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Return of Organization Exempt From Income Tax

2007

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE JEWISH HOME AND HEALTHCARE CENTER INC.			D Employer identification number 22-6083380	
	Number and street (or P O box if mail is not delivered to street address) 350 DEMOTT LANE			Room/suite	
	City or town, state or country, and ZIP + 4 SOMERSET, NJ 08873			E Telephone number (732) 873-2000	
	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►			H and I are not applicable to section 527 organizations	
	G Website: ► WWW.WILFCAMPUS.ORG			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			H(b) If "Yes," enter number of affiliates ►	
K Check here ► <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization to file a return, be sure to file a complete return			H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)		
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 2,881,992.			H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
M Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)			I Group Exemption Number ► N/A		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)		
1	Contributions, gifts, grants, and similar amounts received	
1a	Contributions to donor advised funds	
1b	Direct public support (not included on line 1a)	4,912.
1c	Indirect public support (not included on line 1a)	
1d	Government contributions (grants) (not included on line 1a)	
e	Total (add lines 1a through 1d) (cash \$ 4,912. noncash \$ 0)	STATUTE UNIT RECEIVED
1e		4,912.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	
2		2,826,294.
3	Membership dues and assessments	
3		
4	Interest on savings and temporary cash investments	
4		977.
5	Dividends and interest from securities	
5		16,754.
6a	Gross rents	
6a		
6b	Less rental expenses	
6b		
6c	Net rental income or (loss) Subtract line 6b from line 6a	
6c		
7	Other investment income (describe ►)	
7		
8a	Gross amount from sales of assets other than inventory	(A) Securities (B) Other
8a		
8b	Less cost or other basis and sales expenses	
8b		
8c	Gain or (loss) (attach schedule)	
8c		
8d	Net gain or (loss) Combine line 8c, columns (A) and (B)	
8d		
9a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	
9a		
9b	Less direct expenses other than fundraising expenses	
9b		
9c	Net income or (loss) from special events Subtract line 9b from line 9a	
9c		
10a	Gross sales of inventory, less returns and allowances	
10a		
10b	Less cost of goods sold	
10b		
10c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	
10c		
11	Other revenue (from Part VII, line 103)	
11		33,055.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	
12		2,881,992.
13	Program services (from line 44, column (B))	
13		3,532,685.
14	Management and general (from line 44, column (C))	
14		1,076,992.
15	Fundraising (from line 44, column (D))	
15		NONE
16	Payments to affiliates (attach schedule)	
16		
17	Total expenses Add lines 16 and 44, column (A)	
17		4,609,677.
18	Excess or (deficit) for the year Subtract line 17 from line 12	
18		-1,727,685.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	
19		5,850,722.
20	Other changes in net assets or fund balances (attach explanation) STMT. 1 STMT. 2	
20		-37,685.
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	
21		4,085,352.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, <input checked="" type="checkbox"/> check here	22a				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, <input checked="" type="checkbox"/> check here	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	43,245.	NONE	43,245.	NONE
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,808,976.	1,741,088.	67,888.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a -27	28				
29 Payroll taxes	29	164,754.	144,984.	19,770.	
30 Professional fundraising fees	30				
31 Accounting fees	31	42,987.		42,987.	
32 Legal fees	32	198,557.		198,557.	
33 Supplies	33	11,412.		11,412.	
34 Telephone	34	369.		369.	
35 Postage and shipping	35	555.		555.	
36 Occupancy	36	101,365.	101,365.		
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	118.		118.	
41 Interest	41	68,676.		68,676.	
42 Depreciation, depletion, etc (attach schedule)	42	683,045.	683,045.		
43 Other expenses not covered above (itemize)					
a STMT_3	43a	1,485,618.	862,203.	623,415.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	4,609,677.	3,532,685.	1,076,992.	NONE

Joint Costs. Check if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

a OPERATION OF 255 BED SKILLED NURSING FACILITY

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

3,532,685.

b

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

3,532,685.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
45	Cash - non-interest-bearing	244,779.	45	293,143.
46	Savings and temporary cash investments	119,448.	46	312,220.
47a	Accounts receivable	47a	NONE	
b	Less allowance for doubtful accounts	47b	NONE	1,782,906.
47c			47c	NONE
48a	Pledges receivable	48a		
b	Less allowance for doubtful accounts	48b		48c
49	Grants receivable			49
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b		51c
52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges		STMT. 5.	28,433.
54a	Investments - publicly-traded securities	► <input type="checkbox"/> Cost	X FMV	54a
b	Investments - other securities (attach schedule)	► <input type="checkbox"/> Cost	FMV	54b
55a	Investments - land, buildings, and equipment basis	STMT. 6.	55a	97,215.
b	Less accumulated depreciation (attach schedule)	55b	51,847	48,608.
55c			55c	45,368.
56	Investments - other (attach schedule)		STMT. 7.	346,006.
57a	Land, buildings, and equipment basis	STMT. 8.	57a	16,858,953
b	Less accumulated depreciation (attach schedule)	57b	11,174,074	6,367,724.
57c			57c	5,684,879.
58	Other assets, including program-related investments (describe ► STMT. 9.)		1,082,445.	574,000.
59	Total assets (must equal line 74) Add lines 45 through 58		10,020,349.	6,909,610.
60	Accounts payable and accrued expenses		2,289,854.	60
61	Grants payable			578,186.
62	Deferred revenue			61
63	Loans from officers, directors, trustees, and key employees (attach schedule)			62
			NONE	63
64a	Tax-exempt bond liabilities (attach schedule)			64a
b	Mortgages and other notes payable (attach schedule)	STMT. 10.	1,382,460.	852,120.
65	Other liabilities (describe ► STMT. 11.)		497,313.	1,393,952.
66	Total liabilities. Add lines 60 through 65		4,169,627.	2,824,258.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted		5,850,722.	67
68	Temporarily restricted		NONE	68
69	Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds			70
71	Paid-in or capital surplus, or land, building, and equipment fund			71
72	Retained earnings, endowment, accumulated income, or other funds			72
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		5,850,722.	73
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		10,020,349.	74
Net Assets or Fund Balances				

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on Part I, line 12	b	
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify)	b4	
Add lines b1 through b4		b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a:	d	
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d ►	e	
Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on Part I, line 17	b	
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify)	b4	
Add lines b1 through b4		b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a:	d	
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d ►	e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 53

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT. 14

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ► If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions.)

Yes No

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► <u>STMT 15</u> ----- and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	
81a	Enter direct and indirect political expenditures (See line 81 instructions)	81b	X
b	Did the organization file Form 1120-POL for this year?		

Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ►	88b	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>	89b	X
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► <u>N/A</u>		
d Enter Amount of tax on line 89c, above, reimbursed by the organization ► <u>N/A</u>		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a List the states with which a copy of this return is filed ►		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	NONE
91a The books are in care of ► <u>THE ORGANIZATION</u> Telephone no ► <u>732-873-2000</u>		
Located at ► <u>380 DEMOTT LANE SOMERSET, NJ</u> ZIP + 4 ► <u>08873</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

				Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X		
If "Yes," enter the name of the foreign country ►					

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ► 92 | N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 92 |

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					304,527.
a PRIVATE PAY REVENUE					975,885.
b RENTAL INCOME					
c					
d					
e					
f Medicare/Medicaid payments					1,545,882.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments		14		977.	
96 Dividends and interest from securities		14		16,754.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a STMT 16				33,055.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				50,786.	2,826,294.
105 Total (add line 104, columns (B), (D), and (E)) ►					2,877,080.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	RESIDENTIAL CARE OF ELDERLY PATIENTS, INCLUDING PHYSICAL AND RECREATIONAL THERAPY
93F	RESIDENTIAL CARE OF ELDERLY PATIENTS PAID BY MEDICARE AND MEDICAID

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 17	%		NONE	
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

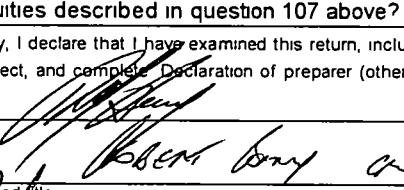
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

Please 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 officer) is based on all information of which preparer has any knowledge			
	► Signature of officer			Date 1/15/12
	► Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 2/17/12	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X) P00024919
	Firm's name (or yours if self-employed), address, and ZIP code 	EIN 22-2027092		Phone no 732-828-1614
	WITHUMSMITH+BROWN, P.C. ONE SPRING STREET			
	NEW BRUNSWICK, NJ	08901		

Name of the organization

THE JEWISH HOME AND HEALTHCARE CENTER INC.

Employer identification number

22-6083380

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are 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 & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . . ►	NONE			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ►	NONE	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 18		

Total number of other contractors receiving over \$50,000 for other services ►	NONE	

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)		
	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ► _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		NONE

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►-----

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I

Type II

Type III - Functionally Integrated

Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	2,627,510.	2,297,438.	3,947,862.	800,414.	9,673,224.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	16,754,086.	18,351,094.	17,002,006.	15,596,915.	67,704,101.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	14,646.	23,308.	16,926.	22,602.	77,482.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 19 352,753.	109,150.	108,893.	88,749.	659,545.
23 Total of lines 15 through 22	19,748,995.	20,780,990.	21,075,687.	16,508,680.	78,114,352.
24 Line 23 minus line 17.	2,994,909.	2,429,896.	4,073,681.	911,765.	10,410,251.
25 Enter 1% of line 23	197,490.	207,810.	210,757.	165,087.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24. NQT. APPLICABLE . . . ► 26a				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ► 26b					
c Total support for section 509(a)(1) test. Enter line 24, column (e) ► 26c					
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ► 26d					
e Public support (line 26c minus line 26d total) ► 26e					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► 26f %					
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 _____ 9,673,224.16 17 _____ 67,704,101.20 _____ 21 _____ ► 27c 77,377,325.					
d Add Line 27a total. and line 27b total. ► 27d					
e Public support (line 27c total minus line 27d total). ► 27e 77,377,325.					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ► 27f 78,114,352.					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ► 27g 99.0565 %					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► 27h 0.0992 %					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.) **NOT APPLICABLE**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----	31	
32 Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32a	
	32b	
	32c	
	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) -----		
33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	33a	
	33b	
	33c	
	33d	
	33e	
	33f	
	33g	
	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34a	
	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
Lobbying nontaxable 45 amount					
Lobbying ceiling amount 46 (150% of line 45(e)) . .					
47 Total lobbying expenditures					
Grassroots nontaxable 48 amount					
Grassroots ceiling amount 49 (150% of line 48(e)) . .					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines a through h)

Total lobbying expenditures (Add lines 3 through 11). _____ If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash
 (ii) Other assets

b Other transactions

- (I) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<u>N/A</u>		

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	1,533.
TOTAL	1,533.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
OTHER DECREASE FOR ACCRUED EXPENSES	39,218.
TOTAL	39,218.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
NURSING EXPENSES	213,492.	213,492.	
BANK FEES	2,092.	2,092.	
MISCELLANEOUS	2,052.		2,052.
PATIENT CARE	16,110.		
PAYROLL SERVICE FEES	8,953.		
INSURANCE	289,001.		8,953.
NJ MEDICAID BED TAX	113,884.		289,001.
LEASING EXPENSE	49,652.		
ADVERTISING	12,299.		49,652.
LEGAL SETTLEMENTS	259,366.		12,299.
FOOD & DIETARY	518,717.		259,366.
TOTALS	1,485,618.	862,203.	623,415.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

PROVIDING SKILLED NURSING CARE TO THE ELDERLY

STATEMENT 4

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE
PREPAID INSURANCE	28,433.
TOTALS	28,433.

INVESTMENTS - LAND, BUILDINGS, EQUIPMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL				
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
BUILDING - CONDO		97,215.			97,215.	48,607.	3,240.		51,847.
TOTALS		97,215.			97,215.	48,607.			51,847.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
MARKETABLE SECURITIES	346,006.	NONE
TOTALS	346,006.	NONE

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

		FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL				
ASSET DESCRIPTION	METHOD/CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
PROP, PLANT& EQUIPP		16688675.			16688675.	10540864.	633,210.		11174074.
LAND	L	170,278.			170,278.				
TOTALS		16688675.			16858953.	10540864.			11174074.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
LOANS RELATED ENTITIES	1,082,445.	NONE
RENT RECEIVABLE		574,000.
TOTALS	1,082,445.	574,000.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: SOVEREIGN BANK
ORIGINAL AMOUNT: 1,500,000.
INTEREST RATE: 4.000000
DATE OF NOTE: 06/02/2003
MATURITY DATE: 06/30/2007
SECURITY PROVIDED: SUBSTANTIALLY ALL ASSETS
PURPOSE OF LOAN: LINE OF CREDIT

BEGINNING BALANCE DUE	1,379,771.
ENDING BALANCE DUE	852,120.

LENDER: PITNEY BOWES
ORIGINAL AMOUNT: 10,753.
INTEREST RATE: 14.900000
DATE OF NOTE: 01/10/2003
MATURITY DATE: 04/10/2008
SECURITY PROVIDED: EQUIPMENT - LEASED
PURPOSE OF LOAN: CAPITAL LEASE - IDENTACARD SYSTEM

BEGINNING BALANCE DUE	2,689.
ENDING BALANCE DUE	NONE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,382,460.
---	------------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	852,120.
--	----------

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
RESIDENT FUNDS	310,156.	NONE
DUE TO REGENCY	NONE	35,000.
DUE TO RELATED PARTY	NONE	1,358,952.
DEFERRED COMPENSATION	187,157.	NONE
 TOTALS	 497,313.	 1,393,952.

THE JEWISH HOME AND HEALTHCARE CENTER INC.

22-6083380

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
	CEO	40 . 00			
DEBORAH BEARDS 350 DEMOTT LANE SOMERSET, NJ 08873	CEO	43,245 .	NONE	NONE	
IVAN GREENSTEIN 350 DEMOTT LANE SOMERSET, NJ 08873	TREASURER	3 . 00			
IRA DUNST 350 DEMOTT LANE SOMERSET, NJ 08873	BOARD MEMBER	3 . 00			
DAVID SCOTT 350 DEMOTT LANE SOMERSET, NJ 08873	BOARD MEMBER	3 . 00			
STEVEN FUERST 350 DEMOTT LANE SOMERSET, NJ 08873	BOARD MEMBER	3 . 00			
DAVID KOPLOWITZ 350 DEMOTT LANE SOMERSET, NJ 08873	BOARD MEMBER	3 . 00			
JOSEOH WOFCHEUCK	BOARD MEMBER	3 . 00			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS
350 DEMOTT LANE
SOMERSET, NJ 08873

TITLE AND AVERAGE HOURS PER
WEEK DEVOTED TO POSITION

NAME AND ADDRESS
350 DEMOTT LANE
SOMERSET, NJ 08873

GRAND TOTALS

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

EXPENSE ACCT
AND OTHER
ALLOWANCES

COMPENSATION

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	IVAN GREENSTEIN
NAME OF RELATED ENTITY:	SUSAN GREENSTEIN
TITLE OR ROLE:	BOARD MEMBER
RELATIONSHIP:	HUSBAND & WIFE
NAME OF OFFICER, DIRECTOR, ETC:	IRA DUNST
NAME OF RELATED ENTITY:	LINDA GREENFIELD
TITLE OR ROLE:	BOARD MEMBER
RELATIONSHIP:	HUSBAND & WIFE
NAME OF OFFICER, DIRECTOR, ETC:	DAVID SCOTT
NAME OF RELATED ENTITY:	GAIL SHAPIRO-SCOTT
TITLE OR ROLE:	BOARD MEMBER
RELATIONSHIP:	HUSBAND & WIFE
NAME OF OFFICER, DIRECTOR, ETC:	STEVEN FUERST
NAME OF RELATED ENTITY:	BERT WOLF
TITLE OR ROLE:	BOARD MEMBER
RELATIONSHIP:	BROTHERS
NAME OF OFFICER, DIRECTOR, ETC:	DAVID KOPLOWITZ
NAME OF RELATED ENTITY:	MICHAEL KOPLOWITZ
TITLE OR ROLE:	BOARD MEMBER
RELATIONSHIP:	FATHER & SON
NAME OF OFFICER, DIRECTOR, ETC:	JOSEOH WOFCHUCK
NAME OF RELATED ENTITY:	ROBERT WOFCHUCK
TITLE OR ROLE:	BOARD MEMBER
RELATIONSHIP:	FATHER & SON

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: THE LENA AND DAVID WILENTZ SENIOR
RESIDENCE

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: FOUNDATION OF THE OSCAR & ELLA WILF
CAMPUS

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: THE MARTIN AND EDITH STEIN ASSISTED
LIVING RESIDENCE

EXEMPT: X NONEXEMPT:

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
WORKERS COMPENSATION REFUND			01	33,055.	
TOTALS				33,055.	

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL, INCOME	ENDING ASSETS
JEWISH REALTY MANAGEMENT	100 . 000000	MANAGEMENT CO - INACTIVE	NONE	
DEMOTT LANE MANAGEMENT	100 . 000000	LAND - INACTIVE	NONE	
	TOTAL INCOME		NONE	

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
MORRISON SR DINING PO BOX 100289 ATLANTA, GA 30268	DINING SERVICES	342,354.
CROTHALL HEALTHCARE 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	ENVIRONMEN & LAUNDRY	96,561.
	TOTAL COMPENSATION	438,915.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
MANAGEMENT FEE					
NET RENTAL INCOME	133,993.	109,150.	108,893.	88,749.	440,785.
SPECIAL EVENTS, NET	36,371.	NONE	NONE	NONE	36,371.
OTHER INCOME	14,759.	NONE	NONE	NONE	14,759.
BEAUTY SHOP INCOME	121,223.	NONE	NONE	NONE	121,223.
	46,407.	NONE	NONE	NONE	46,407.
TOTALS	352,753.	109,150.	108,893.	88,749.	659,545.