

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2020

Name(s) as shown on return

JOB HAINES HOME FOR AGED PEOPLE

Employer Identification Number

****-***2180**

Entity address

250 BLOOMFIELD AVENUE

Bloomfield, NJ 07003

Thank you for participating in IRS e-file.

1. 2020 **990PF** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **GEORGE M LINDORFF LLC**.
2. **990PF** income tax return was accepted on **11-11-2021** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **2058032021315fbadnth**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

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Entities That File Returns Electronically**

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Name(s) as shown on return

JOB HAINES HOME FOR AGED PEOPLE

Employer Identification Number

****-***2180**

Entity address

250 BLOOMFIELD AVENUE

Bloomfield, NJ 07003

Thank you for participating in IRS e-file.

1. 2020 **8868-07** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **GEORGE M LINDORFF LLC**.
2. **8868-07** income tax return was accepted on **05-16-2021** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **20580320211361iqwpy1**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
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Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

Open to Public Inspection

For calendar year 2020 or tax year beginning , 2020, **and ending** , 20

Name of foundation JOB HAINES HOME FOR AGED PEOPLE		A Employer identification number 22-0972180
Number and street (or P.O. box number if mail is not delivered to street address) 250 BLOOMFIELD AVENUE	Room/suite	B Telephone number (see instructions) (973) 743-0792
City or town, state or province, country, and ZIP or foreign postal code Bloomfield, NJ 07003		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here . . . <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation . . . <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 55,353,289	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,207,822	1,207,822	1,207,822	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,182,414			
	b Gross sales price for all assets on line 6a 5,559,063				
	7 Capital gain net income (from Part IV, line 2)		1,182,414		
	8 Net short-term capital gain			11,005	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule) STM106	11,601,982				
12 Total. Add lines 1 through 11	13,992,218	2,390,236	1,218,827		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	274,289			274,289
	14 Other employee salaries and wages	8,238,960			8,238,960
	15 Pension plans, employee benefits	1,677,290			1,435,137
	16a Legal fees (attach schedule) STM107	78,978			78,978
	b Accounting fees (attach schedule) . . . STM108	113,735			104,967
	c Other professional fees (attach schedule) STM109	281,101	173,996		102,245
	17 Interest	223,131			223,131
	18 Taxes (attach schedule) (see instructions) STM110	804,701			804,701
	19 Depreciation (attach schedule) and depletion . STM126 .	945,298			
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) . . . STM103	3,180,560			2,837,846
	24 Total operating and administrative expenses. Add lines 13 through 23	15,818,043	173,996		14,100,254
	25 Contributions, gifts, grants paid	0			0
26 Total expenses and disbursements. Add lines 24 and 25	15,818,043	173,996		14,100,254	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	(1,825,825)				
b Net investment income (if negative, enter -0-)		2,216,240			
c Adjusted net income (if negative, enter -0-)			1,218,827		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	784,105	945,529	945,529
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 1,013,946			
	Less: allowance for doubtful accounts ▶ 40,341	613,279	973,605	973,605
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	432,761	433,785	433,785
	10a Investments - U.S. and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule) STM137	37,454,422	39,509,168	39,509,168
	c Investments - corporate bonds (attach schedule)			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation (attach schedule) ▶				
12 Investments - mortgage loans				
13 Investments - other (attach schedule)				
14 Land, buildings, and equipment: basis ▶ 25,210,397				
Less: accumulated depreciation (attach schedule) ▶ 11,719,195	14,104,826	13,491,202	13,491,202	
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	53,389,393	55,353,289	55,353,289	
Liabilities	17 Accounts payable and accrued expenses	1,559,318	2,197,695	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) STM123	8,093,208	7,853,765	
	22 Other liabilities (describe ▶ STM121)		24,648	
	23 Total liabilities (add lines 17 through 22)	9,652,526	10,076,108	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. ▶ <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	43,736,867	45,277,181	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. ▶ <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	43,736,867	45,277,181		
30 Total liabilities and net assets/fund balances (see instructions)	53,389,393	55,353,289		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	43,736,867
2	Enter amount from Part I, line 27a	2	(1,825,825)
3	Other increases not included in line 2 (itemize) ▶ STM115	3	3,366,139
4	Add lines 1, 2, and 3	4	45,277,181
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	45,277,181

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 See STM134				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 5,559,063		4,376,649	1,182,414	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a			1,182,414	
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	1,182,414
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	}	3	11,005

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 – DO NOT COMPLETE.

1 Reserved				
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved	
Reserved				
Reserved				
Reserved				
Reserved				
Reserved				
2 Reserved			2	
3 Reserved			3	
4 Reserved			4	
5 Reserved			5	
6 Reserved			6	
7 Reserved			7	
8 Reserved			8	

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <u>01-14-1974</u> (attach copy of letter if necessary-see instructions)		
b	Reserved	1	N/A
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	
3	Add lines 1 and 2	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax Refunded	11	

Part VII-A Statements Regarding Activities			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b		X
c	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions <u>NJ</u>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16. Row 11: At any time during the year, did the foundation, directly or indirectly, own a controlled entity... Row 12: Did the foundation make a distribution to a donor advised fund... Row 13: Did the foundation comply with the public inspection requirements... Row 14: The books are in care of NOREEN HAVERON Telephone no. 973-743-0792 Located at 250 BLOOMFIELD AVENUE, Bloomfield, NJ ZIP+4 07003 Row 15: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 Row 16: At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b. Row 1a: During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Row b: If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here Row c: Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? Row 2: Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? If "Yes," list the years 20, 20, 20, 20 b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Row 3a: Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Row b: If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) Row 4a: Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Row b: Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year, did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions			5b
	Organizations relying on a current notice regarding disaster assistance, check here			<input type="checkbox"/>
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See 990_OFOV NOREEN HAVERON 250 BLOOMFIELD AVENUE Bloomf NJ 07003	EXECUTIVE DIREC 40.00	STMA01 274,289	32,623	0
JOHN REDMOND 250 BLOOMFIELD AVENUE Bloomf NJ 07003	CHAIR 2.00	STMA02 0	0	0
BYRON DE VIRES 250 BLOOMFIELD AVENUE Bloomf NJ 07003	VICE-CHAIR 3.00	STMA03 0	0	0
EUK KWON 250 BLOOMFIELD AVENUE Bloomf NJ 07003	SECRETARY 3.00	STMA04 0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
EVELYNE LEMMY 250 BLOOMFIELD AVENUE Bloomfield NJ 07003	DIRECTOR OF NUR 40.00	STMB01 237,275	29,439	0
DAVID REPOLI 250 BLOOMFIELD AVENUE Bloomfield NJ 07003	FACILITY ADMINI 40.00	STMB02 215,257	27,621	0
DEVON GROCE 250 BLOOMFIELD AVENUE Bloomfield NJ 07003	ADON 40.00	STMB03 201,589	26,492	0
ELIZABETH POWERS 250 BLOOMFIELD AVENUE Bloomfield NJ 07003	REGISTERED NURS 40.00	STMB04 147,789	21,985	0
DONNA S MCALLISTER 250 BLOOMFIELD AVENUE Bloomfield NJ 07003	NURSE 40.00	STMB05 147,788	21,984	0
Total number of other employees paid over \$50,000				42

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
GENERATION PHARMACY GROUP LLC 85 FULTON STREET Boonton NJ 07005	DRUGS AND SUPPLIES	STMC01 227,039
GEORGE M LINDORFF 21 PLEASANT PLACE Kearny NJ 07032	CPA SERVICES	STMC02 72,500
Novetix Corporation 353 Pacific Avenue Jerses City NJ 07005	Computer , IT	STMC03 78,527
JOHNSON CONTROLS 85 FULTON STREET Palatine IL 60055	FIRE PROPECTION	STMC04 54,257
DAY PITNEY LLP PO BOX 935743 Atlanta GA 31193-5743	ATTORNEYS	STMC05 65,808
Total number of others receiving over \$50,000 for professional services ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE FOUNDATION PROVIDES HEALTH AND RESIDENT CARE FOR THE ELDERLY	15,818,043
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	36,496,740
b	Average of monthly cash balances	1b	565,433
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	37,062,173
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	37,062,173
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	555,933
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	36,506,240
6	Minimum investment return. Enter 5% of line 5	6	1,825,312

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2020 from Part VI, line 5	2a	
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	14,100,254
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	297,545
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	14,397,799
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,397,799

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				12,575,801
c From 2017				14,381,815
d From 2018				12,671,800
e From 2019				13,733,050
f Total of lines 3a through e	53,362,466			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ <u>14,397,799</u>				
a Applied to 2019, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2020 distributable amount				
e Remaining amount distributed out of corpus	14,397,799			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	67,760,265			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	67,760,265			
10 Analysis of line 9:				
a Excess from 2016				12,575,801
b Excess from 2017				14,381,815
c Excess from 2018				12,671,800
d Excess from 2019				13,733,050
e Excess from 2020				14,397,799

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

- 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶ **01-14-1974**
- b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	1,218,827	1,020,819	1,112,287	773,201	4,125,134
b 85% of line 2a	1,036,003	867,696	945,444	657,221	3,506,364
c Qualifying distributions from Part XII, line 4, for each year listed	14,397,799	12,744,812	12,671,800	14,381,815	54,196,226
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	14,397,799	12,744,812	12,671,800	14,381,815	54,196,226
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed	1,216,875	1,251,715	1,299,183	1,303,448	5,071,221
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

- 1 **Information Regarding Foundation Managers:**
 - a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

- 2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

- a The name, address, and telephone number or email address of the person to whom applications should be addressed:

990APP

- b The form in which applications should be submitted and information and materials they should include:

- c Any submission deadlines:

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total ▶				3a
b <i>Approved for future payment</i>				
Total ▶				3b

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return JOB HAINES HOME FOR AGED PEOPLE	Business or activity to which this form relates FORM 990PF - 1	Identifying number 22-0972180
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	915,284

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020.	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		17,431	3	HY	SL	2,905
b 5-year property Statement #567						14,366
c 7-year property Statement #568						6,191
d 10-year property Statement #569						6,191
e 15-year property		10,840	15	HY	SL	361
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	945,298
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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Form 990PF - Part II - Line 21
Mortgages and Notes Payable Schedule

Statement #123

Lender's name	NJ EDA
Lender's title	ST OF NJ
Relationship to insider	NONE
Original amount of loan	\$ 8,768,637
Balance due	\$ 7,853,765
Date of note	2016-12
Maturity date	2046-12
Repayment terms	ANNUAL PRINCIPA
Interest rate	3
Security by borrower	CORPORATE ASSET
Purpose of loan	FACILITY EXPANSION and REPAIRS
Lender consideration	
Consideration FMV	\$ 7,853,765

Form 990PF - Part VIII
Compensation Explanation

PG01
Statement #A01

Name
NOREEN HAVERON

Explanation
BOARD APPROVED COMPENSATION

Form 990PF - Part VIII
Compensation Explanation

PG01
Statement #A02

Name
JOHN REDMOND

Explanation
NO COMPENSATION

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Form 990PF - Part VIII
Compensation Explanation

Statement #A03

Name
BYRON DE VIRES

Explanation
NO COMPENSATION

Form 990PF - Part VIII
Compensation Explanation

PG01
Statement #A04

Name
EUK KWON

Explanation
NO COMPENSATION

Form 990PF - Part VIII
Compensation Explanation

PG01
Statement #A05

Name
GERALD FASANELLA

Explanation
NO COMPENSATION

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Form 990PF - Part VIII
Compensation Explanation

Statement #A06

Name

H. BARTLETT BROWN

Explanation

NO COMPENSATION

Form 990PF - Part VIII
Compensation Explanation

PG01
Statement #A07

Name

JASON CULLARI

Explanation

NO COMPENSATION

Form 990PF - Part VIII
Compensation Explanation

PG01
Statement #A08

Name

ROBERT HICOCK

Explanation

NO COMPENSATION

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Form 990PF - Part VIII
Compensation Explanation

Statement #A09

Name
SUSAN CLAPP

Explanation
NO COMPENSATION

Form 990PF - Part VIII
Compensation Explanation

PG01
Statement #A10

Name
ALICE OSUR

Explanation
NO COMPENSATION

Form 990PF - Part VIII
Compensation Explanation

PG01
Statement #A11

Name
GEMMA L SULLIVAN

Explanation
NO COMPENSATION

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Form 990PF - Part VIII
Compensation Explanation

Statement #A12

Name

NOAH YOUNG

Explanation

NO COMPENSATION

Form 990PF - Part VIII - Line 2a
Employee Compensation Explanation

PG01
Statement #B01

Name

EVELYNE LEMMY

Explanation

BOARD APPROVED COMPENSATION

Form 990PF - Part VIII - Line 2a
Employee Compensation Explanation

PG01
Statement #B02

Name

DAVID REPOLI

Explanation

BOARD APPROVED COMPENSATION

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Form 990PF - Part VIII - Line 2a
Employee Compensation Explanation

Statement #B03

Name

DEVON GROCE

Explanation

BOARD APPROVED COMPENSATION

Form 990PF - Part VIII - Line 2a
Employee Compensation Explanation

PG01
Statement #B04

Name

ELIZABETH POWERS

Explanation

BORAD APPROVED COMPENSATION

Form 990PF - Part VIII - Line 2a
Employee Compensation Explanation

PG01
Statement #B05

Name

DONNA S MCALLISTER

Explanation

BOARD APPROVED COMPENSATION

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Form 990PF - Part VIII - Line 3
Contractor Compensation Explanation

Statement #C01

Name

GENERATION PHARMACY GROUP LLC

Explanation

DRUGS MEDICAL SUPPLIES AND SMALL MED EQUIPMENT

Form 990PF - Part VIII - Line 3
Contractor Compensation Explanation

PG01
Statement #C02

Name

GEORGE M LINDORFF

Explanation

ACCOUNTING AND FINANCIAL ADVICE

Form 990PF - Part VIII - Line 3
Contractor Compensation Explanation

PG01
Statement #C03

Name

Novetix Corporation

Explanation

Computer Engineering

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Form 990PF - Part II - Line 10(b)
Investments: Corporate Stock Schedule

Statement #137

Category	BOY	Book Value	EOY FMV
CORPORATE EQUITIES, BONDS	<u>37,454,422</u>	<u>39,509,168</u>	<u>39,509,168</u>
Totals	<u><u>37,454,422</u></u>	<u><u>39,509,168</u></u>	<u><u>39,509,168</u></u>

Form 990PF - Part X - Line 4
Cash Deemed Held for Charitable Activities

PG01
Statement #159

operating cash needed for payment expenses

990-T Schedule A Part II - Line 5
Income (loss) from Partnerships and S corporations

PG01
Statement #17

Form 990-T Schedule A: NATURAL GAS SHIPPING

Name of partnership or s corporation	Share of Gross Income	Share of Deductions	Income (Loss)
SUBURBAN PROPANE PARTNERS LP ID 22-3410353	<u>971</u>	<u> </u>	<u>971</u>
Total	<u><u>971</u></u>	<u> </u>	<u><u>971</u></u>
Income or (loss)			<u><u>971</u></u>

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Form 4562 - Line 19b

Statement #567

Basis	RP	CV	Method	Deduction
5,700	5	HY	SL	570
2,291	5	HY	SL	229
47,458	5	HY	SL	4,746
2,221	5	HY	SL	222
37,500	5	HY	SL	3,750
8,162	5	HY	SL	816
40,334	5	HY	SL	<u>4,033</u>
Total				<u><u>14,366</u></u>

Form 4562 - Line 19c

PG01
Statement #568

Basis	RP	CV	Method	Deduction
16,179	7	HY	SL	1,156
66,230	7	HY	SL	4,731
4,262	7	HY	SL	<u>304</u>
Total				<u><u>6,191</u></u>

Form 4562 - Line 19d

PG01
Statement #569

Basis	RP	CV	Method	Deduction
92,305	10	HY	SL	4,615
13,747	10	HY	SL	687
17,774	10	HY	SL	<u>889</u>
Total				<u><u>6,191</u></u>

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Form 990PF - Part I - Line 23 - Other Expenses Schedule

Statement #103~

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
ACTIVITY EXPENSE	17,571	0	0	17,571
MARKETING EXPENSES	63,555	0	0	6,355
LICENSES AND DUES	30,520	0	0	3,052
BAD DEBTS	12,358	0	0	12,358
LAUNDRY SERVICES	99,182	0	0	99,182
COVID 19 COSTS	469,507	0	0	469,507
COMPUTER EXPENSES	149,167	0	0	149,167
HEALTHCARE RESIDENT COSTS	583,052	0	0	378,561
HOUSEKEEPING SERVICES	47,924	0	0	47,924
INSURANCE LIABILITY	268,835	0	0	268,835
OFFICE EXPENSES	28,013	0	0	28,013
OTHER ADMIN EXPENSES	28,934	0	0	28,934
OTHER EXECUTIVE EXPENSES	35,081	0	0	35,081
DIETARY SERVICES	405,349	0	0	351,794
REPAIRS AND MAINTENANCE	206,734	0	0	206,734
SECURITY AND VALET	155,090	0	0	155,090
SEMINARS AND EDUCATION	14,431	0	0	14,431
COPIER EXPENSES	34,719	0	0	34,719
TELEPHONE and CABLE	79,421	0	0	79,421
THERAPY	200,311	0	0	200,311
UTILITIES	234,610	0	0	234,610
UNIFORM ALLOWANCES	16,196	0	0	16,196
Totals	<u>3,180,560</u>	<u>0</u>	<u>0</u>	<u>2,837,846</u>

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Form 990PF - Part I - Line 11 - Other Income Schedule

Statement #106~

Description	Revenue and expenses	Net investment	Adjusted net income
ADMISSION FEES	39,701	0	0
PER DIEM INCOME	4,895,716	0	0
MEDICARE A	2,814,776	0	0
GIFTS LEGACIES	10,140	0	0
MEDICARE B	86,196	0	0
CO INSURANCE	380,241	0	0
MEDICAID	453,293	0	0
MEDICAID OFFSETS	164,301	0	0
MISCELLEANOUS	24,727	0	0
PRIVATE INSURANCE	649,411	0	0
COVID PPP FUNDING&STATE SUPPOR	<u>2,083,480</u>	<u>0</u>	<u>0</u>
Totals	<u><u>11,601,982</u></u>	<u><u>0</u></u>	<u><u>0</u></u>

PG01

Form 990PF - Part I - Line 16(a) - Legal Fees Schedule

Statement #107~

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
LEGAL FEES	<u>78,978</u>	<u>0</u>	<u>0</u>	<u>78,978</u>
Totals	<u><u>78,978</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>78,978</u></u>

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Form 990PF - Part I - Line 16(b) - Accounting Fees Schedule

Statement #108~

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
ACCOUNTING FEES	87,735	0	0	78,967
AUDIT FEES	<u>26,000</u>	<u>0</u>	<u>0</u>	<u>26,000</u>
Totals	<u><u>113,735</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>104,967</u></u>

Form 990PF - Part I - Line 16(c) - Other Professional Fees Schedule

PG01
Statement #109~

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
BANK CHARGES	10,680	0	0	10,680
RVK MGMT FEES	55,552	55,552	0	0
CUSTODY FEES	118,444	118,444	0	0
PENSION ADMIN	5,404	0	0	544
ZIMMET HEALTHCARE RESOURCES	20,322	0	0	20,322
COMPUTER PROFESSIONALS	<u>70,699</u>	<u>0</u>	<u>0</u>	<u>70,699</u>
Totals	<u><u>281,101</u></u>	<u><u>173,996</u></u>	<u><u>0</u></u>	<u><u>102,245</u></u>

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Form 990PF - Part I - Line 18 - Taxes Schedule

Statement #110~

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
FICA	629,224	0	0	629,224
SUTA	81,384	0	0	81,384
PROVIDER ASSESSMENT	<u>94,093</u>	<u>0</u>	<u>0</u>	<u>94,093</u>
Totals	<u><u>804,701</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>804,701</u></u>

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Form 990-PF - Part IV - Capital Gains And Losses Information (Overflow)

Statement #134~

Description	P-Purchase	Date Acquired	Date Sold	Sales Price	Depreciation	Cost or	Gain or Loss	Gains Minus
	D-Donation					other basis		Excess or Losses
JANUS FUNDS	P	02-27-2019	02-12-2020	250,000		247,108	2,892	2,892
JMORGAN MORTGAGE	P	02-27-2019	01-10-2020	250,000		241,887	8,113	8,113
PIMCO	P	10-28-2020	11-09-2020	250,000		250,000		
GOLDMAN ACTIVEBETA	P	02-27-2019	10-28-2020	377,843		318,758	59,085	59,085
JANUS HENDERSON	P	02-27-2019	11-11-2020	947,500		933,794	13,706	13,706
JPMORGAN MORTGAGE	P	02-27-2019	12-22-2020	947,500		907,277	40,223	40,223
PRIME CAP	P	08-01-2012	01-16-2020	72,000		31,201	40,799	40,799
VANGUARD	P	09-25-2014	10-28-2020	1,372,000		747,608	624,392	624,392
INVESCO FUNDS	P	05-15-2018	12-22-2020	280,346		286,809	(6,463)	(6,463)
NB CROSSROADS	P	03-31-2019	12-30-2020	811,874		412,207	399,667	399,667
Total				<u>5,559,063</u>		<u>4,376,649</u>	<u>1,182,414</u>	<u>1,182,414</u>

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Name(s) as shown on return

Your Social Security Number

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

Form 990PF - Part XV - Line 2
Application Submission Information

Grant Program

NONE

Applicant Name

NONE

Address

NONE

Bloomfield NJ 07003

Telephone

973-743-0792

Email Address

Form & Content

NONE

Submission Deadline

NONE

Restrictions on Award

NONE

Name(s) as shown on return

FEIN

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

EMPLOYEE BENIFITS

Description	Amount
WORKMANS COMP	\$ 214,046
HEALTH INSURANCE	987,532
PENSION	475,712
Total:	\$ 1,677,290

EMPLOYEE BENEFITS

Description	Amount
WORKMAN COMPENSATION	\$ 214,046
HEALTH INSURANCE	987,532
PENSION	233,559
Total:	\$ 1,435,137

ACCOUNTS PAYABLE

Description	Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,257,903
ESCROW TRUST ACCOUNT	297,104
RESIDENTS CASH ACCOUNT	4,311
Total:	\$ 1,559,318

PREPAID EXPENSES

Description	Amount
PREPAID EXPENSES	\$ 190,249
DEPOSITS TRUST SECURITY DEPOSITS	236,641
DEPOSITS TRUST CASH ACCOUNTS	6,895
Total:	\$ 433,785

ACCOUNTS PAYABLE

Description	Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,954,159
RESIDENTS TRUST ACCOUNTS	236,641
RESIDENTS PNA ACCOUNTS	6,895
Total:	\$ 2,197,695

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FEIN

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

NET OPERATING LOSS BEFOR 2018

<u>Description</u>	<u>Amount</u>
12/31/2002	\$ 194,335
12/31/2003	122,995
12/31/2004	105,135
12/31/2005	59,915
12/31/2006	60,177
12/31/2007	147,356
12/31/2008	146,503
12/31/2009	272,872
12/31/2010	588,379
12/31/2011	623,700
12/31/2012	236,112
12/31/2013	7,350
12/31/2014	(90,321)
12/31/2015	(83,791)
Total:	\$ <u>2,390,717</u>

NET OPERATING LOOS AFTER JUANUARY 1 ,2017

<u>Description</u>	<u>Amount</u>
12/31/2019	\$ 12,512
Total:	\$ <u>12,512</u>