

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

**2021**

Department of the Treasury  
Internal Revenue Service

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Open to Public Inspection

**For calendar year 2021 or tax year beginning** , **2021**, and ending , **20**

|  |  |  |
|--|--|--|
| Name of foundation<br><b>JOB HAINES HOME FOR AGED PEOPLE</b>   |  | A Employer identification number<br><b>22-0972180</b>  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>250 BLOOMFIELD AVENUE</b>  | Room/suite   | B Telephone number (see instructions)<br><b>(973) 743-0792</b>   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>Bloomfield, NJ 07003</b>  |  | C If exemption application is pending, check here <input type="checkbox"/>   |
| G Check all that apply:<br><input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |  | D 1. Foreign organizations, check here . . . <input type="checkbox"/><br>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<br><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) ▶ \$ <b>54,689,602</b>  | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(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"/>   |

| <b>Part I Analysis of Revenue and Expenses</b> (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) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>   | 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 . . . . .   | 1,572,699                          | 1,572,699                 | 1,572,699               |   |
|  | 5a Gross rents . . . . .   |                                    |                           |                         |   |
|  | b Net rental income or (loss)  |                                    |                           |                         |   |
|  | 6a Net gain or (loss) from sale of assets not on line 10 . . . . .                             | 2,298,426                          |                           |                         |   |
|  | b Gross sales price for all assets on line 6a <b>9,592,108</b>                                 |                                    |                           |                         |   |
|  | 7 Capital gain net income (from Part IV, line 2) . . . . .                                     |                                    | 2,298,426                 |                         |   |
|  | 8 Net short-term capital gain . . . . .  |                                    |                           |                         |   |
|  | 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) . . . . . <b>STM106</b>  | 10,156,900   |                                    | 10,156,900                |                         |   |
| 12 <b>Total.</b> Add lines 1 through 11 . . . . .  | 14,028,025   | 3,871,125                          | 11,729,599                |                         |   |
| <b>Operating and Administrative Expenses</b>   | 13 Compensation of officers, directors, trustees, etc . . . . .                                | 259,683                            |                           | 259,683                 | 259,683   |
|  | 14 Other employee salaries and wages . . . . .   | 8,666,786                          |                           | 8,666,786               | 8,666,786   |
|  | 15 Pension plans, employee benefits . . . . .  | 1,764,871                          |                           | 1,764,871               | 1,764,871   |
|  | 16a Legal fees (attach schedule) . . . . . <b>STM107</b>                                       | 77,244                             |                           | 77,244                  | 77,244  |
|  | b Accounting fees (attach schedule) . . . . . <b>STM108</b>                                    | 123,256                            |                           | 123,256                 | 123,256   |
|  | c Other professional fees (attach schedule) <b>STM109</b>                                      | 307,823                            | 180,268                   | 127,555                 | 127,555   |
|  | 17 Interest . . . . .  | 207,873                            |                           | 207,873                 | 207,873   |
|  | 18 Taxes (attach schedule) (see instructions) <b>STM110</b>                                    | 873,998                            |                           | 873,998                 | 873,998   |
|  | 19 Depreciation (attach schedule) and depletion . <b>STM126</b>                                | 962,926                            |                           |                         |   |
|  | 20 Occupancy . . . . .   |                                    |                           |                         |   |
|  | 21 Travel, conferences, and meetings . . . . .   |                                    |                           |                         |   |
|  | 22 Printing and publications . . . . .   |                                    |                           |                         |   |
|  | 23 Other expenses (attach schedule) . . . . . <b>STM103</b>                                    | 2,988,931                          |                           | 2,988,931               | 2,988,931   |
|  | 24 <b>Total operating and administrative expenses.</b><br>Add lines 13 through 23 . . . . .    | 16,233,391                         | 180,268                   | 15,090,197              | 15,090,197  |
| 25 Contributions, gifts, grants paid . . . . .   | 0  |                                    |                           | 0                       |   |
| 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25  | 16,233,391   | 180,268                            | 15,090,197                | 15,090,197              |   |
| 27 Subtract line 26 from line 12:  |  |                                    |                           |                         |   |
| a Excess of revenue over expenses and disbursements  | (2,205,366)  |                                    |                           |                         |   |
| b Net investment income (if negative, enter -0-) . . . . .   |  | 3,690,857                          |                           |                         |   |
| c Adjusted net income (if negative, enter -0-) . . . . .   |  |                                    | 0                         |                         |   |

| 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   | 945,529        | 1,250,765             | 1,250,765                           |
|                             | 2  | Savings and temporary cash investments  |                |                       |                                     |
|                             | 3  | Accounts receivable   | 931,149        |                       |                                     |
|                             |  | Less: allowance for doubtful accounts   | 39,620         |                       |                                     |
|                             | 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   | 433,785        | 537,481               | 537,481                             |
|                             | 10a  | Investments - U.S. and state government obligations (attach schedule)   |                |                       |                                     |
|                             | b  | Investments - corporate stock (attach schedule)   | 39,509,168     | 39,254,454            | 39,254,454                          |
|                             | 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  | 25,437,494  |                |                       |                                     |
|                             | Less: accumulated depreciation (attach schedule)   | 12,682,121  |                |                       |                                     |
| 15                          | Other assets (describe)  |   |                |                       |                                     |
| 16                          | <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) | 55,353,289  | 54,689,602     | 54,689,602            |                                     |
| Liabilities                 | 17   | Accounts payable and accrued expenses   | 2,197,695      | 1,380,821             |                                     |
|                             | 18   | Grants payable  |                |                       |                                     |
|                             | 19   | Deferred revenue  |                |                       |                                     |
|                             | 20   | Loans from officers, directors, trustees, and other disqualified persons  |                |                       |                                     |
|                             | 21   | Mortgages and other notes payable (attach schedule)   | 7,853,765      | 7,607,878             |                                     |
|                             | 22   | Other liabilities (describe)  | 24,648         | 13,272                |                                     |
|                             | 23   | <b>Total liabilities</b> (add lines 17 through 22)  | 10,076,108     | 9,001,971             |                                     |
| 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   | 45,277,181     | 45,687,631            |                                     |
|                             | 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                          | <b>Total net assets or fund balances</b> (see instructions)  | 45,277,181  | 45,687,631     |                       |                                     |
| 30                          | <b>Total liabilities and net assets/fund balances</b> (see instructions)                             | 55,353,289  | 54,689,602     |                       |                                     |

| 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 45,277,181  |
| 2   | Enter amount from Part I, line 27a   | 2 (2,205,366) |
| 3   | Other increases not included in line 2 (itemize)   | 3 2,615,816   |
| 4   | Add lines 1, 2, and 3  | 4 45,687,631  |
| 5   | Decreases not included in line 2 (itemize)   | 5             |
| 6   | <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 29   | 6 45,687,631  |

**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<br>P-Purchase<br>D-Donation  | (c) Date acquired<br>(mo., day, yr.)  | (d) Date sold<br>(mo., day, yr.) |
|---|---|---|---|----------------------------------|
| <b>1a EQUITIES</b>  |   | P   | 06-30-2015  | 06-30-2021                       |
| b   |   |   |   |                                  |
| c   |   |   |   |                                  |
| d   |   |   |   |                                  |
| e   |   |   |   |                                  |
| (e) Gross sales price   | (f) Depreciation allowed<br>(or allowable)  | (g) Cost or other basis<br>plus expense of sale                                     | (h) Gain or (loss)<br>((e) plus (f) minus (g))  |                                  |
| a 9,592,108   |   | 7,293,682   | 2,298,426   |                                  |
| 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<br>as of 12/31/69  | (k) Excess of col. (i)<br>over col. (j), if any                                     | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |                                  |
| a   |   |   | 2,298,426   |                                  |
| b   |   |   |   |                                  |
| c   |   |   |   |                                  |
| d   |   |   |   |                                  |
| e   |   |   |   |                                  |
| 2   | Capital gain net income or (net capital loss)   | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | 2   | 2,298,426                        |
| 3   | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in<br>Part I, line 8 | }   | 3   |                                  |

**Part V 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.<br>Date of ruling or determination letter: <u>01-14-1974</u> (attach copy of letter if necessary-see instructions) | 1  | N/A |
| b  | All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations,<br>enter 4% (0.04) 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  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-   | 5  | 0   |
| 6  | Credits/Payments:  |    |     |
| a  | 2021 estimated tax payments and 2020 overpayment credited to 2021  | 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  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter amount owed   | 9  |     |
| 10 | <b>Overpayment.</b> 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: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>   | 11 |     |

**Part VI-A Statements Regarding Activities**

|  | Yes | No |
|--|-----|----|
| <b>1a</b> 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? . . . . .   |     | X  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition . . . . .<br>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. |     | X  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .   |     | X  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____  |     |    |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____  |     |    |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities.   |     | X  |
| <b>3</b> 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 . . . . .  |     | X  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .  | X   |    |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .   | X   |    |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by <i>General Instruction T</i> .   |     | X  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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? . . . . .            |     | X  |
| <b>7</b> 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 XIV .  | X   |    |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ▶<br><u>NJ</u>  |     |    |
| <b>b</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 . . . . .   | X   |    |
| <b>9</b> 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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII . . . . .   | X   |    |
| <b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .   |     | X  |
| <b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions . . . . .   |     | X  |
| <b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .  |     | X  |
| <b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .<br>Website address ▶ <u>NHAVERON@JOB-HAINES.ORG</u>  | X   |    |
| <b>14</b> The books are in care of ▶ <u>NOREEN HAVERON</u> Telephone no. ▶ <u>973-743-0792</u><br>Located at ▶ <u>250 BLOOMFIELD AVENUE, Bloomfield, NJ</u> ZIP+4 ▶ <u>07003</u>   |     |    |
| <b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <u>15</u>   |     |    |
| <b>16</b> At any time during calendar year 2021, 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? . . . . .<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶              |     | X  |

**Part VI-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.

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | 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? . . . . .  |     | X  |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .  |     | X  |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .  |     | X  |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .  |     | X  |
|           | (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)? . . . . .   |     | X  |
|           | (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.) . . . . .   |     | X  |
| <b>b</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 . . . . .  |     |    |
| <b>c</b>  | Organizations relying on a current notice regarding disaster assistance, check here . . . . . <input type="checkbox"/>  |     |    |
| <b>d</b>  | 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 2021? . . . . .   |     | X  |
| <b>2</b>  | 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)):  |     |    |
| <b>a</b>  | At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? . . . . .  |     | X  |
|           | If "Yes," list the years ▶ 20 _____, 20 _____, 20 _____, 20 _____   |     |    |
| <b>b</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.) . . . . .   |     | X  |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 _____, 20 _____, 20 _____, 20 _____   |     |    |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .  |     | X  |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2021 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 2021.) . . . . . |     |    |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .   |     | X  |
| <b>b</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 2021? . . . . .   |     | X  |

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

|           |  |       |     |                          |
|-----------|--|-------|-----|--------------------------|
| <b>5a</b> | 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))?  | 5a(1) |     | X                        |
| (2)       | Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  | 5a(2) |     | X                        |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?   | 5a(3) |     | X                        |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)  |       |     |                          |
| (4)(A)    | See instructions   | 5a(4) |     | X                        |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  | 5a(5) |     | X                        |
| <b>b</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    |     |                          |
| <b>c</b>  | Organizations relying on a current notice regarding disaster assistance, check here  |       |     | <input type="checkbox"/> |
| <b>d</b>  | 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?<br>If "Yes," attach the statement required by Regulations section 53.4945-5(d). | 5d    |     |                          |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 6a    |     | X                        |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>If "Yes" to 6b, file Form 8870.  | 6b    |     | X                        |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   | 7a    |     | X                        |
| <b>b</b>  | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  | 7b    |     |                          |
| <b>8</b>  | 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?   | 8     |     | X                        |

**Part VII 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<br>NOREEN HAVERON<br>250 BLOOMFIELD AVENUE Bloomf NJ 07003 | EXECUTIVE DIREC<br>40.00                                  | STMA01<br>259,683                         | 27,266  | 5,000                                 |
| JOHN REDMOND<br>250 BLOOMFIELD AVENUE Bloomf NJ 07003                   | CHAIR<br>2.00   | STMA02<br>0                               | 0   | 0                                     |
| BYRON DE VIRES<br>250 BLOOMFIELD AVENUE Bloomf NJ 07003                 | VICE-CHAIR<br>2.00  | STMA03<br>0                               | 0   | 0                                     |
| EUK KWON<br>250 BLOOMFIELD AVENUE Bloomf NJ 07003                       | SECRETARY<br>3.00   | STMA04<br>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<br>250 BLOOMFIELD AVENUE Bloomfield NJ 07003    | DIRECTOR OF NUR<br>40.00                                  | STMB01<br>185,627 | 22,729  | 0                                     |
| DAVID REPOLI<br>250 BLOOMFIELD AVENUE Bloomfield NJ 07003     | FACILITY ADMINI<br>40.00                                  | STMB02<br>176,597 | 22,281  | 0                                     |
| DEVON GROCE<br>250 BLOOMFIELD AVENUE Bloomfield NJ 07003      | ADON<br>40.00   | STMB03<br>162,269 | 21,422  | 0                                     |
| EVELYN LEKUNZE<br>250 BLOOMFIELD AVENUE Bloomfield NJ 07003   | NURSE<br>40.00  | STMB04<br>123,933 | 19,122  | 0                                     |
| ELIZABETH POWERS<br>250 BLOOMFIELD AVENUE Bloomfield NJ 07003 | REGISTERED NURS<br>40.00                                  | STMB05<br>118,434 | 18,792  | 0                                     |
| Total number of other employees paid over \$50,000            |   |                   |   | 49                                    |

**Part VII 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<br>85 FULTON STREET Boonton NJ 07005 | DRUGS AND SUPPLIES  | STMC01<br>366,485 |
| GEORGE M LINDORFF<br>21 PLEASANT PLACE Kearny NJ 07032             | CPA SERVICES        | STMC02<br>96,506  |
| IT CRAFT<br>259 11TH STREET Palisades Park NJ 07650                | Computer , IT       | STMC03<br>84,307  |
|  |                     |                   |
|  |                     |                   |

Total number of others receiving over \$50,000 for professional services . . . . . **3**

**Part VIII-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 | 16,233,388 |
| 2  |            |
| 3  |            |
| 4  |            |

**Part VIII-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  |  |
| 3 All other program-related investments. See instructions. |  |

Total. Add lines 1 through 3 . . . . .

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

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:     |           |            |
| <b>a</b> | Average monthly fair market value of securities   | <b>1a</b> | 39,882,937 |
| <b>b</b> | Average of monthly cash balances  | <b>1b</b> | 211,663    |
| <b>c</b> | Fair market value of all other assets (see instructions)  | <b>1c</b> | 14,184,383 |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)   | <b>1d</b> | 54,278,983 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)       | <b>1e</b> |            |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets  | <b>2</b>  | 7,607,771  |
| <b>3</b> | Subtract line 2 from line 1d  | <b>3</b>  | 46,671,212 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | <b>4</b>  | 700,068    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3                                       | <b>5</b>  | 45,971,144 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% (0.05) of line 5   | <b>6</b>  | 2,298,557  |

**Part X** 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.)

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>1</b>  | Minimum investment return from Part IX, line 6   | <b>1</b>  | 2,298,557 |
| <b>2a</b> | Tax on investment income for 2021 from Part V, line 5  | <b>2a</b> |           |
| <b>b</b>  | Income tax for 2021. (This does not include the tax from Part V.)  | <b>2b</b> |           |
| <b>c</b>  | Add lines 2a and 2b  | <b>2c</b> |           |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                    | <b>3</b>  | 2,298,557 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions  | <b>4</b>  |           |
| <b>5</b>  | Add lines 3 and 4  | <b>5</b>  | 2,298,557 |
| <b>6</b>  | Deduction from distributable amount (see instructions)   | <b>6</b>  |           |
| <b>7</b>  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XII, line 1 | <b>7</b>  | 2,298,557 |

**Part XI** Qualifying Distributions (see instructions)

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                |           |            |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26                             | <b>1a</b> | 15,090,197 |
| <b>b</b> | Program-related investments - total from Part VIII-B  | <b>1b</b> |            |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | <b>2</b>  | 227,097    |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                      |           |            |
| <b>a</b> | Suitability test (prior IRS approval required)  | <b>3a</b> |            |
| <b>b</b> | Cash distribution test (attach the required schedule)   | <b>3b</b> |            |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4              | <b>4</b>  | 15,317,294 |



**Part XII Undistributed Income** (see instructions)

|   | (a)<br>Corpus | (b)<br>Years prior to 2020 | (c)<br>2020 | (d)<br>2021 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2021 from Part X, line 7 . . .   |               |                            |             | 2,298,557   |
| 2 Undistributed income, if any, as of the end of 2021:  |               |                            |             |             |
| a Enter amount for 2020 only . . . . .  |               |                            |             |             |
| b Total for prior years: 20____, 20____, 20____   |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2021:  |               |                            |             |             |
| a From 2016 . . . . .   | 12,575,801    |                            |             |             |
| b From 2017 . . . . .   | 14,381,815    |                            |             |             |
| c From 2018 . . . . .   | 12,671,800    |                            |             |             |
| d From 2019 . . . . .   | 13,733,050    |                            |             |             |
| e From 2020 . . . . .   | 14,397,799    |                            |             |             |
| f <b>Total</b> of lines 3a through e . . . . .  | 67,760,265    |                            |             |             |
| 4 Qualifying distributions for 2021 from Part XI,<br>line 4: ▶ \$ <u>15,317,294</u>   |               |                            |             |             |
| a Applied to 2020, but not more than line 2a . . . . .  |               |                            |             |             |
| b Applied to undistributed income of prior years<br>(Election required - see instructions) . . . . .  |               |                            |             |             |
| c Treated as distributions out of corpus (Election<br>required - see instructions) . . . . .  |               |                            |             |             |
| d Applied to 2021 distributable amount . . . . .  |               |                            |             | 2,298,557   |
| e Remaining amount distributed out of corpus . . . . .  | 13,018,737    |                            |             |             |
| 5 Excess distributions carryover applied to 2021<br>(If an amount appears in column (d), the same<br>amount must be shown in column (a).) . . . . .   |               |                            |             |             |
| 6 <b>Enter the net total of each column as<br/>indicated below:</b>   |               |                            |             |             |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . .   | 80,779,002    |                            |             |             |
| b Prior years' undistributed income. Subtract<br>line 4b from line 2b . . . . .   |               |                            |             |             |
| c Enter the amount of prior years' undistributed<br>income for which a notice of deficiency has<br>been issued, or on which the section 4942(a)<br>tax has been previously assessed . . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b. Taxable<br>amount - see instructions . . . . .   |               |                            |             |             |
| e Undistributed income for 2020. Subtract line<br>4a from line 2a. Taxable amount - see<br>instructions . . . . .   |               |                            |             |             |
| f Undistributed income for 2021. Subtract lines<br>4d and 5 from line 1. This amount must be<br>distributed in 2022 . . . . .   |               |                            |             | 0           |
| 7 Amounts treated as distributions out of corpus<br>to satisfy requirements imposed by section<br>170(b)(1)(F) or 4942(g)(3) (Election may be<br>required - see instructions) . . . . .       |               |                            |             |             |
| 8 Excess distributions carryover from 2016 not<br>applied on line 5 or line 7 (see instructions) . . . . .  | 12,575,801    |                            |             |             |
| 9 <b>Excess distributions carryover to 2022.</b><br>Subtract lines 7 and 8 from line 6a . . . . .   | 68,203,201    |                            |             |             |
| 10 Analysis of line 9:  |               |                            |             |             |
| a Excess from 2017 . . . . .  | 14,381,815    |                            |             |             |
| b Excess from 2018 . . . . .  | 12,671,800    |                            |             |             |
| c Excess from 2019 . . . . .  | 13,733,050    |                            |             |             |
| d Excess from 2020 . . . . .  | 14,397,799    |                            |             |             |
| e Excess from 2021 . . . . .  | 13,018,737    |                            |             |             |

**Part XIII Private Operating Foundations** (see instructions and Part VI-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 2021, 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) 2021   | (b) 2020   | (c) 2019   | (d) 2018   |             |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .                     | 0          | 1,218,827  | 1,020,819  | 1,112,287  | 3,351,933   |
| b 85% (0.85) of line 2a . . . . .   |            | 1,036,003  | 867,696    | 945,444    | 2,849,143   |
| c Qualifying distributions from Part XI, line 4, for each year listed . . . . .   | 15,317,294 |            | 12,744,812 | 12,671,800 | 40,733,906  |
| 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 . . . . .                                   | 15,317,294 |            | 12,744,812 | 12,671,800 | 40,733,906  |
| 3 Complete 3a, b, or c for the alternative test relied upon:  |            |            |            |            |             |
| a "Assets" alternative test - enter:  |            |            |            |            |             |
| (1) Value of all assets . . . . .   | 54,689,602 | 55,253,289 | 53,389,393 | 51,839,093 | 215,171,377 |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .   | 36,461,558 | 36,837,368 | 35,594,708 | 34,561,128 | 143,454,762 |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed . . . . .                            | 1,532,371  |            | 1,251,715  | 1,299,183  | 4,083,269   |
| 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 XIV 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 XIV** 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)                |   |                                |                                  |        |
| <p><b>a</b> <i>Paid during the year</i></p>        |   |                                |                                  |        |
| <p><b>Total</b> . . . . . ▶ <b>3a</b></p>          |   |                                |                                  |        |
| <p><b>b</b> <i>Approved for future payment</i></p> |   |                                |                                  |        |
| <p><b>Total</b> . . . . . ▶ <b>3b</b></p>          |   |                                |                                  |        |

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal, 13 Total.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, a, b, c, d regarding transfers and transactions.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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

Paid Preparer Use Only Print/Type preparer's name GEORGE M LINDORFF Preparer's signature GEORGE M LINDORFF Date 01-10-2023 Check [X] if self-employed PTIN P00851805 Firm's name GEORGE M LINDORFF LLC Firm's EIN Firm's address 63 RIDGEROAD Lyndhurst NJ 07071 Phone no. 551-655-4454

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

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             | \$ 7,607,878                   |
| 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       | \$                             |

Form 990PF - Part VII  
Compensation Explanation

PG01  
Statement #A01

Name

NOREEN HAVERON

Explanation

BOARD APPROVED COMPENSATION

Form 990PF - Part VII  
Compensation Explanation

PG01  
Statement #A02

Name

JOHN REDMOND

Explanation

NO COMPENSATION

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

Form 990PF - Part VII  
Compensation Explanation

Statement #A03

Name

BYRON DE VIRES

Explanation

NO COMPENSATION

Form 990PF - Part VII  
Compensation Explanation

PG01  
Statement #A04

Name

EUK KWON

Explanation

NO COMPENSATION

Form 990PF - Part VII  
Compensation Explanation

PG01  
Statement #A05

Name

GERALD FASANELLA

Explanation

NO COMPENSATION

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

Form 990PF - Part VII  
Compensation Explanation

Statement #A06

Name

H. BARTLETT BROWN

Explanation

NO COMPENSATION

Form 990PF - Part VII  
Compensation Explanation

PG01  
Statement #A07

Name

JASON CULLARI

Explanation

NO COMPENSATION

Form 990PF - Part VII  
Compensation Explanation

PG01  
Statement #A08

Name

ROBERT HICOCK

Explanation

NO COMPENSATION



Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

Form 990PF - Part VII  
Compensation Explanation

Statement #A09

Name

SUSAN CLAPP

Explanation

NO COMPENSATION

Form 990PF - Part VII  
Compensation Explanation

PG01  
Statement #A10

Name

ALICE OSUR

Explanation

NO COMPENSATION

Form 990PF - Part VII  
Compensation Explanation

PG01  
Statement #A11

Name

FRED L GILLESPIE

Explanation

NO COMPENSATION

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

Form 990PF - Part VII  
Compensation Explanation

Statement #A12

Name

NOAH YOUNG

Explanation

NO COMPENSATION

Form 990PF - Part VII  
Compensation Explanation

PG01  
Statement #A13

Name

MYRA PECCHIO

Explanation

NO COMPENSATION

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

PG01  
Statement #B01

Name

EVELYNE LEMMY

Explanation

BOARD APPROVED COMPENSATION

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

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

Statement #B02

Name

DAVID REPOLI

Explanation

BOARD APPROVED COMPENSATION

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

PG01  
Statement #B03

Name

DEVON GROCE

Explanation

BOARD APPROVED COMPENSATION

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

PG01  
Statement #B04

Name

EVELYN LEKUNZE

Explanation

BOARD APPROVED COMPENSATION

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

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

Statement #B05

Name

ELIZABETH POWERS

Explanation

BORAD APPROVED COMPENSATION

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

PG01  
Statement #C01

Name

GENERATION PHARMACY GROUP LLC

Explanation

DRUGS MEDICAL SUPPLIES AND SMALL MED EQUIPMENT

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

PG01  
Statement #C02

Name

GEORGE M LINDORFF

Explanation

ACCOUNTING AND FINANCIAL ADVICE

**Federal Supporting Statements**

2021 PG01

Name(s) as shown on return

Tax ID Number

JOB HAINES HOME FOR AGED PEOPLE2-0972180

**Form 990PF - Part VII - Line 3  
Contractor Compensation Explanation**

Statement #C03

Name

IT CRAFT

Explanation

Computer Engineering

**Form 990PF - Part III - Line 3  
Other Increases Schedule**

PG01  
Statement #115

|                                |                  |
|--------------------------------|------------------|
| UNREALIZED GAIN ON INVESTMENTS | 2,615,816        |
| <b>Total</b>                   | <b>2,615,816</b> |

**Form 990PF - Part II - Line 22  
Other Liabilities Schedule**

PG01  
Statement #121

| <u>Description</u>      | <u>BOY Amount</u> | <u>EOY Amount</u> |
|-------------------------|-------------------|-------------------|
| LEASE PAYABLE LONG TERM | 24,648            | 13,272            |
| <b>Total</b>            | <b>24,648</b>     | <b>13,272</b>     |

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

PG01  
Statement #137

| <u>Category</u>           | <u>BOY</u>        | <u>Book Value</u> | <u>EOY FMV</u>    |
|---------------------------|-------------------|-------------------|-------------------|
| CORPORATE EQUITIES, BONDS | 39,509,168        | 39,254,454        | 39,254,454        |
| <b>Totals</b>             | <b>39,509,168</b> | <b>39,254,454</b> | <b>39,254,454</b> |

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

Statement #159

operating cash needed for payment expenses

Form 4562 - Line 19c

PG01  
Statement #567

| <u>Basis</u> | <u>RP</u> | <u>CV</u> | <u>Method</u> | <u>Deduction</u>    |
|--------------|-----------|-----------|---------------|---------------------|
| 25,960       | 7         | HY        | SL            | 1,854               |
| 75,647       | 7         | HY        | SL            | <u>5,403</u>        |
| <b>Total</b> |           |           |               | <u><u>7,257</u></u> |

Form 4562 - Line 19d

PG01  
Statement #568

| <u>Basis</u> | <u>RP</u> | <u>CV</u> | <u>Method</u> | <u>Deduction</u>    |
|--------------|-----------|-----------|---------------|---------------------|
| 71,670       | 10        | HY        | SL            | 3,584               |
| 53,820       | 10        | HY        | SL            | <u>2,691</u>        |
| <b>Total</b> |           |           |               | <u><u>6,275</u></u> |

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Statement #103~

### Federal Supporting Statements

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JOB HAINES HOME FOR AGED PEOPLE

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

| Description               | Revenue and expenses | Net investment | Adjusted net income | Charitable purpose |
|---------------------------|----------------------|----------------|---------------------|--------------------|
| ACTIVITY EXPENSE          | 14,562               | 0              | 14,562              | 14,562             |
| MARKETING EXPENSES        | 61,355               | 0              | 61,355              | 61,355             |
| LICENSES AND DUES         | 29,547               | 0              | 29,547              | 29,547             |
| BAD DEBTS                 | 59,938               | 0              | 59,938              | 59,938             |
| LAUNDRY SERVICES          | 85,843               | 0              | 85,843              | 85,843             |
| COVID 19 COSTS            | 190,366              | 0              | 190,366             | 190,366            |
| COMPUTER EXPENSES         | 211,595              | 0              | 211,595             | 211,595            |
| HEALTHCARE RESIDENT COSTS | 679,592              | 0              | 679,592             | 679,592            |
| HOUSEKEEPING SERVICES     | 47,530               | 0              | 47,530              | 47,530             |
| INSURANCE LIABILITY       | 304,613              | 0              | 304,613             | 304,613            |
| OFFICE EXPENSES           | 40,372               | 0              | 40,372              | 40,372             |
| OTHER ADMIN EXPENSES      | 29,071               | 0              | 29,071              | 29,071             |
| OTHER EXECUTIVE EXPENSES  | 45,296               | 0              | 45,296              | 45,296             |
| DIETARY SERVICES          | 467,968              | 0              | 467,968             | 467,968            |
| REPAIRS AND MAINTENANCE   | 186,385              | 0              | 186,385             | 186,385            |
| SECURITY AND VALET        | 140,771              | 0              | 140,771             | 140,771            |
| SEMINARS AND EDUCATION    | 18,820               | 0              | 18,820              | 18,820             |
| COPIER EXPENSES           | 36,603               | 0              | 36,603              | 36,603             |
| TELEPHONE and CABLE       | 78,933               | 0              | 78,933              | 78,933             |
| THERAPY                   | 6,676                | 0              | 6,676               | 6,676              |
| UTILITIES                 | 236,934              | 0              | 236,934             | 236,934            |
| UNIFORM ALLOWANCES        | 16,161               | 0              | 16,161              | 16,161             |
| <b>Totals</b>             | <b>2,988,931</b>     | <b>0</b>       | <b>2,988,931</b>    | <b>2,988,931</b>   |

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**JOB HAINES HOME FOR AGED PEOPLE**

Statement #106~

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

| Description       | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income |
|-------------------|-------------------------|-------------------|------------------------|
| ADMISSION FEES    | 26,842                  | 0                 | 26,842                 |
| PER DIEM INCOME   | 4,827,855               | 0                 | 4,827,855              |
| MEDICARE A        | 3,009,157               | 0                 | 3,009,157              |
| GIFTS LEGACIES    | 406                     | 0                 | 406                    |
| MEDICARE B        | 41,203                  | 0                 | 41,203                 |
| CO INSURANCE      | 375,755                 | 0                 | 375,755                |
| MEDICAID          | 753,952                 | 0                 | 753,952                |
| MEDICAID OFFSETS  | 229,969                 | 0                 | 229,969                |
| MISCELLANEOUS     | 27,129                  | 0                 | 27,129                 |
| PRIVATE INSURANCE | 864,632                 | 0                 | 864,632                |
| <b>Totals</b>     | <b>10,156,900</b>       | <b>0</b>          | <b>10,156,900</b>      |

PG01

Statement #107~

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

| Description           | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income | Charitable<br>purpose |
|-----------------------|-------------------------|-------------------|------------------------|-----------------------|
| LEGAL FEES            | 42,244                  | 0                 | 42,244                 | 42,244                |
| LEGAL FEES SETTLEMENT | 35,000                  | 0                 | 35,000                 | 35,000                |
| <b>Totals</b>         | <b>77,244</b>           | <b>0</b>          | <b>77,244</b>          | <b>77,244</b>         |



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Statement #108~

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

| Description     | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income | Charitable<br>purpose |
|-----------------|-------------------------|-------------------|------------------------|-----------------------|
| ACCOUNTING FEES | 96,506                  | 0                 | 96,506                 | 96,506                |
| AUDIT FEES      | 26,750                  | 0                 | 26,750                 | 26,750                |
| <b>Totals</b>   | <u>123,256</u>          | <u>0</u>          | <u>123,256</u>         | <u>123,256</u>        |

PG01

Statement #109~

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

| Description                 | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income | Charitable<br>purpose |
|-----------------------------|-------------------------|-------------------|------------------------|-----------------------|
| BANK CHARGES                | 25,686                  | 0                 | 25,686                 | 25,686                |
| RVK MGMT FEES               | 60,591                  | 60,591            | 0                      | 0                     |
| CUSTODY FEES                | 119,677                 | 119,677           | 0                      | 0                     |
| PENSION ADMIN               | 11,848                  | 0                 | 11,848                 | 11,848                |
| ZIMMET HEALTHCARE RESOURCES | 20,200                  | 0                 | 20,200                 | 20,200                |
| COMPUTER PROFESSIONALS      | 69,821                  | 0                 | 69,821                 | 69,821                |
| <b>Totals</b>               | <u>307,823</u>          | <u>180,268</u>    | <u>127,555</u>         | <u>127,555</u>        |

# Federal Supporting Statements

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Statement #110~

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

| Description         | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income | Charitable<br>purpose |
|---------------------|-------------------------|-------------------|------------------------|-----------------------|
| FICA                | 656,753                 | 0                 | 656,753                | 656,753               |
| SUTA                | 99,782                  | 0                 | 99,782                 | 99,782                |
| PROVIDER ASSESSMENT | 117,463                 | 0                 | 117,463                | 117,463               |
| <b>Totals</b>       | <b>873,998</b>          | <b>0</b>          | <b>873,998</b>         | <b>873,998</b>        |

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**Overflow Statement**

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**EMPLOYEE BENIFITS**

| Description      | Amount              |
|------------------|---------------------|
| WORKMANS COMP    | \$ 266,182          |
| HEALTH INSURANCE | 1,164,655           |
| PENSION          | 334,034             |
| <b>Total:</b>    | <b>\$ 1,764,871</b> |

**EMPLOYEE BENEFITS**

| Description          | Amount              |
|----------------------|---------------------|
| WORKMAN COMPENSATION | \$ 266,182          |
| HEALTH INSURANCE     | 1,164,655           |
| PENSION              | 334,034             |
| <b>Total:</b>        | <b>\$ 1,764,871</b> |

**PREPAID EXPENSES**

| Description       | Amount            |
|-------------------|-------------------|
| PREPAID EXPENSES  | \$ 190,249        |
| RESIDENT SECURITY | 236,641           |
| DEPOSITS TRUST    | 6,895             |
| <b>Total:</b>     | <b>\$ 433,785</b> |

**PREPAID EXPENSES**

| Description                      | Amount            |
|----------------------------------|-------------------|
| PREPAID EXPENSES                 | \$ 206,087        |
| DEPOSITS TRUST SECURITY DEPOSITS | 321,343           |
| resident cash accounts           | 10,051            |
| <b>Total:</b>                    | <b>\$ 537,481</b> |

**ACCOUNTS PAYABLE**

| Description                           | Amount              |
|---------------------------------------|---------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$ 1,049,427        |
| RESIDENTS TRUST ACCOUNTS              | 321,343             |
| RESIDENTS PNA ACCOUNTS                | 10,051              |
| <b>Total:</b>                         | <b>\$ 1,380,821</b> |

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other assets

| Description            | Amount            |
|------------------------|-------------------|
| PREPAID EXPENSES       | \$ 206,087        |
| RESIDENT SECURITY      | 321,343           |
| RESIDENT CASH ACCOUNTS | 10,051            |
| <b>Total:</b>          | <b>\$ 537,481</b> |

NET OPERATING LOSS BEFOR 2018

| Description   | Amount              |
|---------------|---------------------|
| 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)            |
| <b>Total:</b> | <b>\$ 2,390,717</b> |

NET OPERATING LOOS AFTER JUANUARY 1 ,2017

| Description   | Amount           |
|---------------|------------------|
| 12/31/2019    | \$ 12,512        |
| <b>Total:</b> | <b>\$ 12,512</b> |