Form <b>990</b>
Department of the Treasury
Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.



AF	For the	e 2011 calendar year, or tax year beginning and	ending						
B (	Check if applicabl	e: C Name of organization		D Employer identifi	cation number				
	Addre	e JGB REHABILITATION CORPORATION		13-3439035					
	Name chang	e Doing Business As	Doing Business As						
	Initial	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone numbe					
	Termir	15 WEST 05111 SIKEET		(212	-				
	Ameno	City or town, state or country, and ZIP + 4		<b>G</b> Gross receipts \$	1,178,648.				
	Applic tion pendir			H(a) Is this a group re					
	portai	F Name and address of principal officer: ELLLOT J. HAGLER		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc					
		empt status: $X 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1) c$	or 🛄 527		list. (see instructions)				
				H(c) Group exemptio	n number 🕨				
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1987	A State of legal domicile: NY				
Pa		Summary							
Activities & Governance		Briefly describe the organization's mission or most significant activities: OPERACLINIC	ATES A	IN OUTPATIEN	T MEDICAL				
ŝrnê	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	ssets.				
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			6				
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			4				
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			22				
iviti	6	Total number of volunteers (estimate if necessary)		6	5				
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
P	8	Contributions and grants (Part VIII, line 1h)		2,731,945.	135,000.				
Revenue		Program service revenue (Part VIII, line 2g)		1,002,621.	1,040,297.				
Jev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5.	5.				
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,527.	3,346.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,737,098.	1,178,648.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		1,653,415.	1,674,773.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ц.		Total fundraising expenses (Part IX, column (D), line 25)		001 005	071 000				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		981,905.	971,283.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,635,320.	2,646,056.				
<u></u> 0		Revenue less expenses. Subtract line 18 from line 12		1,101,778.	<1,467,408.				
ts or inces				ginning of Current Year	End of Year				
Fund Balanc	20	Total assets (Part X, line 16)		214,908.	533,299.				
et A ind	21	Total liabilities (Part X, line 26)		14,225,887.	<u>16,011,686.</u> ><15,478,387.				
	22	Net assets or fund balances. Subtract line 21 from line 20	<	.14,010,9/9.	><13,4/0,38/.				
			o ond ctate	anto and to the heat of	u knowledge and halisf it !-				
und	ier pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	enis, and to the best of m	y 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	Signature of officer			Date						
Here	ELLIOT J. HAGLER, CHIE	F FINANCIAL OFFICER								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid FREDERICK H. ROTHMAN										
Preparer	Firm's name 🖕 LOEB & TROPER LL		Firm's EIN 13-1517563							
Use Only	Firm's address 655 THIRD AVENUE									
	NEW YORK, NY 100		Phone no. (212) $867 - 4000$							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)									
132001 01-2	132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2011)									

<b>4e</b>		SEE SCHEDULE O FOR CON	Form <b>990</b> (201
4d	Other program services (Describe in Sc (Expenses \$		Nevenue \$ )
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
łb	(Code:) (Expenses \$	including grants of \$	) (Revenue \$
4a	others, the total expenses, and revenue (Code:) (Expenses \$1 SEE SCHEDULE O	e, if any, for each program service reported.	) (Revenue \$ 1,040,297
4		chedule O. Prvice accomplishments for each of its three largest ations and section 4947(a)(1) trusts are required to	
3	If "Yes," describe these new services of Did the organization cease conducting	n Schedule O. , or make significant changes in how it conducts, ar	
		nificant program services during the year which wer	
	IMPAIRED AND OR MUL	TI-DISABLED INDIVIDUALS.	
1	Briefly describe the organization's miss		
Par	t III Statement of Program Se	ervice Accomplishments response to any question in this Part III	[

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Pa	t 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	x					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>						
J	public office? If "Yes," complete Schedule C, Part I	3		x				
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		X				
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		X				
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		X				
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		X				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete							
Ū	Schedule D, Part III							
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	8		X				
5	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	5						
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x				
44								
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.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x					
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114						
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x				
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total							
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x				
А	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	110						
u		11d		x				
	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>		x	23				
	· · · · · · · · · · · · · · · · · · ·	11e	- 23					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x					
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f						
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	10-	x					
	Schedule D, Parts XI, XII, and XIII	12a						
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	101	x					
40		12b		X				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X				
14a		14a						
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			x				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v				
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			- v				
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X				
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		X				
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		X				
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1				

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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disqualified person during the year? If "Yes," complete Schedule L, Part I
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
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II
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
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
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
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
contributions? If "Yes," complete Schedule M
Did the organization liquidate, terminate, or dissolve and cease operations?
If "Yes," complete Schedule N, Part I
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
Schedule N, Part II
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
Was the organization related to any tax-exempt or taxable entity?
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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
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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

# JGB REHABILITATION CORPORATION

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the

United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

Х Schedule J 23 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 25 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess hopofit transaction with a dis 25a b Istl and tha te Sch 25b Wa squalified per 26 Did cor er of a 27 Wa ins Аc 28a rt IV ..... 28b A fa officer. An dire 28c Did 29 Did n cor 30 Did lf "' 31 Did Scł 32 Did

Form 990 (2011) Part IV Checklist of Required Schedules (continued)

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Yes

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1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
с	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?								
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	22						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			Зb					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		<u> </u>			
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х			
	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								
	any contributions that were not tax deductible?			6a		<u> </u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts	6b					
	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).			7a		х			
а									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?								
	to file Form 8282?								
	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?									
<ul> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> <li>a If the organization received a contribution of qualified intellectual property, did the organization file Form 8800 as required?</li> </ul>									
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting</li> </ul>									
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a			8					
٩		any un	ic during the year:	•					
<ul> <li>9 Sponsoring organizations maintaining donor advised funds.</li> <li>a Did the exception make any tayable distributions under section 40662</li> </ul>									
<ul><li>a Did the organization make any taxable distributions under section 4966?</li><li>b Did the organization make a distribution to a donor, donor advisor, or related person?</li></ul>									
<ul> <li>b Did the organization make a distribution to a donor, donor advisor, or related person?</li> <li>Section 501(c)(7) organizations. Enter:</li> </ul>									
		10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?								
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
<b>b</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									
c Enter the amount of reserves on hand 13c									
				14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	∍O		14b					
				Form	<b>990</b> (	2011)			
32005									
1_23_									

#### JGB REHABILITATION CORPORATION

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

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Yes

No

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Part V

5

#### JGB REHABILITATION CORPORATION

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

Chack if Schadula () co	ntaine a reenonee to an	y question in this Part VI
	intains a response to an	y question in this rait vi

X

e number of voting members of the governing body at the end of the tax year	1b         hip with any other         the direct supervision         n 990 was filed?         assets?         appoint one or         , stockholders, or         rear by the following:         eached at the         Revenue Code.)         chapters, affiliates,         ody before filing the form?         see to conflicts?         'Yes, " describe	3 4 5 6 7a 7b 8a 8b 9	X X X Yes X X
egated broad authority to an executive committee or similar committee, explain in Schedule 0. ee number of voting members included in line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationsh director, trustee, or key employee? organization delegate control over management duties customarily performed by or under t ers, directors, or trustees, or key employees to a management company or other person? organization make any significant changes to its governing documents since the prior Form organization become aware during the year of a significant diversion of the organization's as organization have members or stockholders? organization have members, stockholders, or other persons who had the power to elect or a embers of the governing body? governance decisions of the organization reserved to (or subject to approval by) members, s other than the governing body? minitee with authority to act on behalf of the governing body? any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re ation's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i> <b>Policies</b> ( <i>This Section B requests information about policies not required by the Internal I</i> organization have local chapters, branches, or affiliates? ' did the organization have written policies and procedures governing the activities of such o nches to ensure their operations are consistent with the organization's exempt purposes? organization provided a complete copy of this Form 990 to all members of its governing bo e in Schedule O the process, if any, used by the organization to review this Form 990. organization have a written conflict of interest policy? <i>If</i> "No," go to <i>line 13</i> icers, directors, or trustees, and key employees required to disclose annually interests that could give ris organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "	hip with any other the direct supervision n 990 was filed? ssets? appoint one or , stockholders, or rear by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates, ody before filing the form? se to conflicts? 'Yes, " <i>describe</i>	- 2 3 4 5 6 7a 7b 8a 8b 8b 9 9 9 10a 11a 12a	X X X Yes X X
ee number of voting members included in line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationship director, trustee, or key employee? organization delegate control over management duties customarily performed by or under t brs, directors, or trustees, or key employees to a management company or other person? organization make any significant changes to its governing documents since the prior Form organization become aware during the year of a significant diversion of the organization's as organization have members or stockholders? organization have members, stockholders? organization have members, stockholders, or other persons who had the power to elect or a embers of the governing body? governance decisions of the organization reserved to (or subject to approval by) members, s other than the governing body? manization contemporaneously document the meetings held or written actions undertaken during the year of a significant. A, who cannot be reation's mailing address? If "Yes," provide the names and addresses in Schedule O <b>Policies</b> ( <i>This Section B requests information about policies not required by the Internal I</i> organization have local chapters, branches, or affiliates? '' did the organization have written policies and procedures governing the activities of such o nches to ensure their operations are consistent with the organization's exempt purposes? '' organization provided a complete copy of this Form 990 to all members of its governing bo e in Schedule O the process, if any, used by the organization to review this Form 990. organization have a written conflict of interest policy? <i>If "No," go to line 13</i> icers, directors, or trustees, and key employees required to disclose annually interests that could give ris organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "	hip with any other the direct supervision n 990 was filed? ssets? appoint one or , stockholders, or rear by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates, ody before filing the form? se to conflicts? 'Yes, " <i>describe</i>	- 2 3 4 5 6 7a 7b 8a 8b 8b 9 9 9 10a 11a 12a	X X X Yes X X
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In the second se	ear by the following: eached at the <u>Revenue Code.)</u> chapters, affiliates, ody before filing the form? se to conflicts? 'Yes, " describe	8a 8b 9 10a 10b 11a 12a	X Yes X X
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organization regularly and consistently monitor and enforce compliance with the policy? If "	'Yes," describe		Х
		12c	х
organization have a written whistleblower policy?			Х
organization have a written document retention and destruction policy?			Х
process for determining compensation of the following persons include a review and approv			
s, comparability data, and contemporaneous substantiation of the deliberation and decision	<b>,</b> ,		
anization's CEO, Executive Director, or top management official		15a	х
fficers or key employees of the organization		15b	X
to line 15a or 15b, describe the process in Schedule O (see instructions).			
organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a		
		16a	
entity during the year? did the organization follow a written policy or procedure requiring the organization to evalu		104	
venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalu	• •		
		16b	
Disclosure			
		) availah	
		, availabl	
· · ·	conflict of interest policy of	and finan	Icial
e in Schedule () whether (and if so, how), the organization made its governing decuments, a	connict of interest policy, a	ing man	Jai
ents available to the public during the tax year.	and reporte of the arcest	otion ·	-
ents available to the public during the tax year. The name, physical address, and telephone number of the person who possesses the books a	and records of the organiz	ation: 🕨	
ents available to the public during the tax year.	and records of the organiz	ation: 🕨	
	a 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 lic inspection. Indicate how you made these available. Check all that apply.	<ul> <li>a 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) lic inspection. Indicate how you made these available. Check all that apply.</li> <li>bwn website Another's website X Upon request be in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a ents available to the public during the tax year.</li> </ul>	<ul> <li>a 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available lic inspection. Indicate how you made these available. Check all that apply.</li> <li>Another's website  Upon request</li> <li>be in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and finance in the section of the section o</li></ul>

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any guestion in this Part VII

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

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, and 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			( Pos	<b>C)</b> ition	1		(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per week	box,	, unle	ss pe	rson	than is bot pr/trus	h an	compensation	compensation from related	amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALAN R. MORSE PRESIDENT & CEO	1.00	x		x				27,343.	884,077.	133,688.
(2) JAMES M. DUBIN	1.00			<u> </u>		$\vdash$		27,545.	004,077.	155,000.
CHAIRMAN	0.50	x		x				0.	0.	0.
(3) LAWRENCE E. GOLDSCHMIDT										
TREASURER	0.50	x		х				0.	0.	0.
(4) PAULINE RAIFF										
CHAIRMAN, EXEC COMMITTEE	0.50	X		х				0.	0.	0.
(5) ROBERT B. OKUN										
SECRETARY	0.50	Х		Х				0.	0.	0.
(6) BRUCE MASTALINSKI										
EXECUTIVE VP PROGRAM OPERATIONS	7.00	X						66,189.	264,754.	44,356.
(7) ELLIOT J. HAGLER CHIEF FINANCIAL OFFICER	1.40			x				13,807.	331,379.	90,744.
(8) SARAH SPICEHANDLER										
ASSISTANT SECRETARY	0.30			Х				778.	76,991.	33,682.
(9) KELLYANNE CAIVANO										
SENIOR VP FINANCE	1.40					Х		8,830.	211,914.	57,405.
(10) MELISSA FARBER									1.5.5.5.1.1	
VP HUMAN RESOURCES	1.10					Х		5,154.	166,644.	50,625.
(11) BARBARA KLEIN DIRECTOR OF DEVELOPMENT	1.80					x		8,307.	157,830.	32,996.
(12) SARA PITTERMAN	1.00							0,507.	137,030.	52,550.
DIRECTOR FINANCE	1.40					x		5,529.	132,701.	49,093.
(13) HAROLD LEDERMAN										
DIRECTOR INTERNAL AUDIT	1.40					Х		5,392.	129,407.	43,666.
						$\vdash$				
132007 01-23-12	·									Form <b>990</b> (2011)

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Form 990 (2011) JGB REHA									13-3	439	035	Pa	age <b>8</b>
(A)	(B)	mplo		e <mark>s, ar</mark> (C Posi	)		est	(D)	(E)			(F)	
Name and title	Average hours per week (describe hours for related organizations in Schedule	tee or director office of x	not c , unle	heck r ss per nd a di	more rson i	than is bot pr/trus	h an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from related organizatior (W-2/1099-MI	on d Is	am comp fro orga anc	timate ount other oensa om the anizati I relate nizatio	of Ition e ion ed
	O)	Indivi	Instit	Officer	Key er	Highe	Former						
1b Sub-total									2,355,6		530	5,2	55.
d Total (add lines 1b and 1c)	c       Total from continuation sheets to Part VII, Section A         d       Total (add lines 1b and 1c)         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									,			Yes	1 No
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	such individual		· · · · · · ·					· · ·			3		X
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or</li> </ul>	0,000? <i>If "Yes,</i> accrue compe	" co nsati	<i>mple</i> ion f	ete S from	Sche any	edule / unr	e J : elat	for such individual	idual for services		4	x	
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or si	uch p	bers	son .					5		X
1 Complete this table for your five highest co the organization. Report compensation for										npens	ation fi	rom	
(A) Name and business							n						
2 Total number of independent contractors ( \$100,000 of compensation from the organ	•	iot lii	mite	d to		se lis )	steo	d above) who received n	nore than			000	
											Form <b>S</b>	<b>JYU</b> (2	2011)

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## JGB REHABILITATION CORPORATION

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Pa	rt VI	II Statement of Reven	ue					
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
our a		Membership dues						
Am Am	c	Fundraising events	1c					
ilar İlar	d	Related organizations	1d					
ns,		Government grants (contributio						
er	f	All other contributions, gifts, grants		1				
<u>eri</u>		similar amounts not included above		135,000.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines 1			135,000.			
90	n	Total. Add lines 1a-1f						
ø	2.0	OUTPATIENT REVEN	NUE	Business Code 621400	982,658.	982,658.		
vic	z a b			621400	57,639.	57,639.		
Program Service Revenue	C			021100	5770550	5770551		
eve	d							
ŝč	e							
P	f	All other program service reven	nue					
	g	Total. Add lines 2a-2f			1,040,297.			
	3	Investment income (including c	dividends, intere	est, and	_			_
		other similar amounts)			5.			5.
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	() 000011100					
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		►				
Other Revenue	8 a	Gross income from fundraising including \$						
Seve		contributions reported on line 1	1c). See					
erF		Part IV, line 18	а					
Gt		Less: direct expenses						
		Net income or (loss) from fundr	-	<b>&gt;</b>				
	9 a	Gross income from gaming act						
	la la	Part IV, line 19			-			
		<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from gamin</li> </ul>		►				
		Gross sales of inventory, less r						
	10 0	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales		<b>&gt;</b>				
1		Miscellaneous Revenue		Business Code				
	11 a	MISCELLANEOUS		900099	3,346.			3,346.
	b							
	c							
	d							
		Total. Add lines 11a-11d			3,346. 1,178,648.	1 040 207	0.	3,351.
13200 01-23	12	Total revenue. See instructions.		🕨	µ, 1 / 0 , 0 4 0 •	1,040,23/•	0.	Form <b>990</b> (2011)
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#### JGB REHABILITATION CORPORATION

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question in th	is Part IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104 175		104 175	
_	trustees, and key employees	124,175.		124,175.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
7	persons described in section 4958(c)(3)(B)	1,186,583.	873,495.	286,494.	26,594
7 8	Other salaries and wages Pension plan accruals and contributions (include	<u> </u>	5,5,49,5•	200,4940	20,394
o	section 401(k) and section 403(b) employer contributions	52,956.	44,542.	7,475.	939
9	F	196,598.	121,086.	71,150.	939 4,362
9 10	Other employee benefits Payroll taxes	114,461.	78,232.	34,179.	2,050
11	Fees for services (non-employees):		/0/2020	01/1/01	2,000
	Management				
	Legal				
	Accounting	8,717.		8,717.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	120,005.	103,066.	16,939.	
12	Advertising and promotion				
13	Office expenses	130,340.	102,947.	25,868.	1,525
14	Information technology	93,856.		93,856.	
15	Royalties				
16	Occupancy	232,715.	185,155.	47,560.	
17	Travel	877.	483.	394.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 501		1 501	
19	Conferences, conventions, and meetings	1,591. 291,711.	210 760	<u>    1,591.</u> 72,943.	
20	Interest	291,/11•	218,768.	14,943.	
21	Payments to affiliates	27,741.	6,263.	21,478.	
22	Depreciation, depletion, and amortization	17,356.	16,669.	687.	
23 24	Insurance Other expenses. Itemize expenses not covered	17,550.	10,005.	007.	
24	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 0.)				
а	BAD DEBTS	46,374.	46,374.		
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,646,056.	1,797,080.	813,506.	35,470
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)				Form <b>990</b> (2011

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Form 990 (2011)

Form 990 (2011)
Part X Balance Sheet

JGB	REHABILITATION	CORPORATION	

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			t		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	51,775.	2	58,155.
	3	Pledges and grants receivable, net	5177750	3	90,000.
	4	Accounts receivable, net	47,133.	4	237,533.
	5	Receivables from current and former officers, directors, trustees, key			
	Ŭ	employees, and highest compensated employees. Complete Part II			
				5	
	6	Receivables from other disqualified persons (as defined under section		Ū	
	Ŭ	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)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	9,193.	8	9,410.
٩	9	Prepaid expenses and deferred charges	200.	9	200.
		Land, buildings, and equipment: cost or other		-	
		basis. Complete Part VI of Schedule D 10a 474, 260.			
	b	basis. Complete Part VI of Schedule D10a474,260.Less: accumulated depreciation10b336,459.	106,407.	10c	137,801.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	214,908.	16	533,299.
	17	Accounts payable and accrued expenses	21,967.	17	42,457.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iliti	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
-		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	14 000 000		15 060 000
		Schedule D	14,203,920.	25	15,969,229.
	26	Total liabilities. Add lines 17 through 25	14,225,887.	26	16,011,686.
		Organizations that follow SFAS 117, check here			
ces	07	lines 27 through 29, and lines 33 and 34.	<14,010,979.	207	<15,568,387.>
lan	27	Unrestricted net assets			90,000.
Be	28 29	Temporarily restricted net assets		28 29	50,000
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here  and		29	
rΕ		complete lines 30 through 34.			
tsc	30	Capital stock or trust principal, or current funds		30	
sse	30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A:	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	<14,010,979.		<15,478,387.>
	34	Total liabilities and net assets/fund balances	214,908.		533,299.
			,	- •	Form <b>990</b> (2011)

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Form	JGB REHABILITATION CORPORATION	13-	-3439	035	Pag	<sub>ae</sub> 12
Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,64		
3	Revenue less expenses. Subtract line 2 from line 1	3				08.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<14	,01	0,9	<u>79.</u> >
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-		0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<15	,47	8,3	<u>87.</u> >
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			·····		X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	О.	— [		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	D.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			1
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
				Form	<b>990</b> (	2011)

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SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support						ŀ	омв №. <b>20</b>	1545-0047					
Department of the Treasury Internal Revenue Service				Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.							Open to Inspe		
		the organizati		lach to Form 990 of Fo	пп 990-е.	Z. 🏲 See	separate	Instructio		mplover	identificati		her
ING		ine of gamzati		ABILITATION	CORPO	RATTO	N		-		3-3439		501
Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								—				
				because it is: (For lines 1			-						
1				s, or association of chur	-		•	-					
2		-		'0(b)(1)(A)(ii). (Attach Sc				···// ·// ·// ·// ·//	-				
3				tal service organization of			170(b)(1)	(A)(iii).					
4			• •	operated in conjunction					(b)(1)(A)(ii	i <b>).</b> Enter t	he hospital	's name,	
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governr	nental uni	t describe	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t describe	d in <b>sectio</b>	n <b>170(b)(</b> 1	1)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	oublic desc	ribed in	
		section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, ar	nd gross ree	ceipts fro	sm
			•	nctions - subject to certa	•						•		
		income and ι	inrelated business t	axable income (less sect	tion 511 ta	ıx) from bu	sinesses a	acquired b	y the orga	anization a	after June 3	0, 1975.	
			509(a)(2). (Complete	-									
10		-		perated exclusively to te		•			-				
11		•	•	perated exclusively for th						•			
				ations described in section				2). See <b>sec</b>	tion 509(	<b>a)(3).</b> Che	eck the box	that	
				organization and comple									
_		a L Type I		<i>,</i>		e III - Func	-	-		d ∟	Type III - (		
e				t the organization is not									
	:		-	han one or more publicly		-				9(a)(1) or s	section SUS	(a)(2).	
1				ten determination from t								٦	
			rganization, check th	organization accepted ar								L	
ç	,			irectly controls, either al								Yes N	No
				upported organization?							11g(i)		
		0	0,	U O									
(ii) A family member of a person described in (i) above?11g(ii)(iii) A 35% controlled entity of a person described in (i) or (ii) above?11g(iii)						—							
ŀ	1	. ,		about the supported or	.,								_
			0		0	( )							
(i	) Name	of supported	(ii) EIN	(iii) Type of		organization		u notify the	(vi) Is	the	(vii) An	nount of	
1		anization	(,	organization (described on lines 1-9		sted in your		IUII III CUI <b>.</b>	organizátio (i) organiz	ed in the	sup		
				above or IRC section	governing	document?	(i) of your	r support?	U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			

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Total

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

#### Schedule A (Form 990 or 990-EZ) 2011

Part II	Supp

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

15       Public support percentage from 2010 Schedule A, Part II, line 14       15         16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	Sec	ction A. Public Support						
membership fees received. (Dr not include any "urusual grants.")       2         2       Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       1         3       The value of services or facilities furnished by a governmental unit to the organization without charge       1         4       Total. Add lines 1 through 3       1         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.       1         column (f)       6       Public support.       1         Caledary year (or fiscal year beginning in) >       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total         7       Amounts from line 4       1       1       1       1       1       1         8       Gress income from interest, dividends, payments received on ascurities loans, rents, royatiles and income from sinal's zources and income the sale or capital assets (Explain in Part IV)       1	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
include any "unusual grants.")       2         Tax revenues levied for the organization schedular statics's behalf       1         2       Tax revenues levied for the organization schedular statics's behalf       1         3       Turvished by a governmental unit to the organization without charge       1         4       Total. Add lines 1 through 3       1         5       The portion of total contributions by each preson (other than a governmental unit to publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (n)       1         6       Public support. String the strone line 4       1       1         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from interest, dividends, payments received on securities loans, rents, royatiles and income from interest, securities loans, rents, royatiles and income from interest, royatiles and income from sinilar sources paint in the sele of capital assets (Explain in Part IV)       12         10       Other income. Do not include gain or ions form loand abbites, durit, fourth, or fifth tax, year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicy support do rapaization qualifies as a publicy support do rapaization and top here. The organization qualifies as a publicy support do rapa	1	Gifts, grants, contributions, and						
2       Tax revenues levide 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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)         6       Public support. Address time 5 them ine 4         7       Amount form line 4         8       Gross income from line 4         8       Gross income from line 4         9       Net income from similar sources and the organization's first, second, third, fourth, or fifth tax year as a section 501(s(3) organization, check this box and stop here.         9       Net lincome from 2011 (line 6, column (f) divided by line 11, column (f) ine 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and into the che ke box on line 13 and line 14 is 33 1/3% or more, check this box and stop here.		membership fees received. (Do not						
iteration's benefit and either paid to or expended on its behalf		include any "unusual grants.")						
ar expended on its behalf The value of services or facilities Thirrished by a governmental unit to the organization without charge To Total Add lines 1 through 3 The portion of total contributions by each person (offler than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Colu	2	Tax revenues levied for the organ-						
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organization, check this box and stop here       Image: step in the organization of 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. The organization qualifies as a publicly supported organization							on 501(c)(3)	
<ul> <li>Section C. Computation of Public Support Percentage</li> <li>Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))</li> <li>Public support percentage from 2010 Schedule A, Part II, line 14</li> <li>Public support test - 2011. 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</li> <li>b 33 1/3% support test - 2010. 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</li> <li>17a 10% -facts-and-circumstances test - 2011. 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. The organization qualifies as a publicly supported organization</li> </ul>		organization, check this box and stor	o here			-		
<ul> <li>15 Public support percentage from 2010 Schedule A, Part II, line 14</li> <li>16a 33 1/3% support test - 2011. 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</li> <li>b 33 1/3% support test - 2010. 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</li> <li>17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>	Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
<ul> <li>16a 33 1/3% support test - 2011. 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</li> <li>b 33 1/3% support test - 2010. 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</li> <li>17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>	14	Public support percentage for 2011 (	line 6, column (f) d	livided by line 11,	column (f))		14	%
<ul> <li>stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2010. 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</li> <li>17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>	15	Public support percentage from 2010	) Schedule A, Part	II, line 14			15	%
<ul> <li>b 33 1/3% support test - 2010. 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</li> <li>17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>	<b>1</b> 6a	33 1/3% support test - 2011. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
and stop here. The organization qualifies as a publicly supported organization <b>17a 10%</b> -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization meets the test and test and test and tes		stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶∟
<ul> <li>17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>	b	33 1/3% support test - 2010. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check	this box
and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		· · ·						
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10% -facts-and-circumstances tes	t - 2011. If the orc	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	6 or more,
		and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and <b>stop</b> l	h <b>ere.</b> Explain in Pa	rt IV how the orga	inization
h 100/ facto and einsumateness test. 2010. If the einspiration did not shark a haven line 10, 10s, 10h, and 7s, and line 15 is 100/ an		meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶∟
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances tes	t - 2010. If the orc	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	3 10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the		more, and if the organization meets the	ne "facts-and-circu	umstances" test, o	heck this box and	stop here. Explain	n in Part IV how th	ie
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
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	18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2011

132022 01-24-12

16141017 132497 REC

#### Schedule A (Form 990 or 990-EZ) 2011 JGB REHABILITATION CORPORATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		. /	. ,			
-	membership fees received. (Do not						
	include any "unusual grants.")	1369460.	345,000.		2731945.	135,000.	4581405.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	908,468.	982,567.	972,270.	1002621.	1040297.	4906223.
;	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	2277928.	1327567.	972,270.	3734566.	1175297.	9487628.
	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.
	Public support (Subtract line 7c from line 6.)						9487628.
e	ction B. Total Support					-	
ale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	(b) 2008 1327567.	(c) 2009	(d) 2010 3734566.	(e) 2011	(f) Total
9	Amounts from line 6	2277928.	1327567.	972,270.	3734566.	1175297.	9487628.
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91.	51.		5.	5.	152.
h	Unrelated business taxable income	510	51.		5.	5.	152.
N.	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	91.	51.		5.	5.	152.
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital			667.	2,527.	3,346.	6,540.
2	assets (Explain in Part IV.)	2278019.	1327618.	972,937.	3737098.		
	Total support (Add lines 9, 10c, 11, and 12.)						
4	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi	zation,
201	check this box and stop here	o Support Do	rooptogo				
	ction C. Computation of Public					l l	00 02
	Public support percentage for 2011 (I		•	olumn (f))		15	99.93 %
16	Public support percentage from 2010					16	99.96 %
sec	ction D. Computation of Inves						0.0
17	Investment income percentage for 20	<b>11</b> (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.00 %
8	Investment income percentage from 2					18	%
19a	<b>33 1/3% support tests - 2011.</b> If the	-					
h	more than 33 1/3%, check this box ar 33 1/3% support tests - 2010. If the						►X
N	line 18 is not more than 33 1/3%, che	-					
20							
	Private foundation. If the organizatio	п чіч пот спеск а		a, UL TED, CHECK IN			
5202	23 01-24-12			15	Sch	iedule A (Form 99	0 or 990-EZ) 2011
41	L017 132497 REC	201	1.04000 3	JGB REHABI	LITATION	CORPORAT	REC1

CHEDULE A, PART III,	LINE 12.	EXPLANATION	FOR	OTHER	INCOME:
				• • • • • • • •	
IISCELLANEOUS					
RECOVERY OF BAD DEBT					
32024 01-24-12					Schedule A (Form 990 or 990-EZ)
41017 132497 REC		16	<b>D</b>	<b></b>	TION CORPORAT REC

Schedule A (Form 990 or 990-EZ) 2011 JGB REHABILITATION CORPORATION

<b>SCHEDULE I</b>	D
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(Form	990)
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## **Supplemental Financial Statements**

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

OMB No. 1545-0047
2011
Open to Public
Inspection

	tment of t al Revenue	he Treasury e Service			)	Atta	ch to For	m 990. J	► See	e sepa	rate ins	truction	S.				ectio	n
Nam	e of th	e organizat	ion											Em	ploye	r identific	ation	number
		•	J	GB R	EHAB	ILI	CATIO	N CO	RPO	RAT	ION					3-343		
Pa	rt I	Organiza	ations	Mainta	aining	Done	or Advis	sed Fu	nds (	or Ot	her Si	milar F	unds or <i>i</i>	Αссоι	unts.	. Complete	e if the	e
		organizatio	on answe	red "Yes	s" to For	rm 990	Part IV, I	ine 6.										
									(a) D	Donor a	advised	funds		<b>(b)</b> Fur	ıds ar	nd other ad	coun	ts
1	Total	number at e	end of yea	ar														
2	Aggre	egate contrib	outions to	(during	year)													
3	Aggre	egate grants	from (du	ring yea	r)													
4	Aggre	egate value a	at end of	year														
5	Did th	ne organizati	on inform	n all dono	ors and	donor	advisors i	n writing	) that t	the ass	sets held	d in dono	r advised fu	nds				
		ie organizatio														📖 Yes	5	No No
6	Did th	ne organizati	on inform	n all gran	tees, do	onors, a	and donoi	r advisor	rs in w	riting t	hat grar	nt funds o	an be used	only				
	for ch	aritable purp	poses and	d not for	the ber	nefit of	the dono	r or dono	or advi	isor, or	r for any	other pu	irpose confe	erring				
_		missible priv														📖 Ye	5	No No
Pa	rt II	Conserv						-				to Form	990, Part IV	, line 7				
1		ose(s) of con				,	0	``		I that a	-'' ''							
		Preservation	n of land	for publ	ic use (e	e.g., rec	reation o	r educat	ion)		7		an historica	• •				
		Protection of									Preser	vation of	a certified I	nistoric	struct	ture		
		Preservation																
2	-	plete lines 2a	-	2d if the	e organiz	zation I	neld a qua	alified co	onserva	ation c	contribut	tion in th	e form of a c	conserv	ation	easement	on th	e last
	day of	f the tax yea	ar.												·			,
															Heid	at the End	of the	lax Year
a		number of c												2a				
b		acreage rest												2b				
с		per of conser												2c				
d		per of conser																
~		in the Natio												2d				
3		per of conser	rvation ea	asement	s modifi	ied, tra	nsterrea,	released	i, extin	iguisne	ea, or te	rminated	by the orga	Inizatio	n auri	ng the tax		
4	year	per of states	whore pr	anartu a	whichti	-	oniction			ootod I								
4 5		the organiza										n hand	ing of					
5		ions, and en															-	
6		and voluntee											ents durina				5	
7		int of expens																
8		each consei													Ψ			
Ŭ		ection 170(h			-				-	-							-	
9		rt XIV, descri													and h	••		
5		de, if applical		•		•							•					nu -
		ervation ease	,		0 1000110		ie ergani		mano	a otat	onnorneo	that doo		gamza		accountin	ig ioi	
Pa	rt III			Mainta	aining	Colle	ections	of Art,	, Hist	torica	al Trea	isures,	or Other	Simi	ar A	ssets.		
		Complete i	if the orga	anizatior	1 answe	red "Ye	es" to For	m 990, F	Part IV	, line 8								
1a	If the	organization	n elected,	as perm	nitted ur	nder SF	AS 116 (	ASC 958	3), not	to rep	ort in its	revenue	statement	and bal	ance	sheet wor	ks of a	art,
		rical treasure																
	the te	ext of the foo	otnote to i	its finand	cial state	ements	that des	cribes th	iese ite	ems.				•				
b		organization									n its rev	enue sta	tement and	balanc	e shee	et works o	f art, l	historical
		ures, or othe		-					-	-								
		ng to these it					,		-					,			5	
		evenues inc		Form 99	0, Part ۱	VIII, line	e1								\$			
		ssets includ													\$			
2		organization													·			
		llowing amo																
а		nues include			•			•		,	•				\$			
		s included ir																

#### LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

#### Schedule D (Form 990) 2011

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_		ABILITATIO						13-34			ge <b>2</b>
Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Othe	r Simila	ar Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	t are a sig	gnificant ı	use of its	collectio	n items	i
	(check all that apply):										
а	Public exhibition	c	ı 🛄	Loan or exc	hange progra	ms					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further tl	he organizatio	on's exen	npt purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	istorical trea	sures, or othe	er similar	assets		_		
	to be sold to raise funds rather than to be ma							L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	Yes" to F	-orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not i	ncluded		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
									Amount	:	
с	Beginning balance						1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance								_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes		No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" to Fo	rm 990, Part I	IV, line 10	).				
		(a) Current year	(b) F	rior year	(c) Two years	s back 🛛 🌔	<b>d)</b> Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	nd administe	red for th	e organiz	ation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schee	dule R?					3b		
	Describe in Part XIV the intended uses of the										
Par	t VI   Land, Buildings, and Equipm	nent. See Form 990	0, Part X	, line 10.							
	Description of property	(a) Cost or c			or other		cumulate	d	(d) Bool	< value	
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										_
с	Leasehold improvements										
d	Equipment			47	4,260.	3	36,4	59.	13'	7,80	1.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line 1	0(c).)				13'	7,80	1.
							c	Schodulo	D /Eorm	000) 0	1100

Schedule D (Form 990) 2011

132052 01-23-12

Schedule D	(Form 990)	) 2011

# Schedule D (Form 990) 2011 JGB REHABILITATION CORPORATION 13-3439035 Page 3 Part VIII Investments - Other Securities See Form 990 Part X line 12

Part VII Investments - Other Securities. Se	e Form 990, Part X, II	ne 12.		
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, I	line 13.	(a) Mathad of value	tion
(a) Description of investment type	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) 🕨				
Part IX Other Assets. See Form 990, Part X, line	15.			
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)			
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO THE JEWISH GUILD F	OR THE			
(3) BLIND		15,969,229.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	25)	15,969,229.		
Total. (Column (b) must equal Form 990, Part X, col (B) line Filv 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to FIN 48 (ASC 740).	the organization's financial	statements that reports the organ	zation's liability for uncertain	n tax positions under
2. FIN 48 (ASC 740). 132053 01-23-12			Coh	edule D (Form 990) 2011
U 1-23-12		0.2	SCH	eddie D (P0111 330) 2011

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	dule D (Form 990) 2011 JGB REHABILITATION CORPORA						439035	Page <b>4</b>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	> Audit	ed Finan	cial S	Stateme	ent	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			1,178,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			2,646,	,056.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			<1,467	,408.>
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar			10			<1,467,	,408.>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme			nue p	er Retu	urn		
1	Total revenue, gains, and other support per audited financial statements				1	1	1,178,	,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities							
с	Recoveries of prior year grants							
d	Other (Describe in Part XIV.)							
е	Add lines 2a through 2d				20	e		Ο.
3	Subtract line <b>2e</b> from line <b>1</b>					_	1,178	,648.
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						
	Other (Describe in Part XIV.)							
	Add lines 4a and 4b				4	c		Ο.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )					_	1,178	648.
	t XIII Reconciliation of Expenses per Audited Financial Statem							
1	Total expenses and losses per audited financial statements					1	2,646	,056.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
	Prior year adjustments							
	Other losses							
d	Other (Describe in Part XIV.)							
е	Add lines 2a through 2d				20	e		Ο.
3	Subtract line 2e from line 1				3	3	2,646	,056.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIV.)							
	Add lines 4a and 4b	· •			4	с		Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	_	2,646	,056.
	t XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines <sup>-</sup>	la and 4; Pa	ırt IV, li	ines 1b ar	nd 2	b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com							
PAF	RT X, LINE 2: J.G.B REHABILITATION CORP. H	AS D	ETERMI	NED	THAT	гī	HERE	
ARE	E NO MATERIAL UNCERTAIN TAX POSITIONS THAT	REQ	UIRE R	ECO	GNITI	ION	I OR	
DIS	SCLOSURE IN THE FINANCIAL STATEMENTS. PER	IODS	ENDIN	GD	ECEME	BER	31, 20	008
ANI	O SUBSEQUENT REMAIN SUBJECT TO EXAMINATION	BY	APPLIC	ABL	E TAX	IN	IG	
AU	THORITIES.							

Schedule D	(Form 990)	2011

01-23-12

SCH	EDULE J	Compensation Information	on	ОМ	B No. 1	545-004	47
	m 990)	For certain Officers, Directors, Trustees, Key Employee			20	11	
		Compensated Employees Complete if the organization answered "Yes" to Fe	orm 990		10		
Departr	nent of the Treasury	Part IV, line 23.	5111 550,		en to		ic
Internal	Revenue Service	Attach to Form 990. See separate instruction			nspeo		
Name	of the organization		ľ	Employer identif 13-3439			nber
Par	t I Questions Reg	JGB REHABILITATION CORPORATION arding Compensation		13-3433	903:	5	
Fai						Vac	No
<b>1</b> a (	back the appropriate box	(es) if the organization provided any of the following to or for a per	rson listed in Form 9		_	Yes	No
		Complete Part III to provide any relevant information regarding th		.90,			
ľ	First-class or charter t			aluse			
Ī	Travel for companions		•				
Ī		nd gross-up payments Health or social club du	•				
Ī	Discretionary spendin						
				,			
b I	f any of the boxes on line	1a are checked, did the organization follow a written policy regard	ing payment or				
	•	n of all of the expenses described above? If "No," complete Part II	• • •		1b		
		e substantiation prior to reimbursing or allowing expenses incurred		Г			
		cutive Director, regarding the items checked in line 1a?	•		2		
	,	, , , , , , , , , , , , , , , , , , , ,		F			
3	ndicate which, if any, of th	e following the filing organization used to establish the compensa	tion of the organizat	ion's			
		heck all that apply. Do not check any boxes for methods used by					
e	establish compensation of	the CEO/Executive Director. Explain in Part III.	Ū				
	X Compensation comm		ontract				
[	Independent compen						
[	X Form 990 of other org			ommittee			
4 [	During the year, did any pe	erson listed in Form 990, Part VII, Section A, line 1a, with respect to	o the filing				
C	organization or a related or	ganization:					
a l	Receive a severance paym	ent or change-of-control payment?			4a		Х
bF	Participate in, or receive pa	ayment from, a supplemental nonqualified retirement plan?			4b	Х	
c F	Participate in, or receive pa	ayment from, an equity-based compensation arrangement?			4c		Х
I	f "Yes" to any of lines 4a-c	, list the persons and provide the applicable amounts for each iter	m in Part III.				
		d 501(c)(4) organizations must complete lines 5-9.					
5 F	or persons listed in Form	990, Part VII, Section A, line 1a, did the organization pay or accrue	e any compensation				
	contingent on the revenue						
a	The organization?			·····	5a		X
					5b		Х
	f "Yes" to line 5a or 5b, de						
		990, Part VII, Section A, line 1a, did the organization pay or accrue	e any compensation				
	contingent on the net earn	5					
a	The organization?			·····	6a		X
					6b		Х
	f "Yes" to line 6a or 6b, de						
		990, Part VII, Section A, line 1a, did the organization provide any r					
		d 6? If "Yes," describe in Part III			7		X
	•	d in Form 990, Part VII, paid or accrued pursuant to a contract tha	=				37
		escribed in Regulations section 53.4958-4(a)(3)? If "Yes," describe		·····	8		X
		ganization also follow the rebuttable presumption procedure desc	ribed in				
	Regulations section 53.495				9		
LHA	For Paperwork Reduction	n Act Notice, see the Instructions for Form 990.		Schedule J (	Form	990)	2011

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16141017 132497 REC

Schedule J (Form 990) 2011

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

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

13-3439035

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F)
		(i) Base	(ii) Bonus &	(iii) Other	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred
<b>(A)</b> Name		compensation	incentive	reportable	compensation	benefits		in prior Form 990
			compensation	compensation				
	(i)	23,756.	3,000.	587.	2,880.	1,131.	31,354.	
	ii) [	768,120.	97,000.	18,957.	93,110.	36,567.		
	(i)	62,595.	2,000.	1,594.	5,359.	3,512.	75,060.	
2 BRUCE MASTALINSKI	ii)	250,381.	8,000.	6,373.	21,438.	14,047.	300,239.	
	(i)	12,941.	800.	66.	1,108.	1,731.	16,646.	
	ii)	310,583.	19,200.	1,596.	26,581.	61,324.	419,284.	
	(i)	8,377.	400.	53.	908.	878.	10,616.	
4 KELLYANNE CAIVANO	ii)	201,039.	9,600.	1,275.	21,791.	33,828.	267,533.	
	(i)	4,919.	225.	10.	540.	978.	6,672.	
5 MELISSA FARBER (	ii)	159,034.	7,275.	335.	17,476.	31,631.	215,751.	
	(i)	8,261.	0.	46.	590.	1,060.	9,957.	
6 BARBARA KLEIN	ii)	156,957.	0.	873.	11,202.	20,144.	189,176.	
	(i)	5,525.	0.	4.	342.	1,293.	7,164.	
7 SARA PITTERMAN (i	ii)	132,597.	0.	104.	8,203.	39,255.	180,159.	
	(i)	5,370.	0.	22.	395.	1,252.	7,039.	
	ii)	128,870.	0.	537.	9,485.	32,534.	171,426.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
(i	ii)							

Page **2** 

Page 3

#### Part III Supplemental Information

Complete this part to 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.

PART I, LINE 4B: ALAN R. MORSE - \$78,840

PART I, LINE 7: AS PART OF THE COMPENSATION FOR 2011, THE COMPENSATION

COMMITTEE GRANTED BONUSES TO THE EXECUTIVE STAFF, BASED ON ITS REVIEW OF

THEIR PERFORMANCE, AS DOCUMENTED IN THE MINUTES OF THE COMMITTEE. THE

AMOUNTS REFLECTED AS BONUSES ON THIS SCHEDULE REPRESENT AN ALLOCATION OF

THE BONUS PAID BY A RELATED PARTY.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## 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. OMB No. 1545-0047

JGB REHABILITATION CORPORATION

Employer identification number 13 - 3439035

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMPREHENSIVE MEDICAL AND REHABILITATION SERVICES ARE OFFERED AT THE

GUILD'S CENTER FOR HEALTH CARE SERVICES, A DIAGNOSTIC AND TREATMENT

CLINIC. THE CLINIC ADDRESSES THE COMPLEX HEALTH CARE ISSUES OF PERSONS

WITH VISION IMPAIRMENT AND THOSE AT THE RISK OF LOSING THEIR VISION.

SERVICES INCLUDE PRIMARY CARE, A LOW REHABILITATION VISION CLINIC,

DIABETES CARE, PODIATRY, ENDOCRINOLOGY, OCCUPATIONAL AND PHYSICAL

THERAPY AND SOCIAL WORK.

BOARD-CERTIFIED PHYSICIANS PROVIDE ESSENTIAL MEDICAL CARE TO PATIENTS

EXPERIENCING VISION LOSS AND TO THOSE AT RISK FOR VISION LOSS. THE

CENTER IS AFFILIATED WITH NEW YORK'S PREMIER HOSPITALS IN ORDER TO

ENSURE THE BEST POSSIBLE CONTINUITY OF CARE.

THROUGH THE VISION REHABILITATION SERVICES, PATIENTS WHO HAVE IMPAIRED

VISION ARE PROVIDED WITH LOW VISION DEVICES AS WELL AS THERAPEUTIC

INTERVENTIONS TO MAXIMIZE THEIR USABLE VISION, ENHANCE THEIR QUALITY OF

LIFE AND TO ENABLE PATIENTS TO FUNCTION SAFELY AND INDEPENDENTLY.

DIABETES CARE IS A MAJOR FUNCTION OF THE CLINIC. COMPREHENSIVE DIABETES

HEALTH CARE IS PROVIDED FOR PEOPLE WITH IMPAIRED VISION WHO ARE

DIAGNOSED WITH DIABETES OR WHO MAY BE AT RISK FOR VISION LOSS AS A

RESULT OF DIABETES. THE CENTER'S DIABETES SELF-MANAGEMENT EDUCATION

PROGRAM IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION. IT OFFERS

SPECIALIZED EDUCATION AND INSTRUCTION ON HOW TO MANAGE THE DISEASE,

WHICH HAS CLEARLY BECOME THE EPIDEMIC OF OUR TIME.

IN 2011, THERE WERE TOTAL OF 5,675 VISITS TO THE GUILD'S CENTER FOR

HEALTH CARE SERVICES, WITH AN AVERAGE OF 5-8 WALK-INS PER WEEK. MANY

PATIENTS ARE UNINSURED, NOT REGISTERED IN MEDICAID OR MEDICARE AND

 

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2011)

 132211 01-23-12
 28

\_ \_

Name of the organization

JGB REHABILITATION CORPORATION

Employer identification number 13-3439035

WITHOUT MONEY, AND RECEIVE FREE SERVICES AS THE CLINIC STARTS THE

APPLICATION PROCESS FOR MEDICAID.

FORM 990, PART VI, SECTION A, LINE 6: THE JEWISH GUILD FOR THE BLIND IS

THE SOLE MEMBER OF JGB REHABILITATION CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE SOLE MEMBER ELECTS THE BOARD MEMBERS OF JGB REHABILIATION CORPORATION ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE STAFF AND REVIEWED IN DETAIL BY A COMMITTEE OF THE BOARD AFTER IT HAS BEEN REVIEWED BY OUR OUTSIDE AUDITORS. AFTER ITS APPROVAL, A LINK TO THE FORM IS EMAILED TO EACH BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, AND ALL STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY. WHEN THERE IS A CHANGE IN THIS INFORMATION, THEY ARE REQUIRED TO COMPLETE AN UPDATED FORM. ALL CONFLICTS OF INTEREST ARE REPORTED IN WRITING TO THE PRESIDENT. THE PRESIDENT MAY THEN REQUEST THAT SUCH INTEREST OR ACTIVITY BE DISPOSED OF, DISCONTINUED OR LIMITED. OFFICERS, DIRECTORS AND DEPARTMENT DIRECTORS COMPLETE CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF GUILD AND AFFILIATE BOARD MEMBERS, REVIEWS SALARY DATA FROM COMPARABLE ORGANIZATIONS THAT HAS BEEN REVIEWED BY OUR AUDITORS AND ATTORNEYS FOR ACCURACY, COMPLETENESS AND COMPLIANCE WITH APPLICABLE REGULATIONS AND STATUTORY REQUIREMENTS. BASED UPON THEIR REVIEW OF THIS DATA, AND OTHER RELEVANT INFORMATION INCLUDING SPECIFIC JOB PERFORMANCE, 132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011) 29 16141017 132497 REC 2011.04000 JGB REHABILITATION CORPORAT REC\_\_\_\_1

Page 2

Schedule O (Form 990 or 990-EZ) (2011)	Page <b>2</b>
Name of the organization JGB REHABILITATION CORPORATION	Employer identification number 13-3439035
THE COMMITTEE DETERMINES APPROPRIATE COMPENSATION FOR THE	CEO, AND OTHER
SENIOR EXECUTIVES AT A MEETING AT WHICH THE AUDITORS AND	ATTORNEYS ARE
PRESENT. MINUTES OF THE COMMITTEE'S MEETINGS ARE MAINTAI	NED. THIS PROCESS
WAS CONDUCTED IN 2011.	
FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990 IS AV	AILABLE ON THE
GUILD'S WEBSITE. A COPY OF THE FORM 990, GOVERNING DOCUME	NTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UP	ON REQUEST.
FORM 990, PART XII, LINE 2C	
THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT AND	SELECTION OF

INDEPENDENT ACCOUNTANTS. THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR.

FORM 990, PART VII, SECTION A

A PORTION OF THE OFFICERS COMPENSATION PAID BY THE JEWISH GUILD FOR THE BLIND (EIN# 13-1623854) HAS BEEN ALLOCATED TO J.G.B REHABILITATION CORP AND OTHER SUBSIDIARIES. J.G.B REHABILITATION CORP EMPLOYEES DID NOT RECEIVE ANY DIRECT COMPENSATION FROM J.G.B REHABILITATION CORP BUT DID RECEIVE COMPENSATION FROM THE JEWISH GUILD FOR THE BLIND (EIN# 13-1623854).

FORM 990, PART VII, SECTION A, COLUMN E

HOURS PROVIDED TO RELATED ENTITIES:

ALAN R. MORSE	34.0 HOURS
JAMES M. DUBIN	5.5 HOURS
LAWRENCE E. GOLDSCHMIDT	4.5 HOURS
132212 01-23-12	Schedule O (Form 990 or 990-EZ) (2011) 3.0
16141017 132497 REC	2011.04000 JGB REHABILITATION CORPORAT REC1

Name of the organization JGB REHAB	ILITATION CORPORATION	Employer identification num 13-3439035
PAULINE RAIFF	4.5 HOURS	·
ROBERT B. OKUN	4.5 HOURS	
BRUCE MASTALINSKI	28.0 HOURS	
ELLIOT J. HAGLER	33.6 HOURS	
SARAH SPICEHANDLER	34.7 HOURS	
KELLYANNE CAIVANO	33.6 HOURS	
MELISSA FARBER	33.9 HOURS	
BARBARA KLEIN	33.2 HOURS	
SARA PITTERMAN	33.6 HOURS	
HAROLD LEDERMAN	33.6 HOURS	

SCHEDULE R

(Form 990) Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.
 See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-3439035

Name of the organization

#### JGB REHABILITATION CORPORATION

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

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
MASSACHUSETTS GUILD FOR THE BLIND, LLC -	PROVIDE TRAINING & SUPPORT				
13-1623854, 101 FEDERAL STREET, BOSTON, MA	TO THE VISUALLY IMPAIRED OR				THE JEWISH GUILD FOR
02110	LEGALLY BLIND	MASSACHUSETTS	0.	0.	THE BLIND
	-				

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE JEWISH GUILD FOR THE BLIND - 13-1623854	PROVIDE SERVICES TO						
15 WEST 65TH STREET	VISUALLY IMPAIRED						
NEW YORK, NY 10023	INCLUDING MULTI-DISABLED	NEW YORK	501(C)(3)	9	N/A		X
JGB HEALTH FACILITIES CORP - 13-2795647	ADULT DAY HEALTH CARE						
15 WEST 65TH STREET	PROGRAMS AND RESIDENTIAL				THE JEWISH GUILD		
NEW YORK, NY 10023	HEALTH CARE	NEW YORK	501(C)(3)	9	FOR THE BLIND	Х	
IN TOUCH NETWORKS, INC 23-7396618							
15 WEST 65TH STREET	THE ORGANIZATION IS IN						
NEW YORK, NY 10023	DISSOLUTION STAGE	NEW YORK	501(C)(3)	7	N/A		X
JGB EDUCATION SERVICES - 13-3419981							
15 WEST 65TH STREET	PRIVATE NONRESIDENTIAL				THE JEWISH GUILD		1
NEW YORK, NY 10023	SCHOOL	NEW YORK	501(C)(3)	2	FOR THE BLIND	Х	

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

Schedule R (Form 990) 2011

### Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	contr organiz	g) 512(b)(13) rolled zation?
GUILDNET, INC 13-3936057						Yes	No
15 WEST 65TH STREET	MANAGED LONG TERM CARE				THE JEWISH GUILD		
NEW YORK, NY 10023		NEW YORK	501(C)(3)	9	FOR THE BLIND	x	
GREATER BOSTON GUILD FOR THE BLIND, INC	EDUCATION, TRAINING &		501(0)(3)				
04-2103893, 1980 CENTRE STREET, WEST	SUPPORT TO THE VISUALLY				THE JEWISH GUILD		
ROXBURY, MA 02132		MASSACHUSETTS	501(C)(3)	9	FOR THE BLIND	x	
JGB MENTAL HEALTH AND MENTAL RETARDATION	PSYCHIATRIC CLINIC AND DAY			-			
SERVICES, INC 20-1480790, 15 WEST 65TH	TREATMENT PROGRAMS FOR				THE JEWISH GUILD		
STREET, NEW YORK, NY 10023	-	NEW YORK	501(C)(3)	9	FOR THE BLIND	x	
GREATER BOSTON DIABETES SOCIETY, INC	PUBLIC EDUCATION -			1	GREATER BOSTON		
04-2232419, 1980 CENTRE STREET, WEST ROXBUR,	DIABETES. PREVENTION &				GUILD FOR THE		
MA 02132		MASSACHUSETTS	501(C)(3)	9	BLIND, INC.	X	
					,		
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#### Schedule R (Form 990) 2011 JGB REHABILITATION CORPORATION

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

(a)	(b)	(c)	(d)		(e)	(f)	(g)	()	h)		(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predomi (related	nant income , unrelated, rom tax under s 512-514)	Share of total income	Share of end-of-year		portion-	Code	e V-UBI It in box Schedule	Gene mana	aaina	Percentagownershi
of rolated organization		(state or foreign country)	Ontry	excluded f	rom tax under s 512-514)	income	assets	ate allo	No	20 of S	chedule rm 1065)	part Yes	ner?	owneron
		country)		00000	0012011)			165		11110	111 1000)	Tes		
	-													
	_													
	-													
	-													
												+		
	_													
	-													
	-													
organizations treated as a c	rganizations Taxable a	as a Corpo	year.)	mplete if t	-			art IV, I					r more	
organizations treated as a c	orporation or trust durir	as a Corpo	year.) (b)		(c)	(d)	(e)		(f)	)	(g	J)		(h)
organizations treated as a c	erporation or trust durin	as a Corpo	year.)		-	(d)			(f)	) of total		<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corpo	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corp ng the tax	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corpo	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corp ng the tax	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corp ng the tax	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corpo	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corp ng the tax	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corp ng the tax	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corpo	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corp ng the tax	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corp ing the tax	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	(h) Percenta
organizations treated as a c (a) Name, address, and	erporation or trust durin	as a Corpond the tax	year.) (b)		(C) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp		(f) hare c	) of total	(g Shai end-o	<b>g)</b> re of f-yea	F	

### Schedule R (Form 990) 2011 JGB REHABILITATION CORPORATION

Part	<b>Transactions With Related Organizations</b> (Complete if the organization ans	wered "Yes" to Form	n 990, Part IV, line 34, 35,	35a, 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 organization engage in any of the following transaction	s with one or more r	elated organizations listed	I in Parts II-IV?				
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		÷		1a		X	
	<b>b</b> Gift, grant, or capital contribution to related organization(s)							
с	c Gift, grant, or capital contribution from related organization(s)							
	oans or loan guarantees to or for related organization(s)						X	
е	oans or loan guarantees by related organization(s)				1e	X		
f	Sale of assets to related organization(s)				1f		x	
g	Purchase of assets from related organization(s)				1g		X	
h	Exchange of assets with related organization(s)				1h		X	
i	ease of facilities, equipment, or other assets to related organization(s)				<b>1</b> i		X	
j	ease of facilities, equipment, or other assets from related organization(s)				1j	X		
	k Performance of services or membership or fundraising solicitations for related organization(s)							
	I Performance of services or membership or fundraising solicitations by related organization(s)							
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati						X	
	Sharing of paid employees with related organization(s)					X		
о	Reimbursement paid to related organization(s) for expenses				10	X		
р	Reimbursement paid by related organization(s) for expenses				1p		Х	
q	Other transfer of cash or property to related organization(s)				1q		Х	
	Other transfer of cash or property from related organization(s)						Х	
2	f the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.				
	(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	(d) Method of determining amount involved				
<u>(1)</u>								
(2)								
(3)								

(4)

(5)

(6)

#### Schedule R (Form 990) 2011 JGB REHABILITATION CORPORATION

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs.	) sec. (3) ?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> Genera manag partn	al or F ging er?	<b>(k)</b> Percentage ownership
				Yes	NO			<u>Yes</u>	NO		Yes	NO	

Schedule R (Form 990) 2011

Schedule R (	(Form 990)	2011

Part VII Supplemental Information

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

SCHEDULE R, PART V

REHAB HAS A MANAGEMENT AGREEMENT WITH THE GUILD FOR ALL NECESSARY

MANAGEMENT AND SALARIED STAFFING SERVICES AS WELL AS USE OF FACILITIES,

EQUIPMENT AND OTHER ASSETS.

REHAB RECEIVED PAYMENTS FROM GUILDNET, INC. FOR MEDICAL AND HEALTH CARE

SERVICES.

01-23-12

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