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Form 990

Department of the Treasury
Internal Revenue ServiceReturn of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2007

Open to Public
Inspection

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

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

THE JEWISH HOME AND HEALTHCARE CENTER INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite

350 DEMOTT LANE

City or town, state or country, and ZIP + 4

SOMERSET, NJ 08873

D Employer identification number
22-6083380E Telephone number
(732) 873-2000F Accounting method: ☐ Cash ☒ Accrual
Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.WILFCAMPUS.ORG

J Organization type (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527K Check here ☐ 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 and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates _____

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number N/A

M Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,881,992.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

| | | | | | |
|-----|---|----------------|-------------|-----------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | | | | |
| a | Contributions to donor advised funds | 1a | | | |
| b | Direct public support (not included on line 1a) | 1b | 4,912. | | |
| c | Indirect public support (not included on line 1a) | 1c | | | |
| d | Government contributions (grants) (not included on line 1a) | 1d | | | |
| e | Total (add lines 1a through 1d) (cash \$ 4,912. noncash \$) | 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 | | | |
| b | Less rental expenses | 6b | | | |
| c | 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 | 8a | (B) Other | |
| b | Less cost or other basis and sales expenses | 8b | | | |
| c | Gain or (loss) (attach schedule) | 8c | | | |
| d | Net gain or (loss) Combine line 8c, columns (A) and (B) | 8d | | | |
| 9 | Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| a | Gross revenue (not including \$ of contributions reported on line 1b) | 9a | | | |
| b | Less direct expenses other than fundraising expenses | 9b | | | |
| c | Net income or (loss) from special events Subtract line 9b from line 9a | 9c | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | |
| b | Less cost of goods sold | 10b | | | |
| c | 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)

0436857694
Statute clear
MAR 31 '14
APR 11 2014
MAR 25 2014
SCANNED
BMHOLB
Rec in Batching/
Corres Ogden

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.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part 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, check here <input type="checkbox"/> | 22a | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 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 \$ _____.

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.

Program Service Expenses

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.)

(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.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|-----------------------|--------------------|
| Assets | 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 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. | 53 | NONE |
| | 54a Investments - publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | | 54a | |
| | b Investments - other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> 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 45,368. |
| | 56 Investments - other (attach schedule) STMT. 7 | | 346,006. | 56 NONE |
| | 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 5,684,879. | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT. 9) | | 1,082,445. | 58 574,000. | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | | 10,020,349. | 59 6,909,610. | |
| Liabilities | 60 Accounts payable and accrued expenses | 2,289,854. | 60 | 578,186. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | NONE | 63 | NONE |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) STMT. 10 | 1,382,460. | 64b | 852,120. |
| | 65 Other liabilities (describe <input type="checkbox"/> STMT. 11) | 497,313. | 65 | 1,393,952. |
| 66 Total liabilities. Add lines 60 through 65 | | 4,169,627. | 66 2,824,258. | |
| Net Assets or Fund Balances | 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 | 3,927,540. |
| | 68 Temporarily restricted | NONE | 68 | 157,812. |
| | 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 | 4,085,352. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 10,020,349. | 74 | 6,909,610. |

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 | | |
| 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 : | | |
| 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 | | | |
| 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 : | | | |
| 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)

[illegible]

| Yes | No |
|-----|----|
|-----|----|

| | |
|-----|---|
| 75b | X |
|-----|---|

| | | |
|-----|--|---|
| | | |
| 75c | | X |
| | | |

| | | |
|-----|---|--|
| 75d | X | |
|-----|---|--|

(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.)

[illegible]

| Yes | No |
|-----|----|
|-----|----|

| | |
|----|---|
| 76 | X |
|----|---|

| | | |
|----|--|---|
| 77 | | X |
|----|--|---|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|-----|---|
| 78a | X |
|-----|---|

| | |
|-----|-----|
| 78b | N/A |
|-----|-----|

| | |
|----|---|
| 79 | X |
|----|---|

| | |
|-----|---|
| 80a | X |
|-----|---|

| | | |
|--|--|--|
| | | |
|--|--|--|

[illegible]

| | |
|-----|---|
| 81b | y |
|-----|---|

Part VI Other Information (continued)

| | | Yes | No |
|--|--|------------------------------|------|
| 82 a | 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? | | 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 |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | 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 |
| 85 a | 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 |
| 88 a | 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 |
| 89 a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 | N/A | |
| | section 4912 | N/A | |
| | section 4955 | N/A | |
| 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 | 89b | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | N/A | |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization | N/A | |
| 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 |
| 90 a | 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 |
| 91 a | The books are in care of | THE ORGANIZATION | |
| | Located at | 380 DEMOTT LANE SOMERSET, NJ | |
| | Telephone no | 732-873-2000 | |
| | ZIP + 4 | 08873 | |
| 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)? | 91b | X |
| If "Yes," enter the name of the foreign country | | | |
| 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** ☐ Yes ☒ No

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 ☐
and enter the amount of tax-exempt interest received or accrued during the tax year **92** | N/A**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

| | 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 | | | | | |
| a PRIVATE PAY REVENUE | | | | | 304,527. |
| b RENTAL INCOME | | | | | 975,885. |
| 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 ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ 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).

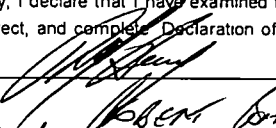
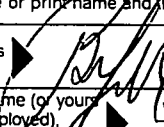
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

| | (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

| | (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?

| | | | | |
|---------------------------------|---|-----------------------|---|---|
| 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 <u>2/17/12</u> | |
| | Type or print name and title <u>Robert Long</u> | | | |
| Paid Preparer's Use Only | Preparer's signature  | Date <u>2/17/12</u> | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) <u>P00024919</u> |
| | Firm's name (or your name if self-employed), address, and ZIP code <u>WITHUMSMITH+BROWN, P.C.</u> <u>ONE SPRING STREET</u> <u>NEW BRUNSWICK, NJ 08901</u> | EIN <u>22-2027092</u> | Phone no <u>732-828-1614</u> | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

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? | 2 a | | X |
| b Lending of money or other extension of credit? | 2 b | | X |
| c Furnishing of goods, services, or facilities? | 2 c | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2 d | X | |
| e Transfer of any part of its income or assets? | 2 e | | X |
| 3 a 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) | 3 a | | X |
| b Did the organization have a section 403(b) annuity plan for its employees? | 3 b | | 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 | 3 c | | X |
| d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3 d | | X |
| 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | 4 a | | X |
| b Did the organization make any taxable distributions under section 4966? | 4 b | | |
| c Did the organization make a distribution to a donor, donor advisor, or related person? | 4 c | | |
| 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.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|--|---|---|---|----|-----------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2007

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 _____ ▶

d Add Line 27a total. . . _____ and line 27b total. . . _____ ▶

e Public support (line 27c total minus line 27d total) ▶

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 78,114,352.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 99.0565 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 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? | 32a | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | 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? | 33a | |
| b Admissions policies? | 33b | |
| c Employment of faculty or administrative staff? | 33c | |
| d Scholarships or other financial assistance? | 33d | |
| e Educational policies? | 33e | |
| f Use of facilities? | 33f | |
| g Athletic programs? | 33g | |
| h Other extracurricular activities? | 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? | 34a | |
| 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. | 34b | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 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**Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

| | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|--|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . | 36 | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . . | 37 | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 Other exempt purpose expenditures | 39 | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 | 41 | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | |
| 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | |

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 |
| 45 Lobbying nontaxable amount | | | | | |
| Lobbying ceiling amount | | | | | |
| 46 (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| Grassroots nontaxable amount | | | | | |
| 48 (150% of line 47(e)) | | | | | |
| 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 | Yes | No | Amount |
|--|-----|----|--------|
| 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 c through h.) | | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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. | 16,110. | |
| PAYROLL SERVICE FEES | 8,953. | | 8,953. |
| INSURANCE | 289,001. | | 289,001. |
| NJ MEDICAID BED TAX | 113,884. | 113,884. | |
| LEASING EXPENSE | 49,652. | | 49,652. |
| ADVERTISING | 12,299. | | 12,299. |
| LEGAL SETTLEMENTS | 259,366. | | 259,366. |
| FOOD & DIETARY | 518,717. | 518,717. | |
| TOTALS | 1,485,618. | 862,203. | 623,415. |

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

=====

PROVIDING SKILLED NURSING CARE TO THE ELDERLY

: FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES
=====

| DESCRIPTION ----- | BEGINNING BOOK VALUE ----- |
|----------------------|----------------------------------|
| PREPAID INSURANCE | 28,433. |
| | ----- |
| TOTALS | 28,433. |
| | ===== |

INVESTMENTS - LAND, BUILDINGS, EQUIPMENT

| | | FIXED ASSET DETAIL | | | ACCUMULATED DEPRECIATION DETAIL | | | | |
|-------------------|------------------|----------------------|-----------|-----------|---------------------------------|----------------------|-----------|-----------|-------------------|
| ASSET DESCRIPTION | METHOD/ CLASS | 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. |
| | ===== | ===== |

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 |
|--|---|--------------|---|---|
| DEBORAH BEARDS 350 DEMOTT LANE SOMERSET, NJ 08873 | CEO 40.00 | 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 | | | |
| JOSEPH WOFCHUCK | BOARD MEMBER 3.00 | | | |

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 |
|---------------------------------------|---|--------------|---|---|
| 350 DEMOTT LANE SOMERSET, NJ 08873 | | | | |
| | | 43,245. | NONE | NONE |
| | GRAND TOTALS | | | |

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 | 133,993. | 109,150. | 108,893. | 88,749. | 440,785. |
| NET RENTAL INCOME | 36,371. | NONE | NONE | NONE | 36,371. |
| SPECIAL EVENTS, NET | 14,759. | NONE | NONE | NONE | 14,759. |
| OTHER INCOME | 121,223. | NONE | NONE | NONE | 121,223. |
| BEAUTY SHOP INCOME | 46,407. | NONE | NONE | NONE | 46,407. |
| TOTALS | 352,753. | 109,150. | 108,893. | 88,749. | 659,545. |