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

2009

Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning

, 2009, and ending

G Check all that apply: Initial return Initial Return of a former public charity Final return
 Amended return Address change Name change

Use the
IRS label.
Otherwise,
print
or type.
See Specific
Instructions.

JOB HAINES HOME FOR AGED PEOPLE
250 BLOOMFIELD AVENUE
BLOOMFIELD, NJ 07003

A Employer identification number

22-0972180

B Telephone number (see the instructions)

973-743-0792

C If exemption application is pending, check here ► D 1 Foreign organizations, check here ► 2 Foreign organizations meeting the 85% test, check here and attach computation ► E If private foundation status was terminated under section 507(b)(1)(A), check here ► F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16) J Accounting method: Cash Accrual
 Other (specify) _____

► \$ 45,598,419.

(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and

Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
--	------------------------------------	---------------------------	-------------------------	---

REVENUE	1 Contributions, gifts, grants, etc, received (att sch)			
	2 Ck ► <input checked="" type="checkbox"/> if the foundn is not req to att Sch B			
	3 Interest on savings and temporary cash investments			
	4 Dividends and interest from securities	1,880,219.	1,880,219.	1,880,219.
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain/(loss) from sale of assets not on line 10	-2,658,172.		
	b Gross sales price for all assets on line 6a	8,066,959.		
	7 Capital gain net income (from Part IV, line 2)		RECEIVED 0.	0.
	8 Net short-term capital gain			
	9 Income modifications			
ADMINISTRATIVE OPERATING AND EXPENSES	10a Gross sales less returns and allowances	25	JUL 07 2010	
	b Less Cost of goods sold			
	c Gross profit/(loss) (att sch)		OGDEN, UT	
	11 Other income (attach schedule)			
	See Statement 1	5,541,432.		5,541,432.
	12 Total. Add lines 1 through 11	4,763,479.	1,880,219.	7,421,651.
	13 Compensation of officers, directors, trustees, etc.	178,748.		178,738.
	14 Other employee salaries and wages	3,552,253.		3,552,253.
	15 Pension plans, employee benefits	157,699.		157,696.
	16a Legal fees (attach schedule) See St 2	54,885.		54,885.
	b Accounting fees (attach sch) See St 3	69,321.	7,398.	61,923.
	c Other prof fees (attach sch) See St 4	65,313.	31,778.	33,535.
ADMINISTRATIVE OPERATING AND EXPENSES	17 Interest	28,180.		28,180.
	18 Taxes (attach schedule)(see instr) . See Stm. 5	442,915.		442,915.
	19 Depreciation (attach sch) and depletion	593,981.		
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses (attach schedule) See Statement 6	2,387,792.		2,387,792.
	24 Total operating and administrative expenses. Add lines 13 through 23	7,531,087.	39,176.	6,897,917.
	25 Contributions, gifts, grants paid			
	26 Total expenses and disbursements. Add lines 24 and 25	7,531,087.	39,176.	6,897,917.
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	-2,767,608.		
	b Net investment income (if negative, enter -0-)		1,841,043.	
	c Adjusted net income (if negative, enter -0-)			7,382,475.

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash – non-interest-bearing		516,879.	518,612.	518,612.
	2 Savings and temporary cash investments		877,677.	224,230.	224,230.
	3 Accounts receivable ► 213,164.		160,663.	213,164.	213,164.
	Less: allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less: allowance for doubtful accounts ►				
	5 Grants receivable ...				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)				
	7 Other notes and loans receivable (attach sch) ►				
	Less: allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges ...		141,324.	149,352.	149,352.
	10a Investments – U.S. and state government obligations (attach schedule)				
	b Investments – corporate stock (attach schedule)				
	c Investments – corporate bonds (attach schedule)				
	11 Investments – land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule)				
	12 Investments – mortgage loans				
	13 Investments – other (attach schedule)		25,819,553.	31,234,333.	31,234,333.
	14 Land, buildings, and equipment: basis ► 18,580,581.				
	Less: accumulated depreciation (attach schedule) See Stmt 7 ► 5,593,595.		12,405,590.	12,986,986.	12,986,986.
	15 Other assets (describe ► See Statement 8		284,955.	271,742.	271,742.
	16 Total assets (to be completed by all filers – see instructions. Also, see page 1, item I)		40,206,641.	45,598,419.	45,598,419.
L	17 Accounts payable and accrued expenses		700,313.	681,800.	
A	18 Grants payable				
B	19 Deferred revenue				
I	20 Loans from officers, directors, trustees, & other disqualified persons				
L	21 Mortgages and other notes payable (attach schedule)				
T	22 Other liabilities (describe ► See Statement 9		6,525,000.	6,305,000.	
I	23 Total liabilities (add lines 17 through 22)		7,225,313.	6,986,800.	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ► <input checked="" type="checkbox"/>				
N	24 Unrestricted		32,981,328.	38,611,619.	
F	25 Temporarily restricted				
T	26 Permanently restricted				
A	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► <input type="checkbox"/>				
S	27 Capital stock, trust principal, or current funds				
B	28 Paid-in or capital surplus, or land, building, and equipment fund				
S	29 Retained earnings, accumulated income, endowment, or other funds				
C	30 Total net assets or fund balances (see the instructions)		32,981,328.	38,611,619.	
O	31 Total liabilities and net assets/fund balances (see the instructions)		40,206,641.	45,598,419.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	32,981,328.
2	Enter amount from Part I, line 27a	2	-2,767,608.
3	Other increases not included in line 2 (itemize)	3	8,397,899.
4	Add lines 1, 2, and 3	4	38,611,619.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	38,611,619.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)			(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a ENDOWMENT ACCOUNT			P	Various	Various
b VARIOUS ENDOWMENT ACCOUNT			P	Various	12/31/09
c AMERICAN INTERNATIONAL			P	1/01/01	6/25/09
d TENET HEALTHCARE			P	1/01/01	8/05/09
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a 4,427,272.		4,838,052.	-410,780.		
b 3,638,778.		5,887,029.	-2,248,251.		
c 95.		25.	70.		
d 814.		25.	789.		
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h))		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any			
a			-410,780.		
b			-2,248,251.		
c			70.		
d			789.		
e					
2 Capital gain net income or (net capital loss). If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7			2	-2,658,172.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8			3	-410,780.	

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank. **N/A**

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008			
2007			
2006			
2005			
2004			

- 2 Total of line 1, column (d). 2
- 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years. 3
- 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4
- 5 Multiply line 4 by line 3 5
- 6 Enter 1% of net investment income (1% of Part I, line 27b) 6
- 7 Add lines 5 and 6 7
- 8 Enter qualifying distributions from Part XII, line 4 8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here ► <input checked="" type="checkbox"/> and enter 'N/A' on line 1.	1	N/A
Date of ruling or determination letter: <u>1/14/74</u> (attach copy of letter if necessary - see instr.)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b	2	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	3	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
3 Add lines 1 and 2	5	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	6	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	7	
6 Credits/Payments:	8	
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	9	
b Exempt foreign organizations – tax withheld at source	10	
c Tax paid with application for extension of time to file (Form 8868)	11	
d Backup withholding erroneously withheld	Refunded	
7 Total credits and payments. Add lines 6a through 6d		
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1b	X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
c Did the foundation file Form 1120-POL for this year?	1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ► \$ <u>0</u> . (2) On foundation managers ► \$ <u>0</u> .		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ <u>0</u> .		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.	2	X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3	X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4a	X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T.	4b	N/A
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	5	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV.	6	X
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions). ► <u>N/A</u>	7	X
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.	10	X

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Part VII-A | Statements Regarding Activities *Continued*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	13	X
14	The books are in care of ► <u>JOB HAINES HOME</u> Telephone no. ► <u>973-743-0792</u> Located at ► <u>250 BLOOMFIELD AVENUE BLMFLD, NJ BLOOMFIELD N</u> ZIP + 4 ► <u>07003</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here N/A ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► <u>15</u> N/A		

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

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

1a During the year did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No

(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No

(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No

b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?

Organizations relying on a current notice regarding disaster assistance check here ► c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? ►

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):

a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? Yes NoIf 'Yes,' list the years ► 20__ , 20__ , 20__ , 20__b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see the instructions) ►

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

► 20__ , 20__ , 20__ , 20__3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes Nob If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) ► 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? ► b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? ►

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes Nob Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Nob If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

5b N/A

6b X

7b N/A

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 11		166,447.	7,301.	5,000.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ANGELA YEARWOOD BLOOMFIELD, NJ 07003	ADMINISTRATOR 40	96,933.	7,699.	0.
EVELYN LEMY 250 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	DIR NURSING 40	100,911.	7,833.	0.
ZOYA SUIDIT BLOOMFIELD, NJ 07003	DIR AL NURSI 40	86,545.	0	0.
DEVON GROCE 250 BLOOMFIELD AVE BLOOMFIELD, NJ	NURSE SUPERVI 40	88,732.	0.	0.
NHINIKA NDICHIE 250 BLOOMFIELD AVE BLOOMFIELD, NJ	NURISING STAF 40	78,264.	5,658.	0.

Total number of other employees paid over \$50,000

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

3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ALPHA 3 CONSULTING LLC 304 NORTH HADDON AVENUE HADDONFIELD, NJ 08033	CONSTRUCTION MGMT	58,443.
PARTNERS PHARMACY	HEALTH AIDS	57,157.
SECURITAS	SECURITY	79,274.
, NJ SYNERTX PHOENIX AZ , AZ	THERAPY	101,841.
Total number of others receiving over \$50,000 for professional services		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1	PROVIDING HEALTH AND RESIDENT CARE FOR THE ELDERLY	
2		
3		
4		

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	N/A	
2		

All other program-related investments. See instructions.

3		
Total. Add lines 1 through 3		0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
a Average monthly fair market value of securities	1a	27,126,074.
b Average of monthly cash balances	1b	1,305,733.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	28,431,807.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	28,431,807.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	426,477.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	28,005,330.
6 Minimum investment return. Enter 5% of line 5	6	1,400,267.

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

1 Minimum investment return from Part X, line 6	N/A	1
2a Tax on investment income for 2009 from Part VI, line 5	2a	
b Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:		
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	6,897,917.
b Program-related investments – total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	1,175,375.
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	8,073,292.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,073,292.

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

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e				
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ _____				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2009 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a...				
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

BAA

Form 990-PF (2009)

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling	►				1/14/74
b Check box to indicate whether the foundation is a private operating foundation described in section	<input type="checkbox"/> 4942(j)(3) or <input checked="" type="checkbox"/> 4942(j)(5)				
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
c Qualifying distributions from Part XII, line 4 for each year listed					N/A
d Amounts included in line 2c not used directly for active conduct of exempt activities	8,073,292.	7,066,801.	6,623,961.	6,417,241.	28,181,295.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					0.
3 Complete 3a, b, or c for the alternative test relied upon:	8,073,292.	7,066,801.	6,623,961.	6,417,241.	28,181,295.
a 'Assets' alternative test – enter:					
(1) Value of all assets					N/A
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					N/A
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	933,511.	1,105,258.	1,666,566.	1,050,709.	4,756,044.
c 'Support' alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					N/A
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					N/A
(4) Gross investment income					N/A

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)**1 Information Regarding Foundation Managers:**

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

None

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

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

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

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:				5,541,432.	
a See Statement 12					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			3	1,880,219.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			3	-410,780.	-2,247,392.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				7,010,871.	-2,247,392.
13 Total. Add line 12, columns (b), (d), and (e)					4,763,479.

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

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions.)
1 A	ACTIVITIES ARE USED TO PROVIDE CARE FOR THE ELDERLY RESIDENTS OF THE JOB HAINES HOME

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the 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 foundation to a noncharitable exempt organization of:

- (1) Cash
- (2) Other assets ...

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

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

	Yes	No
1a (1)		X
1a (2)		X
1b (1)		X
1b (2)		X
1b (3)		X
1b (4)		X
1b (5)		X
1b (6)		X
1c		X

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 foundation. If the foundation 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.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

2a Is the foundation 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
N/A		

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

► ② Dorree E. Hauser
Signature of officer or trustee

~~07/21/10~~ Executive Director

►  Signature of officer or trustee

Signature of officer or trustee		Date	File
Paid Pre- parer's Use Only	Preparer's signature	Date	Preparer's Identifying number (See Signature in the instrs)
	GEORGE LINDORFF CPA	4/2/2010	Check if self- employed <input type="checkbox"/> N/A
Firm's name (or yours if self- employed), address, and ZIP code	FINANCIAL SERVICES 21 PLEASANT PL KEARNY, NJ 07032-1830	EIN <input type="checkbox"/> N/A	Phone no <input type="checkbox"/> 551-655-4454

BAA

Form 990-PF (2009)

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

Statement 1
Form 990-PF, Part I, Line 11
Other Income

	(a) Revenue per Books	(b) Net Investment Income	(c) Adjusted Net Income
CO INSURANCE	\$ 45,030.		\$ 45,030.
GIFTS AND LEGACIES	1,723.		1,723.
MEDICAIDE RIEMBURSEMENTS	941,226.		941,226.
MEDICAIDE OFFSETS	149,130.		149,130.
MEDICARE A	328,389.		328,389.
MEDICARE PART B	40,681.		40,681.
MISCELLANEOUS	32,050.		32,050.
PER DIEM INCOME	3,790,467.		3,790,467.
RESIDENT FEES	31,201.		31,201.
ROOM AND BOARD HOSPICE	181,535.		181,535.
Total	\$ 5,541,432.	\$ 0.	\$ 5,541,432.

Statement 2
Form 990-PF, Part I, Line 16a
Legal Fees

	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
LEGAL	\$ 54,885.			\$ 54,885.
Total	\$ 54,885.	\$ 0.	\$ 0.	\$ 54,885.

Statement 3
Form 990-PF, Part I, Line 16b
Accounting Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
AUDIT	\$ 20,000.			\$ 20,000.
CONSULTANT	49,321.	\$ 7,398.	\$ 7,398.	\$ 41,923.
Total	\$ 69,321.	\$ 7,398.	\$ 7,398.	\$ 61,923.

Statement 4
Form 990-PF, Part I, Line 16c
Other Professional Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
COMPUTER FEES	\$ 21,205.			\$ 21,205.
CUSTODY FEES	31,778.	\$ 31,778.	\$ 31,778.	
HEALTHCARE RESOURCES	9,840.			9,840.

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

Statement 4 (continued)
Form 990-PF, Part I, Line 16c
Other Professional Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
PENSION FEES . . .	\$ 2,490.			\$ 2,490.
Total	<u>\$ 65,313.</u>	<u>\$ 31,778.</u>	<u>\$ 31,778.</u>	<u>\$ 33,535.</u>

Statement 5
Form 990-PF, Part I, Line 18
Taxes

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
NJ PROVIDER ASSESSMENT	\$ 124,707.			\$ 124,707.
OTHER	25.			25.
PAYROLL . . .	318,183.			318,183.
Total	<u>\$ 442,915.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 442,915.</u>

Statement 6
Form 990-PF, Part I, Line 23
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACTIVITY EXPENSE . . .	\$ 22,019.			\$ 22,019.
ADVERTISING AND HELP WANTED . . .	1,022.			1,022.
AUTO AND TRAVEL . . .	2,731.			2,731.
BOND FEES . . .	88,467.			88,467.
BOOKS AND JOURNALS . . .	1,031.			1,031.
CABLE SERVICES . . .	11,228.			11,228.
COMPUTER SOFTWARE . . .	16,095.			16,095.
FURNISHINGS . . .	552.			552.
HEALTH CARE RESIDENT COSTS . . .	165,554.			165,554.
HEALTH INSURANCE . . .	598,378.			598,378.
HOUSEKEEPING . . .	34,166.			34,166.
INSURANCE LIABILITY . . .	174,336.			174,336.
INSURANCE WORKMENS COMP . . .	90,881.			90,881.
LAUNDRY SERVICES . . .	49,459.			49,459.
LICENSES AND DUES . . .	26,667.			26,667.
MARKETING EXPENSE . . .	38,991.			38,991.
OFFICE SUPPLIES . . .	20,621.			20,621.
OTHER ADMIN EXPNSES . . .	7,757.			7,757.
OTHER EXECUTIVE EXPENSES . . .	30,065.			30,065.
PROVISIONS AND SERVICES . . .	278,460.			278,460.
REPAIRS AND MAINTENANCE . . .	225,608.			225,608.
RESERVE FOR BAD DEBTS . . .	6,784.			6,784.
SECURITY . . .	82,473.			82,473.
SEMINARS AND EDUCATION . . .	6,740.			6,740.
SMALL EQUIPMENT . . .	4,204.			4,204.
TELEPHONE . . .	36,654.			36,654.

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

Statement 6 (continued)
Form 990-PF, Part I, Line 23
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
THEARAPIES	\$ 98,764.			\$ 98,764.
UTILITIES	268,085.			268,085.
Total	<u>\$ 2,387,792.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 2,387,792.</u>

Statement 7
Form 990-PF, Part II, Line 14
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value	Fair Market Value
Auto./Transportation Equip.	\$ 76,641.	\$ 23,239.	\$ 53,402.	\$ 53,402.
Furniture and Fixtures	1,186,506.	783,316.	403,190.	403,190.
Machinery and Equipment	1,047,023.	549,942.	497,081.	497,081.
Buildings	15,333,365.	4,133,829.	11,199,536.	11,199,536.
Improvements	814,583.	87,470.	727,113.	727,113.
Miscellaneous	122,463.	15,799.	106,664.	106,664.
Total	<u>\$ 18,580,581.</u>	<u>\$ 5,593,595.</u>	<u>\$ 12,986,986.</u>	<u>\$ 12,986,986.</u>

Statement 8
Form 990-PF, Part II, Line 15
Other Assets

	Book Value	Fair Market Value
PERSONAL NEEDS	\$ 11,411.	\$ 11,411.
RESIDENT ESCROW	260,331.	260,331.
Total	<u>\$ 271,742.</u>	<u>\$ 271,742.</u>

Statement 9
Form 990-PF, Part II, Line 22
Other Liabilities

<u>Tax Exempt Bond Liabilities</u>	<u>Balance Due</u>
Purpose of Issue:	BUILDING EXPANSION
Third Party Information:	
Third Party % of Space Used:	0
Issue Date:	11/15/1998
Original Issue Amount:	8,000,000.
Type of Form 8038 Filed:	Form 8038
Form 8038 Filing Date:	2/28/2028
Bond Retirement Date:	12/31/2000
Unexpended Bond Proceeds:	0.
Outstanding Issue Amount:	\$ 6,305,000.

2009

Federal Statements

Page 4

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

Statement 9 (continued)
Form 990-PF, Part II, Line 22
Other Liabilities

Total \$ 6,305,000.

Statement 10
Form 990-PF, Part III, Line 3
Other Increases

UNREALIZED GAIN Total \$ 8,397,899.
8,397,899.

Statement 11
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
GEMMA SULLIVAN 250 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	President 0	\$ 0.	\$ 0.	\$ 0.
JOHN REDMAN 250 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	Vice President 0	0.	0.	0.
LARRY RIELLY 259 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	Secretary 0	0.	0.	0.
MICHAL BRISTOL 250 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	Treasurer 0	0.	0.	0.
H. BARTLETT BROWN 250 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	ASST TREASURER 0	0.	0.	0.
NOREEN HAVERON BAYONNE, NJ 07303	Executive Direc 45.00	166,447.	7,301.	5,000.
		Total \$ <u>166,447.</u>	\$ <u>7,301.</u>	\$ <u>5,000.</u>

Statement 12
Form 990-PF, Part XVI-A, Line 1
Program Service Revenue

<u>Program Service Revenue</u>	(A) Busi- ness Code	(B) Unrelated Business Amount	(C) Exclu- sion Code	(D) Excluded Amount	(E) Related or Exempt Function
CO INSURANCE			3	\$ 45,030.	
GIFTS AND LEGACIES			3	1,723.	
MEDICAIDE RIEMBURSEMENTS			3	941,226.	
MEDICAIDE OFFSETS			3	149,130.	
MEDICARE A			3	328,389.	
MEDICARE PART B			3	40,681.	
MISCELLANEOUS			3	32,050.	
PER DIEM INCOME			3	3,790,467.	
RESIDENT FEES			3	31,201.	
ROOM AND BOARD HOSPICE			3	181,535.	
Total		<u>\$ 0.</u>		<u>\$ 5,541,432.</u>	<u>\$ 0.</u>

Affidavit from
The Progress
Caldwell, New Jersey

STATE OF NEW JERSEY}
COUNTY OF ESSEX } ss.:

Mary Carroll, being duly sworn according
to law on her oath, saith that she is a clerk
in the office of THE PROGRESS, a public
newspaper which is published in Caldwell,
in the County of Essex, and that the notice
of which the annexed is a copy, was
published in said newspaper on:

JUN 03 2010

Public Notice

**NOTICE OF AVAILABILITY OF
ANNUAL REPORT OF JOB HAINES HOME**

TO WHOM IT MAY CONCERN: Take notice
that the annual report of the Job Haines Home
for the year ending December 31, 2009 required
by Section 6056 of the International Revenue
Code is available for inspection at the principal
office of the Job Haines Home, 250 Bloomfield
Avenue, Bloomfield, NJ during regular business
hours, by any citizen who requests it within 18
days after the publication of this Notice of
Availability.

Requests to inspect the annual report should
be made to the undersigned President of Job
Haines Home at the principal office as above
stated.

Be it also known that the Job Haines Home
does not discriminate as to sex, race, color or
creed.

Noreen Haveron,
President
06/03/11
P F \$11.73



Mary Carroll

Sworn to and subscribed before me this

____ day of JUN 03 2010



Diane Howard

Diane Howard
Notary Public
New Jersey

My Commission Expires April 23, 2014

Application for Extension of Time To File an Exempt Organization Return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization JOB HAINES HOME FOR AGED PEOPLE	Employer identification number 22-0972180
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions. 250 BLOOMFIELD AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BLOOMFIELD, NJ 07003	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of. ► JOB HAINES HOME

Telephone No. ► 973-743-0792 FAX No. ► 973-743-0792

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

► calendar year 20_09_ or
► tax year beginning .20 . and ending .20

Final return Change in accounting period

for the tentative tax, less any	3a	\$	0.
its and estimated tax payments	3b	\$	0.
is form, or, if required, General Tax Payment System).	3c	\$	0.

| 8868, see Form 8453-EO and Form 8879-EO for