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

2012

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

For calendar year 2012, or tax year beginning

, 2012, and ending

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

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

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

I Fair market value of all assets at end of year **J Accounting method**  Cash  Accrual  
 (from Part II, column (c), line 16)  Other (specify) **(Part I, column (d) must be on cash basis)**

► \$ 53,129,762.

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc, received (att sch)				
2 Ck ► <input checked="" type="checkbox"/> if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain/(loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a 76,585,484.				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit/(loss) (att sch)				
11 Other income (attach schedule)				
See Statement 1	7,192,184.			
12 Total. Add lines 1 through 11	20,288,962.	13,096,778.	2,744,606.	
13 Compensation of officers, directors, trustees, etc	189,614.			175,377.
14 Other employee salaries and wages.	4,543,130.			4,543,130.
15 Pension plans, employee benefits	214,835.			214,835.
16a Legal fees (attach schedule) See St 2	43,582.			43,582.
b Accounting fees (attach sch) See St 3	74,348.			74,348.
c Other prof fees (attach sch) See St 4	166,361.90	63,923.		102,698.
17 Interest	10,212.			10,212.
18 Taxes (attach schedule) See Stm 5	545,825.			545,825.
19 Depreciation (attach sch) and depletion	711,467.			
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)				
See Statement 6	2,981,413.			2,721,413.
24 Total operating and administrative expenses. Add lines 13 through 23	9,481,045.	63,923.		8,431,420.
25 Contributions, gifts, grants paid				
26 Total expenses and disbursements. Add lines 24 and 25	9,481,045.	63,923.	0.	8,431,420.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	10,807,917.			
b Net investment income (if negative, enter -0-)		13,032,855.		
c Adjusted net income (if negative, enter -0-)			2,744,606.	

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>ASSETS</b>	1	Cash – non-interest-bearing	704,972.	1,010,311.	1,010,311.
	2	Savings and temporary cash investments	373,168.	907,552.	907,552.
	3	Accounts receivable	454,604.		
		Less allowance for doubtful accounts	38,616.	438,377.	415,988.
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less. allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	141,867.	178,827.	178,827.
	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
<b>LIABILITIES</b>	11	Investments – land, buildings, and equipment. basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)	Statement 7	38,662,485.	38,605,327.
	14	Land, buildings, and equipment basis	18,646,037.		
		Less: accumulated depreciation (attach schedule)	See Stmt 8	6,909,107.	12,181,341.
	15	Other assets (describe ▶ See Statement 9 )		336,332.	274,827.
	16	<b>Total assets</b> (to be completed by all filers – see the instructions Also, see page 1, item I)		52,838,542.	53,129,762.
					53,129,762.
	17	Accounts payable and accrued expenses	926,514.	1,035,101.	
<b>NET ASSETS</b>	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ See Statement 10 )	5,590,000.	5,335,000.	
	23	<b>Total liabilities</b> (add lines 17 through 22)	6,516,514.	6,370,101.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	<input checked="" type="checkbox"/>		
	24	Unrestricted	46,322,028.	46,759,661.	
	25	Temporarily restricted			
	26	Permanently restricted			
<b>ASSETS</b>		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	<input type="checkbox"/>		
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see instructions)	46,322,028.	46,759,661.	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	52,838,542.	53,129,762.	

**Part III** **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	46,322,028.
2	Enter amount from Part I, line 27a	2	10,807,917.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	57,129,945.
5	Decreases not included in line 2 (itemize)	5	10,370,284.
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	46,759,661.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
<b>1 a EQUITY FUNDS</b>		P	Various	Various
<b>b EQUITIES</b>		P	Various	Various
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>(e) Gross sales price</b>		<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>
<b>a</b> 33,683,438.			23,331,266.	10,352,172.
<b>b</b> 42,902,046.			41,901,873.	1,000,173.
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
<b>(i) Fair Market Value as of 12/31/69</b>		<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of column (i) over column (j), if any</b>	<b>(l) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h))</b>
<b>a</b>				10,352,172.
<b>b</b>				1,000,173.
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2 Capital gain net income or (net capital loss)</b>		<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -0- in Part I, line 7		<b>2</b> 11,352,345.
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)</b>		<input type="checkbox"/> If gain, also enter in Part I, line 8, column (c) (see instructions) <input type="checkbox"/> If (loss), enter -0- in Part I, line 8		<b>3</b> 1,000,173.

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

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

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

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

 Yes No

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

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

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (column (b) divided by column (c))
2011			
2010			
2009			
2008			
2007			

2 Total of line 1, column (d)

**2**

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

**3**

4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5

**4**

5 Multiply line 4 by line 3

**5**

6 Enter 1% of net investment income (1% of Part I, line 27b)

**6**

7 Add lines 5 and 6.

**7**

8 Enter qualifying distributions from Part XII, line 4

**8**

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**1 a Exempt operating foundations described in section 4940(d)(2), check here ►  and enter 'N/A' on line 1Date of ruling or determination letter. 1/14/74 (attach copy of letter if necessary – see instrs)b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ►  and enter 1% of Part I, line 27b

c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

5 **Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-

6 Credits/Payments

a 2012 estimated tax pmts and 2011 overpayment credited to 2012

b Exempt foreign organizations – tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

7 Total credits and payments. Add lines 6a through 6d

8 Enter any **penalty** for underpayment of estimated tax Check here  if Form 2220 is attached

9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11 Enter the amount of line 10 to be Credited to 2013 estimated tax ► Refunded ► 11

1	N/A
2	
3	
4	
5	
6 a	
6 b	
6 c	
6 d	
7	
8	
9	
10	
11	

**Part VII-A Statements Regarding Activities**

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

	Yes	No
1 a	X	
1 b	X	
1 c	X	

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?

*If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*c Did the foundation file **Form 1120-POL** for this year?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year

(1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0.

0.		
1 a		
1 b		
1 c		
2		

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0.

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

*If 'Yes,' attach a detailed description of the activities.*

2		
3		
4 a		
4 b	N/A	

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If 'Yes,' attach a conformed copy of the changes.*

3		
4 a		
4 b	N/A	
5		

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

6		
7		
8 a		
8 b	X	

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

*If 'Yes,' attach the statement required by General Instruction T*

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

• By language in the governing instrument, or

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year? *If 'Yes,' complete Part II, column (c), and Part XV*8 a Enter the states to which the foundation reports or with which it is registered (see instructions) ► NJ

6		
7		
8 a		
8 b	X	

*If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation*9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? *If 'Yes,' complete Part XIV*

9		
10		
10		

10 Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses*

**Part VII-A Statements Regarding Activities (continued)**

11		X
12		X
13	X	
14	Website address	► <u>www.job-haines.org</u>
14	The books are in care of ► <u>JOB HAINES HOME</u>	Telephone no ► <u>973-743-0792</u>
	Located at ► <u>250 BLOOMFIELD AVENUE BLMFLD, NJ BLOOMFIELD N</u>	ZIP + 4 ► <u>07003</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the year	► <u>15</u> N/A
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country ►	

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

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

1 a	During the year did the foundation (either directly or indirectly)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b N/A
c	Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1 c X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	If 'Yes,' list the years ► <u>20 ___, 20 ___, 20 ___, 20 ___</u>	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement – see instructions)	2 b N/A
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	
	► <u>20 ___, 20 ___, 20 ___, 20 ___</u>	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b	If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)	3 b N/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4 b X

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

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

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

 Yes  No Yes  No Yes  No Yes  No Yes  Nob If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here 

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A  Yes  No

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

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

 Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870

 Yes  No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

 Yes  No

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 12		175,377.	14,237.	0.
-----				
-----				
-----				
-----				
-----				
-----				

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ANGELA YEARWOOD	ADMINISTRATOR			
BLOOMFIELD, NJ 07003	40	114,546.	9,056.	0.
EVELYN LEMY	DIR NURSING			
250 BLOOMFIELD AVE	40	129,897.	10,808.	0.
BLOOMFIELD, NJ 07003				
DEVON GROCE	DIR AL NURSI			
BLOOMFIELD, NJ 07003	40	116,192.	9,029.	0.
JAQUELINE COLLINS	NURSE SUPERVI			
250 BLOOMFIELD AVE	40	80,161.	6,732.	0.
BLOOMFIELD, NJ 07003				
JEAN ALLEN	NURISING STAF			
250 BLOOMFIELD AVE	40	89,622.	6,693.	0.
BLOOMFIELD, NJ 07003				

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

21

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SYNERTX 7540 NORTH 19TH AVENUE SUITE 200 PHOENIX, AZ 85021	THERAPY	331,436.
GULF SOUTH PO BOX 841968 DALLAS, TX	MEDICAL SUPPLIES	85,985.
US SECURITY ASSOC	SECURITY GUARDS	99,964.
ATLANTA, GA 31195 PARTNERS PHARMACY 70 JACKSON DRIVE CRANFORD, NJ 07016	PHARMACY ITEMS	101,026.
UGI ENERGY SERVICES PO BOX 827032 PHILADELPHIA, PA 19182	ENERGY CARRIER	137,411.
<b>Total</b> number of others receiving over \$50,000 for professional services		4

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

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

Expenses

**1 PROVIDING HEALTH AND RESIDENT CARE FOR THE ELDERLY**

2

3

4

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

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

Amount

1

N/A

2

All other program-related investments. See instructions.

3

**Total.** Add lines 1 through 3

0.

BAA

Form 990-PF (2012)

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SYNERTX 7540 NORTH 19TH AVENUE SUITE 200 PHOENIX, AZ 85021	THERAPY	331,436.
GULF SOUTH PO BOX 841968 DALLAS, TX	MEDICAL SUPPLIES	85,985.
US SECURITY ASSOC	SECURITY GUARDS	99,964.
ATLANTA, GA 31195 PARTNERS PHARMACY 70 JACKSON DRIVE CRANFORD, NJ 07016	PHARMACY ITEMS	101,026.
UGI ENERGY SERVICES PO BOX 827032 PHILADELPHIA, PA 19182	ENERGY CARRIER	137,411.
<b>Total number of others receiving over \$50,000 for professional services</b>		<b>0</b>

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

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

Expenses

1 PROVIDING HEALTH AND RESIDENT CARE FOR THE ELDERLY

2

3

4

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

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

Amount

1

N/A

2

All other program-related investments See instructions

3

Total. Add lines 1 through 3

0.

BAA

Form 990-PF (2012)

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

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

1 a	36,952,913.
1 b	2,706,338.
1 c	
1 d	39,659,251.
2	0.
3	39,659,251.
4	594,889.
5	39,064,362.
6	1,953,218.

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

- 1 Minimum investment return from Part X, line 6 N/A
- 2 a Tax on investment income for 2012 from Part VI, line 5
- b Income tax for 2012 (This does not include the tax from Part VI )
- c Add lines 2a and 2b
- 3 Distributable amount before adjustments Subtract line 2c from line 1
- 4 Recoveries of amounts treated as qualifying distributions
- 5 Add lines 3 and 4
- 6 Deduction from distributable amount (see instructions)
- 7 **Distributable amount** as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1

	1
2 a	
2 b	
2 c	
3	
4	
5	
6	
7	

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

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

1 a	8,431,420.
1 b	
2	267,056.
3 a	
3 b	
4	8,698,476.
5	
6	8,698,476.

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

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

N/A

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012:				
a Enter amount for 2011 only				
b Total for prior years: 20 _____, 20 _____				
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e				
4 Qualifying distributions for 2012 from Part XII, line 4 ► \$				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount – see instructions				
e Undistributed income for 2011 Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				

BAA

Form 990-PF (2012)

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

.1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling	► <input type="checkbox"/> 1/14/74				
b Check box to indicate whether the foundation is a private operating foundation described in section	<input type="checkbox"/> 4942(j)(3) or <input checked="" type="checkbox"/> 4942(j)(5)				
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
	Tax year	Prior 3 years			
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
					N/A
					N/A
	8,698,476.	8,826,861.	8,310,813.	8,073,292.	33,909,442.
					0.
	8,698,476.	8,826,861.	8,310,813.	8,073,292.	33,909,442.
					N/A
					N/A
	1,302,145.	1,263,036.	1,070,503.	933,511.	4,569,195.
					N/A

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

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

None

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

None

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

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

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed

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

c Any submission deadlines

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

**Part XV** **Supplementary Information (continued)****.3 Grants and Contributions Paid During the Year or Approved for Future Payment** **N/A**

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

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a See Statement 13				7,192,184.	
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities				3 1,744,433.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					11,352,345.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				8,936,617.	11,352,345.
13 Total. Add line 12, columns (b), (d), and (e)				13	20,288,962.
(See worksheet in line 13 instructions to verify calculations )					

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

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

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

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

- (1) Cash
- (2) Other assets

### **b Other transactions**

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

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

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

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

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

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If 'Yes,' complete the following schedule

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

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

Sign  
Here

*Doreen E. Heuer* 1828-13  
Signature of officer or trustee Date

Pres & Ex Dir

May the IRS discuss this return with the preparer shown below (see instructions)?

Signature of officer or trustee		Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		GEORGE M LINDORFF CPA	P/28/13	P00851805
	Firm's name	► FINANCIAL SERVICES			Firm's EIN ►
	Firm's address	► 63 RIDGE RD LYNDHURST, NJ 07071-1237			Phone no 551-655-4454

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BAA

**Form 990-PF (2012)**

*Affidavit from*  
**The Progress**  
Caldwell, New Jersey

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

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

JUN 27 2013

**PUBLIC NOTICES**

**Public Notice**

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

To Whom it May Concern:

TAKE NOTICE that the annual report of the Job Haines Home for the year ending December 31, 2012 required by section 6056 of the International Revenue Code is available for inspection at the principal office of the Job Haines Home, 250 Bloomfield Avenue, Bloomfield, NJ during regular business hours, by any citizen who requests it within 18 days after the publication of this Notice of Availability.

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

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

Noreen Haveron  
President  
PF \$13.26  
06/27/11

Mary Carroll  
Mary Carroll

Sworn to and subscribed before me this  
JUN 27 2013

\_\_\_\_ day of \_\_\_\_\_

Diane Howard

Diane Howard  
Notary Public  
New Jersey  
My Commission Expires April 23, 2014

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

	(a) Revenue per Books	(b) Net Investment Income	(c) Adjusted Net Income
CO INSURANCE	\$ 123,082.		
GIFTS AND LEGACIES	2,135.		
MEDICAIDE RIEMBURSEMENTS	722,111.		
MEDICAIDE OFFSETS	159,960.		
MEDICARE A	1,454,387.		
MEDICARE PART B	17,193.		
MISCELLANEOUS	20,577.		
PER DIEM INCOME	4,577,885.		
RESIDENT FEES	61,973.		
ROOM AND BOARD HOSPICE	52,881.		
Total	\$ 7,192,184.	\$ 0.	\$ 0.

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

	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
LEGAL FEES	\$ 43,582.			\$ 43,582.
Total	\$ 43,582.	\$ 0.	\$ 0.	\$ 43,582.

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

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
AUDIT	\$ 21,000.			\$ 21,000.
CONSULTANT	53,348.			53,348.
Total	\$ 74,348.	\$ 0.	\$ 0.	\$ 74,348.

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

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
COMPUTER FEES	\$ 24,156.			\$ 24,158.
CUSTODY FEES	33,923.	\$ 33,923.		
HEALTHCARE RESOURCES	10,440.			10,440.
HOUSE KEEPING CONSULTANT	66,000.			66,000.

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

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
PENSION FEES	\$ 2,100.			\$ 2,100.
PORTFOLIO FEES	30,000.	\$ 30,000.		
Total	<u>\$ 166,619.</u>	<u>\$ 63,923.</u>	<u>\$ 0.</u>	<u>\$ 102,698.</u>

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

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
NJ PROVIDER ASSESSMENT	\$ 131,978.			\$ 131,978.
PAYROLL	413,847.			413,847.
Total	<u>\$ 545,825.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 545,825.</u>

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

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACTIVITY EXPENSE	\$ 24,764.			\$ 24,764.
ADVERTISING AND HELP WANTED	3,156.			3,156.
AUTO AND TRAVEL	9,314.			9,314.
BOND FEES	84,569.			84,569.
BOOKS AND JOURNALS	870.			870.
CABLE SERVICES	14,439.			14,439.
COMPUTER SOFTWARE	20,836.			20,836.
FURNISHINGS	1,494.			1,494.
HEALTH CARE RESIDENT COSTS	288,708.			28,708.
HEALTH INSURANCE	691,502.			691,502.
HOUSEKEEPING	37,228.			37,228.
INSURANCE LIABILITY	161,819.			161,819.
INSURANCE WORKMENS COMP	111,973.			111,973.
LAUNDRY SERVICES	65,925.			65,925.
LICENSES AND DUES	17,239.			17,239.
MARKETING EXPENSE	52,702.			52,702.
OFFICE SUPPLIES	22,628.			22,628.
OTHER ADMIN EXPENSES	18,249.			18,249.
OTHER EXECUTIVE EXPENSES	28,942.			28,942.
PROVISIONS AND SERVICES	340,457.			340,457.
REPAIRS AND MAINTENANCE	200,127.			200,127.
RESERVE FOR BAD DEBTS	23,380.			23,380.
SECURITY	94,321.			94,321.
SEMINARS AND EDUCATION	19,920.			19,920.
SMALL EQUIPMENT	3,294.			3,294.
TELEPHONE	49,787.			49,787.

JOB HAINES HOME FOR AGED PEOPLE

22-0972180

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

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
THERAPIES	\$ 325,880.			\$ 325,880.
UTILITIES	267,890.			267,890.
Total	<u>\$ 2,981,413.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 2,721,413.</u>

**Statement 7**  
**Form 990-PF, Part II, Line 13**  
**Investments - Other**

	Valuation Method	Book Value	Fair Market Value
<u>Other Publicly Traded Securities</u>			
EQUITIES AND BONDS	Mkt Val	\$ 38,605,327.	\$ 38,605,327.
		Total <u>\$ 38,605,327.</u>	<u>\$ 38,605,327.</u>

**Statement 8**  
**Form 990-PF, Part II, Line 14**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value	Fair Market Value
Auto./Transportation Equip.	\$ 76,641.	\$ 45,389.	\$ 31,252.	\$ 0.
Furniture and Fixtures	1,975,666.	1,183,484.	792,182.	0.
Machinery and Equipment	182,271.	85,311.	96,960.	0.
Buildings	15,447,739.	5,351,949.	10,095,790.	11,736,930.
Improvements	825,706.	214,365.	611,341.	0.
Miscellaneous	138,014.	28,609.	109,405.	0.
Total	<u>\$ 18,646,037.</u>	<u>\$ 6,909,107.</u>	<u>\$ 11,736,930.</u>	<u>\$ 11,736,930.</u>

**Statement 9**  
**Form 990-PF, Part II, Line 15**  
**Other Assets**

	Book Value	Fair Market Value
PERSONAL NEEDS	\$ 8,049.	\$ 274,827.
RESIDENT ESCROW	266,778.	
Total	<u>\$ 274,827.</u>	<u>\$ 274,827.</u>

**Statement 10**  
**Form 990-PF, Part II, Line 22**  
**Other Liabilities**

<u>Tax Exempt Bond Liabilities</u>	<u>Balance Due</u>
Purpose of Issue: BUILDING EXPANSION	
Third Party Information:	
Third Party % of Space Used: 0	
Issue Date: 11/15/1998	
Original Issue Amount: 8,000,000.	
Type of Form 8038 Filed: Form 8038	
Form 8038 Filing Date: 2/28/2028	
Bond Retirement Date: 12/31/2000	
Unexpended Bond Proceeds: 0.	
Outstanding Issue Amount: \$ 5,335,000.	
Total \$ <u>5,335,000.</u>	

**Statement 11**  
**Form 990-PF, Part III, Line 5**  
**Other Decreases**

Net Unrealized Gains or Losses on Investments	\$ 10,370,284.
Total	<u>\$ 10,370,284.</u>

**Statement 12**  
**Form 990-PF, Part VIII, Line 1**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
GEMMA SULLIVAN 250 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	ChairPerson 0	\$ 0.	\$ 0.	\$ 0.
JOHN REDMAN 250 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	Chairman 0		0.	0.
LARRY RIELLY 259 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	Secretary 0		0.	0.
H. BARTLETT BROWN 250 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	Treasurer 0		0.	0.

## JOB HAINES HOME FOR AGED PEOPLE

22-0972180

## Statement 12 (continued)

Form 990-PF, Part VIII, Line 1

## List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
NOREEN HAVERON 250 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	Pres& Exec Dir 45.00	\$ 175,377.	\$ 14,237.	\$ 0.
		Total \$ 175,377.	\$ 14,237.	\$ 0.

## Statement 13

Form 990-PF, Part XVI-A, Line 1

## Program Service Revenue

Program Service Revenue	(A) Busi- ness Code	(B) Unrelated Business Amount	(C) Exclu- sion Code	(D) Excluded Amount	(E) Related or Exempt Function
CO INSURANCE	3	\$ 123,082.			
GIFTS AND LEGACIES	3	2,135.			
MEDICAIDE RIEMBURSEMENTS	3	722,111.			
MEDICAIDE OFFSETS	3	159,960.			
MEDICARE A	3	1,454,387.			
MEDICARE PART B	3	17,193.			
MISCELLANEOUS	3	20,577.			
PER DIEM INCOME	3	4,577,885.			
RESIDENT FEES	3	61,973.			
ROOM AND BOARD HOSPICE	3	52,881.			
Total		\$ 0.		\$ 7,192,184.	\$ 0.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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 extention 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](http://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*

## Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions  <b>JOB HAINES HOME FOR AGED PEOPLE</b>	Employer identification number (EIN) or  <b>22-0972180</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number If a P O box, see instructions  <b>250 BLOOMFIELD AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions  <b>BLOOMFIELD, NJ 07003</b>	

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

**04**

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 (section 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 ► JOB HAINES HOME -----

Telephone No. ► 973-743-0792 FAX No. ► 973-743-1182

- 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 8/15, 20 13, to file the exempt organization return for the organization named above

The extension is for the organization's return for

►  calendar year 20 12 or►  tax year beginning       , 20       , and ending       , 20       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 \$ <u>0.</u>
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 \$ <u>0.</u>
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 \$ <u>0.</u>

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

7012 2810 0002 0784 5377

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

**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

<b>Type or print</b>  File by the extended due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  <b>JOB HAINES HOME FOR AGED PEOPLE</b>	Employer identification number (EIN) or  <b>22-0972180</b>
	Number, street, and room or suite number. If a P O box, see instructions  <b>250 BLOOMFIELD AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>BLOOMFIELD, NJ 07003</b>	

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

**04**

<b>Application Is For</b>	<b>Return Code</b>	<b>Application Is For</b>	<b>Return Code</b>
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 (section 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.**

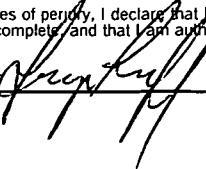
- The books are in care of ► **JOB HAINES HOME** -----  
Telephone No ► **973-743-0792** ----- FAX No ► **973-743-1182** -----
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group 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

- I request an additional 3-month extension of time until **11/15**, 20 **13**.
- For calendar year **2012**, or other tax year beginning , 20 , and ending , 20 .
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension **Accountant needs additional time to compile the necessary tax data to file an accurate return**

<b>8a</b> 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	<b>8a</b> \$ <b>0.</b>
<b>b</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	<b>8b</b> \$ <b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b> \$ <b>0.</b>

**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 ►  Title ►   
**BAA**

FIFZ0502L 01/21/13

*CPA*

Date ► **8/9/13**  
Form 8868 (Rev 1-2013)

*7013 1090 0001 3650 7940*