 REIMBURSEMENT FROM AFFILIATE - 2012 AMOUNT $ 65,368 2013 AMOUNT $ 234,037 2014 AMOUNT $ 804,298 2015 AMOUNT $ 1,385,949 2016 AMOUNT $ 1,388,525

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	13-2631069

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

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

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

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

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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-
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		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		9,660
j	Total Add lines 1c through 1i			9,660
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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
13-2631069

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 7.

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	175,295	175,295	175,295	175,295	175,295
b Contributions					
c Net investment earnings, gains, and losses					16
d Grants or scholarships					
e Other expenditures for facilities and programs					16
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 on 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" on 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' on 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		88,047,391	50,511,765	37,535,626
c Leasehold improvements				
d Equipment		41,629,223	35,932,281	5,696,942
e Other		22,771,334	657,233	22,114,101
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				65,863,335

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN AGEWELL LLC	23,025,232	F
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	23,025,232	

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

(a) Description	(b) Book value
(1) EQUITY INTEREST IN PARKER JEWISH FOUNDATION	41,850,087
(2) AMBULETTE LICENSE FEE	250,000
(3) DUE FROM THIRD PARTY PAYORS	827,303
(4) OTHER ASSETS	298,986
(5) PROFESSIONAL LIABILITIES INSURANCE RECOVERIES RECEIVABLE	6,691,483
(6) DUE FROM AFFILIATES	175,470
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	50,093,329

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION PAYABLE	115,923
ACCRUED PENSION LIABILITY	13,133,125
DUE TO THIRD PARTY PAYORS	3,803,101
PATIENT ADVANCES	255,022
PROFESSIONAL LIABILITIES	6,691,483
DUE TO RELATED PARTIES	8,917,226
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	32,915,880

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	478,979,191
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	14,554,529		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	390,030,166		
e	Add lines **2a** through **2d**			2e	404,584,695
3	Subtract line **2e** from line **1**			3	74,394,496
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	20,356,151		
c	Add lines **4a** and **4b**			4c	20,356,151
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	94,750,647

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	454,918,307
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	363,714,626		
e	Add lines **2a** through **2d**			2e	363,714,626
3	Subtract line **2e** from line **1**			3	91,203,681
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	5,425,544		
c	Add lines **4a** and **4b**			4c	5,425,544
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	96,629,225

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-2631069

Name: PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	RESIDENTS' FUNDS ARE HELD BY THE INSTITUTE ON BEHALF OF THE RESIDENTS SUCH FUNDS REPRESEN T 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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUND PURPOSE IS TO PROVIDE LONG-TERM SUPPORT FOR ITS CHARITABLE PURPOSES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	PARKER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKE LY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT PARKER HAD NO UNCERTAIN TAX PO SITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE PARKER IS NO LON GER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR T O DECEMBER 31, 2013

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED ON PART VIII, LINE 6B 90,621 REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITIES 389,939,545

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 20,356,151

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED ON PART VIII, LINE 6B 90,621 EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITIES 363,624,005

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 5,425,544

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
13-2631069

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		350,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			350,000
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			350,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART IV, LINE 3	THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 5471 BECAUSE IT DOES NOT MEET THE APPLICABLE THRESHOLD OWNERSHIP OR OTHER FILING REQUIREMENTS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
13-2631069

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ALZHEIMER'S CAREGIVER SCHOLARSHIPS	97	105,790			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	APPLICANTS AND CARE RECIPIENTS MUST BE ENROLLED IN THE WILLING HEARTS HELPFUL HANDS PROGRAM AND LIVE IN NASSAU OR SUFFOLK COUNTY IN ORDER TO BE ELIGIBLE FOR RESPITE SERVICES THERE ARE NO INCOME REQUIREMENTS FOR THIS PROGRAM FOR A CARE RECIPIENT TO BE DEEMED ELIGIBLE TO RECEIVE SERVICES, THEY MUST HAVE A DIAGNOSIS OF ALZHEIMER'S DISEASE OR DEMENTIA TO APPLY, AN APPLICATION MUST BE SUBMITTED TO THE PROGRAM ONCE THE APPLICATION IS SUBMITTED A COMPREHENSIVE IN-HOME CLINICAL ASSESSMENT TO DETERMINE ELIGIBILITY CLIENTS MUST BE DEEMED ELIGIBLE TO RECEIVE SERVICES UNDER THE GRANT BY THE STATE GRANT FUNDS MAY NOT BE USED TO SUPPLANT OTHER SOURCES OF GOVERNMENTAL FUNDING WE HAVE AN INTERNAL MONITORING TOOL THAT TRACKS APPLICATIONS AND APPROVALS FOR EACH APPROVED APPLICATION, A NOTICE IS ISSUED TO THE VENDOR CONFIRMING THE NUMBER OF HOURS, THE SCHOLARSHIP AMOUNT, AND THE SERVICES APPROVED ON A REGULAR BASIS WE CALL CAREGIVERS TO VERIFY THAT THE SERVICES AUTHORIZED ARE BEING PROVIDED AT THAT TIME WE ALSO CONFIRM THE HOURS AND AMOUNTS REMAINING

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

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

Employer identification number
13-2631069

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on 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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 on 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 on 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

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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 on prior Form 990
1ROBERT M WERNER SR VICE PRES FOR OPERATIONS/CFO	(I)	385,531	0	0	5,300	30,707	421,538	0
	(II)	0	0	0	0	0	0	0
1MICHAEL N ROSENBLUT PRESIDENT/CEO	(I)	945,862	0	0	5,300	30,707	981,869	0
	(II)	0	0	0	0	0	0	0
2CONN FOLEY MD MEDICAL DIRECTOR	(I)	397,982	0	0	5,300	34,130	437,412	0
	(II)	0	0	0	0	0	0	0
3GINGER PORTNOY VP FOR DEVELOPMENT	(I)	0	0	0	0	0	0	0
	(II)	220,296	0	0	4,370	11,622	236,288	0
4WILLIAM PASCOCELLO SR VP FOR HEALTH SERVICES	(I)	312,420	0	0	0	9,511	321,931	0
	(II)	0	0	0	0	0	0	0
5COLLEEN ARIOLA VP PATIENT SERVICES	(I)	197,936	0	0	3,939	3,350	205,225	0
	(II)	0	0	0	0	0	0	0
6GEORGIENE KENNY VP FOR QM	(I)	183,717	0	0	3,651	12,077	199,445	0
	(II)	0	0	0	0	0	0	0
7IGOR ISRAEL MD ASSOCIATE MEDICAL DIRECTOR	(I)	197,772	0	0	4,112	23,779	225,663	0
	(II)	0	0	0	0	0	0	0
8KUL ANAND MD ATTENDING PHYSICIAN	(I)	208,337	0	0	4,246	23,361	235,944	0
	(II)	0	0	0	0	0	0	0
9TARA BUONOCORE-RUT VP BUSINESS DEVELOPMENT	(I)	277,892	0	0	5,300	30,680	313,872	0
	(II)	0	0	0	0	0	0	0
10KATHLEEN DARMSTADT ASSOCIATE VP FOR FINANCE	(I)	200,034	0	0	3,976	14,430	218,440	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
13-2631069

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		07-28-2016	39,027,095	REFINANCING DUE TO MAJOR RENOVATIONS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	39,027,095			
4	Gross proceeds in reserve funds	63,894			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	780,542			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	413,418			
10	Capital expenditures from proceeds	1,014,497			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2017			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	MANUFACTURERS AND TRADERS TRUST							
c	Term of hedge	990 0000000000 %							
d	Was the hedge superintegrated?	X							
e	Was the hedge terminated?		X						

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2016

Open to Public Inspection

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

Employer identification number
13-2631069

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	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 PROGRAM WAS CLOSED ON 5/29/2016 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 THIS PROGRAM WAS CLOSED ON 8/26/2016, DUE TO A PAYOR SHIFT TO MANAGED CARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	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 TEAC HING, 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 REHABILIT ATION COMPONENT OF THE PROGRAM INCORPORATES THE MOST ADVANCED TECHNIQUES INTO INDIVIDUALIZ ED TREATMENT PLANS THAT RESULT IN BETTER OUTCOMES AND AN EARLIER DISCHARGE TO HOME THE IN TERDISCIPLINARY REHABILITATION TEAMS AT PARKER INCLUDE PHYSIATRISTS (PHYSICIANS WHO SPECIA LIZE IN PHYSICAL MEDICINE AND REHABILITATION), AS WELL AS PHYSICAL, OCCUPATIONAL AND SPEEC H THERAPISTS, RECREATION THERAPISTS, NUTRITIONISTS, AND SOCIAL WORKERS THERE IS A FULLY E QUIPPED 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 SERV ICES AVAILABLE TO SUB-ACUTE CARE/SHORT TERM REHABILITATION PATIENTS INCLUDE - FOOD SERVIC E TO MEET SPECIAL DIETARY NEEDS - 24-HOUR LABORATORY SERVICES - 24-HOUR ON-SITE PHARMACY - CHAPLAINCY SERVICE LONG-TERM CARE/SKILLED MEDICAL AND NURSING CARE LONG-TERM CARE AT PARK ER EMPHASIZES THE IMPORTANCE OF A CARING ENVIRONMENT AND QUALITY OF LIFE THE PROFESSIONAL STAFF DEVELOPS INDIVIDUALIZED CARE PLANS FOR EACH RESIDENT, AND INTERDISCIPLINARY TEAMS R EGULARLY REVIEW PROGRESS RESIDENTS AT PARKER ENJOY A HOME AWAY FROM HOME THAT OFFERS ADVA NCED 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, PODIAT RY AND AUDIOLOGY, AS WELL AS PSYCHOLOGY SERVICES IN 2016, APPROXIMATELY 180,788 DAYS OF C ARE WERE PROVIDED TO 2,297 PEOPLE RESIDENTS ARE CARED FOR BY "THE PARKER NURSE" --A SPECI AL PROFESSIONAL WHO REFLECTS THE HIGHEST LEVELS OF SKILL AND COMPASSION, AND REGULARLY TAK ES PART IN TRAINING TO ADVANCE SKILLS AND UPDATE KNOWLEDGE UNDER THE SUPERVISION OF THE V ICE 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 WH EN NECESSARY, AND ENCOURAGE INDEPENDENCE WHERE APPROPRIATE PARKER'S CNAS ARE OFFERED REMA RKABLE TRAINING OPPORTUNITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	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 R EHABILITATION POTENTIAL OF EACH RESIDENT IS EVALUATED UPON ADMISSION AND THROUGHOUT THEIR STAY AT PARKER THE DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION PROVIDES INDIVIDUAL IZED PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY DEDICATED TO ENABLING EACH RESIDENT'S MAXIM UM LEVEL OF ACTIVITY THE EXPERIENCED PROFESSIONALS OF PARKER'S SOCIAL WORK DEPARTMENT OFF ER SUPPORT AND COUNSELING, HELPING RESIDENTS AND THEIR FAMILIES COPE WITH THE IMPACT OF AG ING AND ILLNESS ASSISTANCE IS PROVIDED FOR SOCIAL, FINANCIAL, PSYCHOLOGICAL AND FAMILY CO NCERNS THERAPEUTIC RECREATION SPECIALISTS PROVIDE THE SOCIAL, CREATIVE AND INTELLECTUAL S TIMULATION SO VITAL TO A RESIDENT'S EMOTIONAL AND PHYSICAL WELLBEING A COMPUTER CENTER, L IVE ENTERTAINMENT, EXERCISE, GAMES, ARTS AND CRAFTS ARE AMONG THE VARIED OPTIONS OF A RECR EATION PROGRAM THAT PROMOTES A HEALTHY LEISURE LIFE, 365 DAYS A YEAR PARKER'S DIETARY STA FF IS RESPONSIBLE FOR THE PLANNING, PREPARATION AND DELIVERY OF NUTRITIOUS MEALS AND SNACK S PARKER IS A CERTIFIED KOSHER FACILITY, AND IS HIGHLY REGARDED FOR ITS SUPERB, APPETIZIN G 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 "MEDITATION SUITE" IS PROVIDED FOR THE QUIET MOMENTS THAT A DIVERSE POPULATION OF FAMILIES MAY REQUIRE PATIENTS MAY BEGIN THE A DMISSIONS PROCESS 24 HOURS PER DAY 7 DAYS PER WEEK THROUGH PARKER'S WEBSITE AT WWW PAKERIN STITUTE ORG AS WELL AS, THROUGH THE PARKER APP, AVAILABLE FOR MOBILE PHONES AND TABLETS FO R ANY OF ITS PROGRAMS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PARKER JEWISH INSTITUTE FOR HEALTHCARE AND REHABILITATION 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

990 Schedule O, Supplemental Information

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 WHEN A POTENTIAL OR ACTUAL FINANCIAL INTEREST HAS BEEN DISCLOSED, THE BOARD (OR A COMMITTEE) SHALL EVALUATE WHETHER THE ORGANIZATION COULD, WITH REASONABLE EFFORT, OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH ANOTHER ENTITY ANY BOARD COMMITTEE MAY CONDUCT THIS EVALUATION ON BEHALF OF THE BOARD AND MAKE RECOMMENDATIONS TO THE BOARD TYPICALLY, THE EVALUATION WILL INVOLVE OBTAINING ONE OR MORE COMPETITIVE BIDS, EXCEPT WHERE (A) THE CONTEMPLATED TRANSACTION IS SO SMALL THAT THE DOLLAR AMOUNTS INVOLVED DO NOT JUSTIFY A COMPETITIVE BID, AND/OR (B) THE ORGANIZATION IS REASONABLY CERTAIN, AND CAN DOCUMENT, THAT THE CONTEMPLATED PRODUCT OR SERVICE IS BEING OFFERED AT OR BELOW FAIR MARKET RATES IF, BASED ON THE ABOVE EVALUATION, THE ORGANIZATION DETERMINES THAT IT CANNOT OBTAIN, WITH REASONABLE EFFORT, A MORE ADVANTAGEOUS TRANSACTION WITH ANOTHER ENTITY, THE FACILITY MAY PROCEED WITH THE PROPOSED TRANSACTION OR ARRANGEMENT, SO LONG AS THE BOARD DETERMINES, BY A MAJORITY VOTE OF DISINTERESTED DIRECTORS, THAT THE PROPOSED TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST AND IS FAIR AND REASONABLE THE TRUSTEE OR OFFICER WITH THE POTENTIAL OR ACTUAL FINANCIAL INTEREST SHALL NOT BE PRESENT DURING THE DISCUSSION OF THE ISSUE OR THE VOTE THE MINUTES OF THE BOARD (AND OF THE BOARD'S EXECUTIVE COMMITTEE) SHALL INCLUDE THE NAMES OF THE TRUSTEES, OFFICERS OR COMMITTEE MEMBERS, IF ANY, WHO DISCLOSED FINANCIAL INTERESTS, THE NATURE OF THE FINANCIAL INTEREST THAT POSES A POTENTIAL OR ACTUAL CONFLICT, A SUMMARY OF THE CONTENT OF THE BOARD'S (OR EXECUTION COMMITTEE'S) DISCUSSIONS (INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT), AND A RECORD THAT A VOTE WAS TAKEN REGARDING THE PROPOSED TRANSACTION OR ARRANGEMENT

990 Schedule O, Supplemental Information

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 HIGHLY COMPENSATED EMPLOYEES 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

990 Schedule O, Supplemental Information

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 NEW YORK STATE ATTORNEY GENERAL WEBSITE, 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 AT 271-11 76TH AVENUE, NEW HYPE PARK, NY 11040-1433 OR BY CALLING THE ORGANIZATION DIRECTLY AT (718)-289-2100 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT 382,149 CHANGE IN EQUITY INTEREST IN PARKER FOUNDATION 526,637 CHANGE IN FAIR VALUE OF DERIVATIVE ASSET 1,783,459

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2016

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	1,166,459	490,453	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	14,930,607	23,026,233	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	(g) 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	LINE 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	LINE 12B, 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	LINE 3	GERIATRIC RESOURCES OF NEW YORK		No
(4) LEAGUE OF THE PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION 271-11 76TH AVENUE NEW HYDE PARK, NY 11040 11-2516708	TO SUPPORT AND BENEFIT THE PARKER JEWISH INSTITUTE AND ITS RELATED ENTITIES	NY	501(C)3	LINE 10	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) AGEWELL NEW YORK LLC 271-11 76TH AVE NEW HYDE PARK, NY 11040 30-0743059	OPERATES A PARTIALLY CAPITATED MEDICAID & MEDICARE MANAGED LT CARE PROGRAM	NY	PARKERCARE NEW YORK LLC	RELATED	14,868,559	23,025,232		No		Yes		56 740 %

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	(i) 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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation