Form **990** | **Return of Organization Exempt From Income Tax** | OMB No 1545-0047 **2012**

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.

Department of the Treasury Internal Revenue Service | Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

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

C Name of organization
UMH NY CORP. UMH JGJ CORP.
FKA METHODIST HOMES FOR THE AGING OF THE
Doing Business As UMH JGJ CORP. (EFFECTIVE 11/15

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
10 ACRE PLACE

City, town, or post office, state, and ZIP code
BINGHAMTON, NY 13904

D Employer identification number: 16-1421888

E Telephone number: (607)775-6400

G Gross receipts $ 11,018,844.

F Name and address of principal officer BRIAN J. PICCHINI, CPA
10 ACRE PLACE, BINGHAMTON, NY 13904

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UNITEDMETHODISTHOMES.ORG

H(c) Group exemption number ▶ 9223

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation: 1992 | **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: NOT-FOR-PROFIT SKILLED NURSING FACILITY OFFERING BOTH SKILLED NURSING AND REHABILITATION SERVICES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	243
6	Total number of volunteers (estimate if necessary)	6	104
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	928.	875.
9	Program service revenue (Part VIII, line 2g)	10,900,896.	10,981,034.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,239.	8,396.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,672.	14,751.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,960,735.	11,005,056.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,498,329.	6,508,923.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,115,520.	4,106,535.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,613,849.	10,615,458.
19	Revenue less expenses. Subtract line 18 from line 12	346,886.	389,598.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	6,331,621.	6,805,734.
21	Total liabilities (Part X, line 26)	657,512.	708,459.
22	Net assets or fund balances. Subtract line 21 from line 20	5,674,109.	6,097,275.

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SCANNED DEC 0 6 2013

Part II Signature Block

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.

Sign Here
▶ Brian J. Picchini — Signature of officer — Date 11/7/13
▶ BRIAN J. PICCHINI, CPA, PRESIDENT & CEO/CFO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self employed	PTIN
JULIUS GREEN, CPA	J Green	11/5/13		P00350393

Firm's name ▶ PARENTEBEARD LLC — Firm's EIN ▶ 23-2932984

Firm's address ▶ 1650 MARKET STREET, SUITE 4500
PHILADELPHIA, PA 19103 — Phone no. (215) 972-0701

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

14

6-17 N-E

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
THE ORGANIZATION'S MISSION IS TO PROVIDE A WIDE RANGE OF SENIOR LIVING SERVICES WITH EXCEPTIONAL CARE AND COMPASSION. OUR VISION IS TO BE THE PROVIDER OF CHOICE IN LIFESTYLE OPTIONS FOR SENIORS. CORE VALUES INCLUDE CONCERN AND UNDERSTANDING FOR THE WHOLE PERSON, EDUCATION AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ______) (Expenses $ 8,881,783. including grants of $ ______) (Revenue $ 10,995,785.)
LICENSED SKILLED NURSING CARE SERVICES AND REHABILITATION SERVICES ARE PROVIDED TO THE RESIDENTS OF THE ORGANIZATION'S FACILITY. SKILLED NURSING SERVICES ARE REGULATED AND LICENSED BY FEDERAL AND STATE AUTHORITIES. DAYS OF CARE PROVIDED TO THE MEDICARE GOVERNMENT PROGRAM FOR THE ELDERLY AND THE MEDICAID GOVERNMENT PROGRAM FOR THE INDIGENT AMOUNTED TO 24,949 DAYS. PRIVATE PAY RESIDENTS AND OTHER PAYOR PROGRAM RESIDENTS REPRESENTED 18,210 DAYS OF CARE FOR TOTAL DAYS OF CARE OF 43,159.

4b (Code ______) (Expenses $ ______ including grants of $ ______) (Revenue $ ______)

4c (Code ______) (Expenses $ ______ including grants of $ ______) (Revenue $ ______)

4d Other program services (Describe in Schedule O)
(Expenses $ ______ including grants of $ ______) (Revenue $ ______)

4e Total program service expenses ▶ 8,881,783.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [X]

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	42			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	243			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	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)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Form **990** (2012)

232005
12-10-12

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 27			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

BRIAN J. PICCHINI, CPA - (607)775-6400
10 ACRE PLACE, BINGHAMTON, NY 13904

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII [X]

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons

[ ] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SHARON BERG (HONORARY MEMBER) CHAIRPERSON	11.00	X		X				0.	0.	0.
(2) JOHN CROUNSE VICE CHAIRPERSON	4.00	X		X				0.	0.	0.
(3) NEIL ANDRE TREASURER	2.00	X		X				0.	0.	0.
(4) EDWIN ROGERS (HONORARY MEMBER) ASSISTANT TREASURER	4.00	X		X				0.	0.	0.
(5) LEE ROBESON ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(6) JOHN CORSELIUS SECRETARY	3.00	X		X				0.	0.	0.
(7) DONNA BRANDMEYER DIRECTOR	0.50	X						0.	0.	0.
(8) EDWIN BETZ DIRECTOR	1.00	X						0.	0.	0.
(9) JOSEPH COONS DIRECTOR	1.50	X						0.	0.	0.
(10) CARL ERNSTROM DIRECTOR	7.50	X						0.	0.	0.
(11) LEE BEARSCH DIRECTOR	2.00	X						0.	0.	0.
(12) JOHN CARLING DIRECTOR	1.50	X						0.	0.	0.
(13) LISA LEE DIRECTOR	3.00	X						0.	0.	0.
(14) LEONARD LINDENMUTH DIRECTOR	2.00	X						0.	0.	0.
(15) EVELYN LINTERN DIRECTOR	1.00	X						0.	0.	0.
(16) JAN MCCABE DIRECTOR	6.00	X						0.	0.	0.
(17) ROBERT MONTGOMERY JR. DIRECTOR	4.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ALLAN KINSMAN DIRECTOR	6.00	X						0.	0.	0.
(19) MARYANN JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(20) KAREN MCMAHON DIRECTOR	2.00	X						0.	0.	0.
(21) LINDA ROSS DIRECTOR	0.70	X						0.	0.	0.
(22) BETTY STANTON DIRECTOR	1.50	X						0.	0.	0.
(23) KENNETH SUMMERS DIRECTOR	4.00	X						0.	0.	0.
(24) DAVID TANENHAUS DIRECTOR	1.00	X						0.	0.	0.
(25) A WAYNE TRIVELPIECE DIRECTOR	2.00	X						0.	0.	0.
(26) MICHAEL VENUTI DIRECTOR	0.20	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	880,816.	67,473.
d Total (add lines 1b and 1c) ▶								0.	880,816.	67,473.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GENESIS REHAB SERVICES ATTN PAM VOORHEES, KENNETT SQUARE, PA 19348	THERAPY SERVICES	581,709.
NURSEFINDERS STAFFING DIVISION, DALLAS, TX 75391-0738	NURSE AGENCY	281,163.
BATES TROY INCORPORATED 151 LAUREL AVE, BINGHAMTON, NY 13905	LAUNDRY SERVICES	103,001.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) JAMES PYRAH DIRECTOR	2.00	X						0.	0.	0.
(28) WARREN WATKINS DIRECTOR	4.00	X						0.	0.	0.
(29) JOHN WELCH DIRECTOR	1.00	X						0.	0.	0.
(30) JAMES PROOF (TERM END 5/31/12) ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(31) GEORGE KRAMER (TERM END 5/31/12 DIRECTOR	2.00	X						0.	0.	0.
(32) ALLAN ROSE (TERM END 5/31/12) DIRECTOR	5.00	X						0.	0.	0.
(33) BRIAN PICCHINI PRES & CEO/CFO (EFFECTIVE 9/1/12)	46.00			X				0.	253,860.	21,779.
(34) GARY GARDNER CHIEF FINANCIAL OFFICER	51.00			X				0.	208,385.	22,252.
(35) KEITH CHADWICK PRES EMERITUS (EFFECTIVE 9/1/12)	40.00				X			0.	418,571.	23,442.
Total to Part VII, Section A, line 1c									880,816.	67,473.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII ☐

Section	Line			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 875.				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f ▶		875.			
Program Service Revenue			Business Code				
	2 a	ELDERLY NURSING CARE	623000	10,981,034.	10,981,034.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f ▶		10,981,034.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		22,184.			22,184.
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6 a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory					
	b	Less. cost or other basis and sales expenses	(i) 1,061. / (ii) 12,727.				
	c	Gain or (loss)	(i) -1,061. / (ii) -12,727.				
	d	Net gain or (loss) ▶		-13,788.			-13,788.
	8 a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events ▶					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities ▶					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11 a	OTHER REVENUE	900099	10,241.	10,241.		
	b	RECOVERY OF BAD DEBTS	900099	4,510.	4,510.		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d ▶		14,751.			
	12	**Total revenue.** See instructions. ▶		11,005,056.	10,995,785.	0.	8,396.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX [X]

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,240.		100,240.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,097,811.	4,850,171.	247,640.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,983.	79,168.	9,815.	
9 Other employee benefits	841,728.	791,879.	49,849.	
10 Payroll taxes	380,161.	356,434.	23,727.	
11 Fees for services (non-employees):				
a Management	1,046,484.		1,046,484.	
b Legal	31,233.		31,233.	
c Accounting	11,200.		11,200.	
d Lobbying	761.		761.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,539,721.	1,490,907.	48,814.	
12 Advertising and promotion	22,389.		22,389.	
13 Office expenses	613,509.	563,668.	49,841.	
14 Information technology				
15 Royalties				
16 Occupancy	196,556.	196,556.		
17 Travel	5,092.		5,092.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	323,112.	323,112.		
23 Insurance	60,678.		60,678.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	170,447.	170,447.		
b OTHER DIRECT EXPENSE	24,260.	14,214.	10,046.	
c EQUIPMENT RENTAL	23,500.	17,118.	6,382.	
d TRAVEL, CONFERENCES, &	11,431.	11,431.		
e All other expenses	26,162.	16,678.	9,484.	
25 **Total functional expenses** Add lines 1 through 24e	10,615,458.	8,881,783.	1,733,675.	0.
26 **Joint costs** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,500.	1	1,500.
	2	Savings and temporary cash investments		148,830.	2	798,406.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		966,571.	4	895,686.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		13,199.	9	7,225.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,903,028.			
	b	Less: accumulated depreciation	10b 6,575,613.	3,492,296.	10c	3,327,415.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11		1,501,024.	13	1,756,209.
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		208,201.	15	19,293.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,331,621.	16	6,805,734.
Liabilities	17	Accounts payable and accrued expenses		641,278.	17	521,214.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		16,234.	25	187,245.
	26	**Total liabilities.** Add lines 17 through 25		657,512.	26	708,459.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,674,109.	27	6,097,275.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,674,109.	33	6,097,275.
	34	Total liabilities and net assets/fund balances		6,331,621.	34	6,805,734.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,005,056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,615,458.
3	Revenue less expenses Subtract line 2 from line 1	3	389,598.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,674,109.
5	Net unrealized gains (losses) on investments	5	33,568.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,097,275.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash [X] Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis [X] Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization UMH NY CORP. UMH JGJ CORP. FKA METHODIST HOMES FOR THE AGING OF THE

Employer identification number 16-1421888

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
9 [ ] 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 exempt 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).** (Complete Part III)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [X] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [X] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Non-functionally integrated

e [X] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of monetary support
UMH NY CORP. FKA METHODI	24-0856145	9	X		X		X		0.
Total 1									0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization UMH NY CORP. UMH JGJ CORP.
FKA METHODIST HOMES FOR THE AGING OF THE

Employer identification number 16-1421888

Part I-A **Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ ______

3 Volunteer hours ______

Part I-B **Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ ______

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ ______

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ ______

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ ______

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ ______

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2012**

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Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
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 similar means?			
i Other activities?	X		761.
j Total Add lines 1c through 1i			761.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

UMH JGJ CORP. IS A MEMBER OF LEADINGAGE NY AND THE NATIONAL LEADINGAGE.

8.8% OF THE DUES FOR THESE ORGANIZATIONS IS ALLOCATED TO LOBBYING.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization: UMH NY CORP. UMH JGJ CORP. FKA METHODIST HOMES FOR THE AGING OF THE

Employer identification number: 16-1421888

Part I — Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II — Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III — Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ______

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,501,024.	2,696,805.	3,148,942.	3,389,451.	
b	Contributions	200,000.	815,108.	700,365.	145,131.	
c	Net investment earnings, gains, and losses	58,919.	-8,125.	51,482.	70,170.	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	3,734.	2,002,764.	1,203,984.	455,810.	
f	Administrative expenses					
g	End of year balance	1,756,209.	1,501,024.	2,696,805.	3,148,942.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Temporarily restricted endowment ▶ ______ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
(i)	unrelated organizations	3a(i)		X
(ii)	related organizations	3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

See Form 990, Part X, line 10

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		9,750.		9,750.
b	Buildings		4,928,729.	2,744,449.	2,184,280.
c	Leasehold improvements				
d	Equipment		4,942,095.	3,831,164.	1,110,931.
e	Other		22,454.		22,454.
Total.	Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,327,415.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) ASSETS WHOSE USE IS		
(2) LIMITED: BOARD DESIGNATED	1,756,209.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,756,209.	

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESIDENT TRUST FUNDS	19,293.
(3) DUE TO AFFILIATES	167,952.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	187,245.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	11,046,841.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	33,568.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	33,568.
3	Subtract line 2e from line 1			3	11,013,273.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-8,217.		
c	Add lines 4a and 4b			4c	-8,217.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	11,005,056.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,623,675.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	8,217.		
e	Add lines 2a through 2d			2e	8,217.
3	Subtract line 2e from line 1			3	10,615,458.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	10,615,458.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART V, LINE 4: THE INTENDED USES OF THE ENDOWMENT FUNDS ARE: FUTURE CAPITAL IMPROVEMENTS, FUTURE OPERATING COSTS AND TO ESCROW ADVANCE FEES, OVER WHICH THE BOARD RETAINS CONTROL AND, MAY AT ITS DISCRETION, SUBSEQUENTLY USE FOR OTHER PURPOSES.

PART X, LINE 2: THE HOMES ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY.

Part XIII Supplemental Information *(continued)*

MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2012 OR 2011.

THE HOMES' FEDERAL RETURNS OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2011, 2010, AND 2009 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT	-12,727.
BAD DEBT RECOVERY	4,510.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-8,217.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT	12,727.
CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS	
RECOVERY OF BAD DEBTS	-4,510.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	8,217.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization UMH NY CORP. UMH JGJ CORP. FKA METHODIST HOMES FOR THE AGING OF THE

Employer identification number 16-1421888

Part I | Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☒ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		X
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		X
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b		X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN PICCHINI	(i)	0.	0.	0.	0.	0.	0.	0.
PRES & CEO/CFO (EFFECTIVE 9/1/12)	(ii)	252,123.	0.	1,737.	12,500.	9,279.	275,639.	0.
(2) GARY GARDNER	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	192,383.	0.	16,002.	9,620.	12,632.	230,637.	0.
(3) KEITH CHADWICK	(i)	0.	0.	0.	0.	0.	0.	0.
PRES EMERITUS (EFFECTIVE 9/1/12)	(ii)	371,956.	0.	46,615.	12,500.	10,942.	442,013.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

PART I, LINE 1A: THE ORGANIZATION PROVIDED ALL EMPLOYEES WITH A HOLIDAY GIFT OF $25. THE GIFT WAS "GROSSED-UP" USING A COMPUTATION IN ORDER TO COVER THE TAXES. ALL PAYMENTS WERE REPORTED AS TAXABLE INCOME ON EACH EMPLOYEE'S RESPECTIVE W-2.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization: UMH NY CORP. UMH JGJ CORP.
FKA METHODIST HOMES FOR THE AGING OF THE

Employer identification number: 16-1421888

FORM 990, PART I, DOING BUSINESS AS:

UMH JGJ CORP. (EFFECTIVE 11/15/12)

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WELLNESS IN PURSUIT OF A FULL LIFE, INDEPENDENCE, DIGNITY AND A SENSE OF CONTROL FOR ALL RESIDENTS AND A CARING AND COMPASSIONATE STAFF.

FORM 990, PART V, LINE 1:

FORMS 1099 FOR EACH OF THE RELATED UNITED METHODIST HOMES ENTITIES ARE ISSUED BY UMH NY CORP. (FKA THE METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF NEW YORK), FEDERAL ID# 24-0856145, WHICH ACTS AS THE COMMON ACCOUNTS PAYABLE ARM OF THE SYSTEM. THE AMOUNT REPORTED ON THIS LINE REFLECTS THE AMOUNT OF FORMS 1099 FILED BY UMH NY CORP. NO FORMS 1099 HAVE BEEN FILED DIRECTLY BY THIS ENTITY.

FORM 990, PART VI, SECTION A, LINE 1: UMH JGJ CORP. (FKA THE JAMES G. JOHNSTON MEMORIAL NURSING HOME CORPORATION), FEDERAL ID# 16-1421888, IS ONE OF TEN ENTITIES OF A GROUP OF BROTHER / SISTER RELATED AND AFFILIATED ORGANIZATIONS (SEE SCHEDULE R), GOVERNED BY A COMMON BOARD OF DIRECTORS. THE TEN BROTHER / SISTER RELATED ENTITIES OPERATE UNDER THE BRAND NAME "UNITED METHODIST HOMES". THE BYLAWS OF 8 OF THE ORGANIZATIONS EXCEPT FOR GRAND CARE CENTER AND UNITED METHODIST HOMES FOUNDATION (FKA THE UNITED METHODIST HOMES TRUST) PROVIDE THAT THE MEMBERS OF THE CORPORATIONS SHALL BE THE MEMBERS OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS OF THE 8 ORGANIZATIONS PROVIDE FOR 27 DIRECTORS, ELECTED BY THE MEMBERS, AND DIVIDED

Name of the organization UMH NY CORP. UMH JGJ CORP. FKA METHODIST HOMES FOR THE AGING OF THE	Employer identification number 16-1421888

INTO THREE CLASSES OF NINE EACH. THIS ARRANGEMENT PROVIDES FOR THE ELECTION OF NINE DIRECTORS EACH YEAR. A DIRECTOR MAY SERVE TWO CONSECUTIVE THREE-YEAR TERMS AND MUST REMAIN OFF THE BOARD FOR ONE YEAR BEFORE BECOMING ELIGIBLE FOR AN ADDITIONAL TERM. THE BOARD MEETS FOUR TIMES PER YEAR AND THE EXECUTIVE FINANCE COMMITTEE MEETINGS ARE HELD ELEVEN TIMES PER YEAR. NO MEETINGS ARE HELD IN JULY. THE EXECUTIVE FINANCE COMMITTEE, WHEN MEETING BETWEEN BOARD MEETINGS IS AUTHORIZED TO EXERCISE ALL AUTHORITY OF THE BOARD EXCEPT TO HIRE, DISCHARGE OR FIX THE SALARY OF THE PRESIDENT / CEO, TO APPROVE THE ANNUAL BUDGET OR MODIFICATIONS THERETO RESULTING IN AN AMOUNT EXCEEDING THE TOTAL AMOUNT OF THE BUDGET OR TO COMMIT AN ENTITY TO ANY MAJOR CONSTRUCTION OR ESTABLISHMENT OF A NEW FACILTY OR THE PURCHASE, MORTGAGE OR SALE OF ANY REAL PROPERTY. SIX MEMBERS OF THE EXECUTIVE FINANCE COMMITTEE CONSTITUTE A QUORUM AND ONE OF THE SIX MEMBERS MUST BE EITHER THE CHAIRPERSON OR THE VICE CHAIRPERSON OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION USES ITS RELATED PARTY MANAGEMENT COMPANY, UMH MANAGEMENT SERVICES CORP. (FKA THE UNITED METHODIST HOMES OF THE WYOMING CONFERENCE MANAGEMENT SERVICES CORPORATION) (SEE SCHEDULE R) ("MANAGEMENT SERVICES") TO PERFORM CENTRALIZED MANAGEMENT FUNCTIONS FOR THE ORGANIZATION. SUCH CENTRALIZED SERVICES INCLUDE QUALITY ASSURANCE, BUILDINGS AND GROUND MANAGEMENT, HUMAN RESOURCES, EMPLOYEE BENEFITS, MARKETING AND PUBLIC RELATIONS, GROUP PURCHASING, ACCOUNTING AND FINANCIAL SERVICES, BUDGETING, INFORMATION TECHNOLOGY, INSURANCE CONTRACTING, CONTRACT REVIEW AND NEGOTIATIONS, CORPORATE COMPLIANCE, AND OTHER ADMINISTRATIVE FUNCTIONS. MANAGEMENT SERVICES AND ITS RELATED AFFILIATED ORGANIZATIONS OPERATE UNDER A BOARD POLICY OF "STRONG EXECUTIVE" MANAGEMENT. ALL HIRING, FIRING, PROMOTION AND DEMOTION DECISIONS ARE THE REPSPONSIBILITY OF THE PRESIDENT / CEO OF THE UNITED METHODIST HOMES.

Name of the organization UMH NY CORP. UMH JGJ CORP. FKA METHODIST HOMES FOR THE AGING OF THE

Employer identification number 16-1421888

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS NAME EFFECTIVE 11/15/2012 FROM THE JAMES G. JOHNSTON MEMORIAL NURSING HOME CORPORATION TO UMH JGJ CORP.

FORM 990, PART VI, SECTION A, LINE 6: THE BYLAWS PROVIDE THAT THE MEMBERS OF THE CORPORATION SHALL BE THE SAME PERSONS WHO SERVE AS MEMBERS OF THE BOARD OF DIRECTORS FOR UMH NY CORP. (FKA THE METHODIST HOMES OF THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF NEW YORK). SEE ADDITIONAL DISCLOSURE IN SCHEDULE O OF FORM 990, PART VI, SECTION A LINE 4.

FORM 990, PART VI, SECTION B, LINE 11: THE PROCESS BY WHICH THE ORGANIZATION'S OFFICERS, DIRECTORS, BOARD COMMITTEE MEMBERS, AND MANAGEMENT REVIEWED THE PREPARED FORM 990 IS AS FOLLOWS: THE BOARD DID REQUIRE THAT THE FORM 990 FOR ALL 10 BROTHER / SISTER RELATED AND AFFILIATED ORGANIZATIONS BE PPREPARED FROM INFORMATION COMPILED BY INTERNAL STAFF. A DRAFT COPY OF THE FORM 990 WAS THEN PROVIDED TO THE ORGANIZATION'S MANAGEMENT, BOARD MEMBERS AND INDEPENDENT PUBLIC ACCOUNTING FIRM WITH SPECIFIC EXPERTISE IN NOT-FOR-PROFIT TAX RETURN PREPARATION. A DETAILED REVIEW OF THE FORM 990 IS CONDUCTED FOR ANY CHANGES OR CORRECTIONS. AFTER REVIEW BY ALL OF THE AFOREMENTIONED INDIVIDUALS, THE INDEPENDENT PUBLIC ACCOUNTING FIRM CONDUCTS THEIR FINAL REVIEW, SIGNS AS PAID PREPARER AND ASSISTS WITH THE ELECTRONIC SUBMISSION OF THE FORM 990. UTILIZING THIS METHODOLOGY, A COPY OF THE FORM 990 IS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND COMMENT PRIOR TO THE FORM 990 BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: UPON ELECTION TO THE BOARD OF

Name of the organization	Employer identification number
UMH NY CORP. UMH JGJ CORP. FKA METHODIST HOMES FOR THE AGING OF THE	16-1421888

DIRECTORS, ALL DIRECTORS ARE REQUIRED TO COMPLETE A WRITTEN CONFLICT OF INTEREST FORM IN CONNECTION WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THE ORGANIZATION ALSO FOLLOWS THE PRACTICE OF UPDATING OFFICERS' AND DIRECTORS' CONFLICT OF INTEREST INFORMATION IN WRITING ANNUALLY. ALL BOARD MEMBERS AND EMPLOYEE PERSONNEL ARE SUBJECT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES. ALL EMPLOYEES ARE REQUIRED TO ACT INDEPENDENTLY AND WITHOUT A CONFLICT OF INTEREST IN THE PERFORMANCE OF THEIR JOB DUTIES. IN ADDITION, AS PART OF THE BOARD MEMBERS' AND EMPLOYEE PERSONNELS' TRAINING ANY POTENTIAL CONFLICT OF INTEREST PROHIBITIONS AND SITUATIONS ARE COVERED AND DISCUSSED. THE ORGANIZATION HAS ESTABLISHED AN "OVERSIGHT COMPLIANCE COMMITTEE" COMPOSED OF DIRECTORS OF THE BOARD AND STAFFED BY THE CORPORATE COMPLIANCE OFFICER AND COMPLIANCE PERSONNEL. ALL POTENTIAL CONFLICTS OF INTEREST ARE INITIALLY REVIEWED BY THE CORPORATE COMPLIANCE OFFICER, COMPLIANCE PERSONNEL AND THE MANAGEMENT COMPLIANCE COMMITTEE AND AN INITIAL DETERMINATION OF POTENTIAL CONFLICTS IS MADE. THE POTENTIAL CONFLICT OF INTEREST AND THE INITIAL DETERMINATION IS THEN REPORTED TO, AND DISCUSSED WITH THE OVERSIGHT COMPLIANCE COMMITTEE OF THE BOARD WHICH MAKES THE FINAL DETERMINATION WITH REGARDS TO WHETHER A CONFLICT OF INTEREST DOES, OR DOES NOT EXIST. ANY PERSON, INCLUDING BOARD MEMBERS, OFFICERS, DIRECTORS, KEY EMPLOYEES AND / OR MANAGERS AND ALL EMPLOYEE PERSONNEL ARE PROHIBITED BY THE BOARD CONFLICT OF INTEREST POLICY FROM PARTICIPATING IN ANY TRANSACTION IN WHICH THE OVERSIGHT COMPLIANCE COMMITTEE HAS DETERMINED THAT A CONFLICT OF INTEREST EXISTS. THE OVERSIGHT COMPLIANCE COMMITTEE PROVIDES REPORTS OF ITS ACTIVITIES DIRECTLY TO THE BOARD OF THE ORGANIZATION. ANY PERSON FOUND TO HAVE KNOWINGLY VIOLATED THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS SUBJECT TO DISCIPLINARY ACTION AND / OR DISMISSAL. BOARD MEMBERS ARE GENERALLY REMINDED FROM TIME-TO-TIME AT BOARD AND COMMITTEE MEETINGS OF THE ORGANIZATION'S CONFLICT

Name of the organization	Employer identification number
UMH NY CORP. UMH JGJ CORP. FKA METHODIST HOMES FOR THE AGING OF THE	16-1421888

OF INTEREST POLICY. BOARD AND COMMITTEE MEMBERS ARE ASKED TO DISCLOSE ANY ISSUE OR MATTER IN WHICH THEY HAVE A CONFLICT AS INDICATED ABOVE. THEY ARE ALSO ASKED TO ABSTAIN FROM VOTING ON SUCH MATTERS. EMPLOYEES ARE REMINDED ABOUT POTENTIAL CONFLICTS OF INTEREST THROUGH OUR CORPORATE AND MANDATORY TRAINING PROGRAMS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS HAS ESTABLISHED A MANAGEMENT AND PERSONNEL COMMITTEE COMPRISED OF BOARD MEMBERS HAVING NO CONFLICT OF INTEREST WITH RESPECT TO COMPENSATION AND BENEFIT MATTERS TO BE ESTABLISHED FOR ALL SENIOR EXECUTIVES EMPLOYED BY THE ORGANIZATION. THE BOARD COMMITTEE UTILIZES STUDY DATA AS TO COMPARABLE COMPENSATION FOR SIMILARILY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS IN SIMILARILY SITUATED ORGANIZATIONS IN ITS DELIBERATIONS. DATA HAS BEEN COMPILED USING AN INDUSTRY JOB DESCRIPTION / CLASSIFICATION COMPENSATION STUDY WHICH FOCUSES ON MULTI-ORGANIZATION, MULTI-LOCATION, MULTI-LEVEL CARE SENIOR LIVING SERVICE ORGANIZATIONS IN THE UNITED STATES FOR COMPARATIVE COMPENSATION INFORMATION WHICH IS COMPARED TO THE UNITED METHODIST HOME'S SENIOR EXECUTIVE COMPENSATION LEVELS. UNITED METHODIST HOME'S KEY EMPLOYEE AND EXECUTIVE COMPENSATION LEVELS ARE REVIEWED ANNUALLY BY THE MANAGEMENT AND PERSONNEL COMMITTEE AND ARE SUBSEQUENTLY INCORPORATED, UPON APPROVAL BY THE BOARD, INTO THE ORGANIZATION'S ANNUAL BUDGET. THESE DISCUSSIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ANY OF THESE DOCUMENTS DIRECTLY AVAILABLE TO THE PUBLIC, BUT THEY ARE AVAILABLE UPON SPECIFIC REQUEST. HOWEVER, THE MOST IMPORTANT OF THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE FEDERAL OR STATE FREEDOM OF INFORMATION ACTS, SINCE MOST OF THE DOCUMENTS ARE REQUIRED TO BE FILED WITH FEDERAL AND

Name of the organization UMH NY CORP. UMH JGJ CORP. FKA METHODIST HOMES FOR THE AGING OF THE

Employer identification number 16-1421888

STATE REGULATORS AND LICENSING BUREAUS. CERTAIN OF THE RELATED BROTHER / SISTER AFFILIATES ARE ALSO REQUIRED TO FILE WITH THE FEDERAL MEDICARE AND / OR STATE MEDICAID REGULATORY BODIES AS A RESULT OF THE FEDERAL AND STATE LAWS, RULES AND REGULATIONS UNDER WHICH THEY ARE GOVERNED.

FORM 900, PART VII

AS PREVIOUSLY DISCLOSED IN SCHEDULE O, THE BOARD OF DIRECTORS IS A COMMON BOARD. THE TIME SPENT AS REPORTED ON PART VII IS FOR THIS ORGANIZATION AS WELL AS THE RELATED ORGANIZATIONS REPORTED ON SCH. R. ADDITIONALLY, SHARON BERG (CHAIRPERSON) AND EDWIN ROGERS (ASSISTANT TREASURER) ARE HONORARY NON-VOTING MEMBERS OF THE BOARD OF DIRECTORS AND HAVE BEEN INCLUDED IN PART VII OF THIS FORM 990.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FOOD SERVICE:

PROGRAM SERVICE EXPENSES	324,866.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	324,866.

MAINT & GENERAL SVCS:

PROGRAM SERVICE EXPENSES	203,617.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	203,617.

LAB & THERAPY SVCS:

Name of the organization UMH NY CORP. UMH JGJ CORP. FKA METHODIST HOMES FOR THE AGING OF THE

Employer identification number 16-1421888

PROGRAM SERVICE EXPENSES	962,424.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	962,424.

CONSULTING :

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	25,764.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,764.

ADMIN SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	23,050.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,050.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,539,721.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY OVER THE AUDIT. NEITHER THE OVERSIGHT PROCESS OR SELECTION PROCESS HAS CHANGED SINCE THE PRIOR YEAR.

FORM 990, PART VI, SECTION A, LINE 2

ON AN ANNUAL BASIS, THE ORGANIZATION PROVIDES A QUESTIONNAIRE TO ALL BOARD MEMBERS WHICH ADDRESSES ANY POTENTIAL BUSINESS OR FAMILY RELATIONSHIP BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES.

Name of the organization UMH NY CORP. UMH JGJ CORP. FKA METHODIST HOMES FOR THE AGING OF THE

Employer identification number 16-1421888

BASED ON THE RESPONSES, THERE ARE NO FAMILY OR BUSINESS RELATIONSHIPS IDENTIFIED BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES WHICH WOULD REQUIRE DISCLOSURE ON THE FORM 990.

FORM 990, PAGE 1

NAME CHANGE

THIS ORGANIZATION IS FILING A PAPER RETURN FOR FORM 990 FOR THE 2012 CALENDAR YEAR DUE TO A NAME CHANGE THAT OCCURRED IN 2012. THE ORGANIZATION CHANGED ITS NAME EFFECTIVE 11/15/2012 FROM THE JAMES G. JOHNSTON MEMORIAL NURSING HOME CORPORATION TO UMH JGJ CORP. THE RESTATED CERTIFICATE OF INCORPORATION IS ATTACHED AS REQUIRED BY THE INTERNAL REVENUE SERVICE FORM 990 INSTRUCTIONS. ADDITIONALLY, A COPY OF THE CONFIRMATION OF THE NAME CHANGE THAT WAS RECEIVED FROM THE INTERNAL REVENUE SERVICE IS ATTACHED TO THIS FILING.

FORM 990, SCHEDULE R, PART II:

FIVE OF THE AFFILIATES REFERRED TO IN THE RETURN HAVE ALSO UNDERGONE NAME CHANGES DURING THE 2012 CALENDAR YEAR. THESE AFFILIATES ARE LISTED UNDER THEIR NEW NAME FOLLOWED BY THEIR FKA (FORMERLY KNOWN AS) NAME.

FORM 990, PART VI, SECTION A, LINE 4

THE CERTIFICATE OF INCORPORATION AND BYLAWS HAVE BEEN UPDATED TO REFLECT THE NAME CHANGE OF UMH JGJ CORP.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization: UMH NY CORP. UMH JGJ CORP.
FKA METHODIST HOMES FOR THE AGING OF THE

Employer identification number: 16-1421888

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
WESLEY TOWERS, INC - 23-7095034 10 ACRE PLACE BINGHAMTON, NY 13904	INACTIVE	PENNSYLVANIA	501 (C)(3)	LINE 11A	UMH NY CORP.		X
BROOKS CENTER, INC - 16-1446116 10 ACRE PLACE BINGHAMTON, NY 13904	INACTIVE	NEW YORK	501 (C)(3)	LINE 11A	UMH NY CORP.		X
UNITED METHODIST HOMES FOUNDATION FKA UNITED METHODIST HOMES FOR THE AGING O, 10 ACRE PLACE, BINGHAMTON, NY 13904	FUNDRAISING	NEW YORK	501 (C)(3)	LINE 11A	UMH NY CORP.		X
UMH MANAGEMENT SERVICES CORP. FKA METHODIST HOMES FOR THE AGING OF THE WYOMI, 10 ACRE PLACE, BINGHAMTON, NY 13904	MANAGEMENT SERVICES	PENNSYLVANIA	501 (C)(3)	LINE 11A	UMH NY CORP.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
UMH NY CORP, FKA METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN , 10 ACRE PLACE, BINGHAMTON, NY 13904	NURSING AND RESIDENT SERVICES	NEW YORK	501 (C)(3)	LINE 9	N/A		X
UMH PA CORP, FKA METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE - 2, 10 ACRE PLACE, BINGHAMTON, NY 13904	NURSING AND RESIDENT SERVICES	PENNSYLVANIA	501 (C)(3)	LINE 11A	UMH NY CORP.		X
GRAND CARE CENTER - 22-2902920 10 ACRE PLACE BINGHAMTON, NY 13904	DAY CARE SERVICES	NEW YORK	501 (C)(3)	LINE 9	N/A		X
UMH ECM CORP, FKA THE ELIZABETH CHURCH MANOR NURSING HOME CORPORATION - 16-1, 10 ACRE PLACE, BINGHAMTON, NY 13904	NURSING HOME	NEW YORK	501 (C)(3)	LINE 11A	UMH NY CORP.		X
THE GRACE VIEW MANOR NURSING HOME CORPORATION - 22-3180239, 10 ACRE PLACE, BINGHAMTON, NY 13904	NURSING HOME	NEW YORK	501 (C)(3)	LINE 11A	UMH NY CORP.		X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions UMH NY CORP. FKA METHODIST HOMES FOR THE AGING OF THE WYOM CONF IN STATE OF NY	Employer identification number (EIN) or 16-1421888
	Number, street, and room or suite no. If a P.O. box, see instructions 10 ACRE PLACE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BINGHAMTON, NY 13904	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ BRIAN J. PICCHINI, CPA 10 ACRE PLACE - BINGHAMTON, NY 13904
  Telephone No ▶ (607)775-6400 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 is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2013

5 For calendar year 2012 , or other tax year beginning ____ , and ending ____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Barbara S. Laputka, CPA Title ▶ CPA-AGENT Date ▶ 7-25-2013

223842
01-21-13

Form **8868** (Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- 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

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits.*

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.

Type or print	Name of exempt organization or other filer, see instructions METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF NY	Employer identification number (EIN) or 16-1421888
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O. box, see instructions. 10 ACRE PLACE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BINGHAMTON, NY 13904	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ GARY E. GARDNER, CPA 10 ACRE PLACE - BINGHAMTON, NY 13904
  Telephone No. ▶ (607)775-6400 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2012 or
▶ [ ] tax year beginning ______, and ending ______.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.