

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

		t of the Treasury	A1.	nte. The foundation		e able to use a copy of this			rting reguiremente	LUIL
		venue Service 1 Idar year 2012 (			iliay u	e able to use a copy of this	and e .		rung requirements.	Open to public Inspection
			n lax year	nefimma		<del></del>	, and e	numy	A Employer identification of	umbar
		foundation	DAME	TV EOINE	N M T /	ONT THE			A Employer identification n	umbei
				LY FOUNDA	AT.T.	JN, INC			22 2412616	
-		HOLLY						Room/suite	22-3412616	
		,		mail is not delivered to	Street a	address)		Room/suite	B Telephone number	245
		7 RIVER							(609)-335-2	
		own, state, and 2							C If exemption application is pen	iding, check here
_ <u>E</u>	GG	HARBOR	<u>, ŅJ</u>	08215					_	
G (	Check	all that apply:	ᆜ	Initial return		Initial return of a fo	ormer public (	charity	D 1. Foreign organizations,	check here
				Final return		X Amended return			2 Faraign arganizations most	ung the SESK test
				Address change		Name change			Foreign organizations meet check here and attach com	putation PL
H_(	Check	type of organization	ation:	X Section 501(c)	(3) exe	empt private foundation			E If private foundation statu	s was terminated
	<u> Se</u>	ction 4947(a)(1	) nonexem	pt charitable trust	<u> </u>	Other taxable private founda	ation		under section 507(b)(1)(A	A), check here 🕨 📖
I Fa	air ma	arket value of all	assets at e	nd of year   J Acc	countin	g method: X Cash	Acci	rual	F If the foundation is in a 60	)-month termination
(fi	rom I	Part II, col (c),				ner (specify)			under section 507(b)(1)(E	3), check here 🕨 🗔
	-\$_		9,883	,721. (Part I,	, colur	nn (d) must be on cash i	basis.)			
Pa	art l	Analysis of R	evenue an	d Expenses		(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements
		necessarily equa	the amount	nns (b), (c), and (d) may is in column (a))	not	expenses per books	inc	ome	income	for charitable purposes (cash basis only)
	1	Contributions,	gifts, grant	s, etc., received		50,000.			N/A	
	2	Check	if the foundation	is not required to attach Sch	1 B	-				,
	3	Interest on saving	s and tempo	rary	Ī	15.		15.	9	TATEMENT 1
	4	Dividends and		m securities	Ī	203,253.	20	4,067.	1	TATEMENT 2
	l '	Gross rents			Ī				Ī	
		Net rental income	or (loss)		Ī					
	69		` -	assets not on line 10	İ	329,687.				
ē	, O.	Gross sales price		3,505,190	n İ	32370071		(6		
Revenue	7	assets on line 6a Capital gain net in			<u> </u>		3.2	9,687.	10/13/07 15 15	
æ	8	Net short-term	•		ŀ		72			<del>~</del>
	0	Income modific			F		<del>-</del>			Veril
	10-	Gross sales less r			ŀ			<u>। ।</u> हिन्	1: JAN 0 6 20	- F1
	١.	and allowances							In the factor	·
		Less Cost of goo	-					i i	- CONTIN	
	1	Gross profit or	(IOSS)		-			رليـ	- as i V. () i	
	11	Other income	4.0		}	E00 0EE	E 2	3.769.		
	12	Total. Add line				582,955.	33			
	13	•		ctors, trustees, etc		0.		0.		0.
	14	Other employe		•	}					<del>-</del> .
∨	15	Pension plans,	employee	benefits	-					
U.F.	16a	Legal fees			_					
© ∠ur* Expenses	b	Accounting fee		STMT :	3	4,500.		4,500.		0.
உற்	C	Other profession	onal fees			<del></del>				
e ⊏	17	Interest			,					<del> </del>
Z ta	18	Taxes		STMT 4	4	8,025.		1,741.		0.
Operating and Administrative	19	Depreciation ar	nd depletio	n	1					
QΈ	20	Occupancy								
	21	Travel, confere	nces, and i	meetings	į					
	22	Printing and pu	ublications							
Ø	23	Other expenses	S	STMT !	5 [	44,671.	4	4,671.		0.
ation	24	Total operating	g and adm	inistrative	[					
Dec	[	expenses Add	-			57,196.	5	0,912.		0.
ō	25	Contributions,		-	Ī	428,915.				428,915.
		Total expense			Ī					
	1	Add lines 24 ar				486,111.	5	0,912.	[	428,915.
	27	Subtract line 2		12:	Ī		<del>_</del>			
				ses and disbursements	.	96,844.				
				negative, enter -0-)	İ		48	2,857.		
		Adjusted net in			İ			······································	N/A	
2235	01 5-12			eduction Act Notice	, see i	nstructions.				Form <b>990-PF</b> (2012)

Form **990-PF** (2012)

THE HAINES FAMILY FOUNDATION, INC

For	m 99	00-PF (2012) C/O HOLLY HAINES		22-3	3412616 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<del></del>
<u></u>	art	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	ı	Cash - non-interest-bearing	=		006 550
	I	Savings and temporary cash investments	504,973.	986,752.	986,752.
	3	Accounts receivable -			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
	_	Less: allowance for doubtful accounts			<del></del>
	1 *	Grants receivable			<u> </u>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons		·	
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
Assets	I	Inventories for sale or use			
SS		Prepaid expenses and deferred charges	149.	321.	321.
•	I	Investments - U.S. and state government obligations STMT 7	822,460.	919,673.	923,482.
	b	Investments - corporate stock STMT 8	3,993,359.	3,678,118.	
	C	Investments - corporate bonds STMT 9	2,202,818.	2,153,568.	2,214,351.
	11	Investments - land, buildings, and equipment basis			
	Ì	Less accumulated depreciation			<u></u>
	12	Investments - mortgage loans			<del></del>
	13	Investments - other STMT 10	1,715,121.	1,598,418.	1,634,866.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
_	16	Total assets (to be completed by all filers)	9,238,880.	9,336,850.	<u>9,883,721.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Se	19	Deferred revenue	2,796.	3,922.	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
	22	Other liabilities (describe 🕨)			
_	23	Total liabilities (add lines 17 through 22)	2,796.	3,922.	
		Foundations that follow SFAS 117, check here			
m		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
<b>Assets or Fund Balances</b>	25	Temporarily restricted			
8	26	Permanently restricted		<del></del>	
Pun		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
8	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
À	29	Retained earnings, accumulated income, endowment, or other funds	9,236,084.	9,332,928.	
Net	30	Total net assets or fund balances	9,236,084.	9,332,928.	
_	31	Total liabilities and net assets/fund balances	9,238,880.	9,336,850.	<u> </u>
F	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
_					
1		il net assets or fund balances at beginning of year - Part II, column (a), line 3	<b>3U</b>		0 226 004
	•	st agree with end-of-year figure reported on prior year's return)		1	9,236,084.
_		r amount from Part I, line 27a		2	96,844.
3		er increases not included in line 2 (itemize)	<u> </u>	3	0.
4		lines 1, 2, and 3		4	9,332,928.
		eases not included in line 2 (itemize)  Inet assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lump (h) line 20	5 6	9,332,928.
	ı vıa	in not accord of form paramotes at one of your fillion it filling time of F fall II, CU	1011111 1D /1 III IO OO	101	<i></i>

223511 12-05-12 Form **990-PF** (2012)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					ow acquired Purchase Donation		Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b SEE ATTACHED	STATEMENT							
c				ļ				
d			<u>.</u>	ļ				
<u>e</u>		<del></del>				<u> </u>	<u></u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (loss ) plus (f) minus	
a b							<u>-</u>	
c								
d 3,505,190.			3,175,50	2			<del></del>	329,687
	g gain in column (h) and owned			3.		(I) Ga	ıns (Col (h) gaır	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i)			còl. (k),	, but not less that esses (from col.	an -0-) or
a								
b				[				
<u>c</u>	<del></del>		<del>.</del>	_				
<u>d</u>				$\perp$				
e				_				329,687
2 Capital gain net income or (net ca	pital loss) $ \begin{cases} \text{If gain, also eil} \\ \text{If (loss), enter} \end{cases} $	nter in Part I, line r -0- in Part I, line	7 7	}	2			329,687
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		) and (6):		}			37 / 3	
Part V Qualification U	nder Section 4940(e) f	or Reduced	l Tay on Net	Inve	3   estment	ncon	N/A	<u> </u>
f section 4940(d)(2) applies, leave the Nas the foundation liable for the section for the foundation does not qual	tion 4942 tax on the distributable	t complete this pa	ırt.					Yes X No
1 Enter the appropriate amount in (	each column for each year; see th	ne instructions be	fore making any e	ntries.				(d)
(a) Base period years Calendar year (or tax year beginnii			Net value of no				Dıstrı (col. (b) dı	(d) bution ratio vided by col. (c))
2011		360,316.			,620,8			.03745
2010		257,172.			,894,9			.03729
2009		170,000.			,226,4		•	.03252
2008	-	153,912. 79,143.			, 909 , 8 , , 166 , 9			.05289
2007		19,143.			,100,5	20.1		•02499
? Total of line 1, column (d)							2	.18516
Average distribution ratio for the state foundation has been in existe	•	tal on line 2 by 5,	or by the number	of yea	ars		3	.03703
4 Enter the net value of noncharitati	ole-use assets for 2012 from Part	X, line 5					4	9,697,311
Multiply line 4 by line 3							5	359,111
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					_	6	4,829
7 Add lines 5 and 6							7	363,940
3 Enter qualifying distributions from	n Part XII, line 4						8	428,915
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI,	line 1b, and comp	olete that part usin	ıg a 1%	% tax rate.			
223521 12-05-12								Form <b>990-PF</b> (2012

THE HAINES FAMILY FOUNDATION, INC 22-3412616 C/O HOLLY HAINES Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 4,829. 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, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 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 payments and 2011 overpayment credited to 2012 4,829 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6d 4,829. 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 8 0. 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 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 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a Х any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? X 1b 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. Х 1c 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: (2) On foundation managers. ► \$ 0. (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Х 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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? X 7 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions) b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 8h 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

Form **990-PF** (2012)

10

STMT

X

year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

THE HAINES FAMILY FOUNDATION, INC 22-3412616 C/O HOLLY HAINES ' Page 5 Part VII-A' Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of 11 X section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A Telephone no. ▶609-335-2317 14 The books are in care of ► HOLLY HAINES ZIP+4 ▶08215 Located at ► 2187 RIVER RD, EGG HARBOR, NJ 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A **▶** | 15 | and enter the amount of tax-exempt interest received or accrued during the year Yes 16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, X securities, or other financial account in a foreign country? 16 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 Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х before the first day of the tax year beginning in 2012? 10 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(1)(3) or 4942(1)(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 Yes X No before 2012? If "Yes," list the years ▶ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? 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

Form **990-PF** (2012)

Х

3h

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

THE HAINES FAMILY FOUNDA	TION, INC			4.6
Form 990-PF (2012) C/O HOLLY HAINES	Form 4700 May Bo E	Poguirod (	<u> 22-34126</u>	16 Page 6
Part VII-B   Statements Regarding Activities for Which I	form 4/20 May be r	sequirea (continu	ied)	<del></del>
5a During the year did the foundation pay or incur any amount to:	. 10.15(-)\0	П,	s X No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			S LAL NO	
(2) Influence the outcome of any specific public election (see section 4955); o		s X No		
any voter registration drive?		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	<u> </u>	S LALINO		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		s X No	
509(a)(1), (2), or (3), or section 4940(d)(2)?			מאובבו s	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		s X No	
the prevention of cruelty to children or animals?	dan tha assaultana dagaanbad .		s Lau No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ii negulalions	N/A	5b
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for			s I No	
expenditure responsibility for the grant?		I∕A        Ye	S NO	
If "Yes," attach the statement required by Regulations section 53 494.				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	□ v-	s X No	
a personal benefit contract?	organal hanafit contract?	16		6b X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u> -	- A
If "Yes" to 6b, file Form 8870.	halter transaction?		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		16	_	7b
b If 'Yes,' did the foundation receive any proceeds or have any net income attribution. Information About Officers, Directors, Trust		nagers Highly		70
Part VIII Paid Employees, and Contractors	ees, i ouridation ma	inagers, riigini	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(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
(a) Name and address WILLIAM S HAINES JR	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	account, other
	hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	account, other
WILLIAM S HAINES JR	hours per week devoted to position	(If not paid,	(a) Contributions to employee benefit plans and deferred compensation	account, other
WILLIAM S HAINES JR 3353A RT 563	hours per week devoted to position  VICE PRES	(If not paid, enter -0-)		account, other allowances
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019	hours per week devoted to position  VICE PRES  2.00	(If not paid, enter -0-)		account, other allowances
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES	hours per week devoted to position VICE PRES  2.00 PRES & TREAS	(If not paid, enter -0-)		account, other allowances
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS	(If not paid, enter -0-)	0.	account, other allowances
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215	hours per week devoted to position VICE PRES  2.00 PRES & TREAS	(If not paid, enter -0-)	0.	account, other allowances
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T	(If not paid, enter -0-)	0.	account, other allowances
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563	hours per week devoted to position VICE PRES  2.00 PRES & TREAS  10.00 SECR & AS'T T	(If not paid, enter -0-)  0.  REAS	0.	account, other allowances  0.
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T	(If not paid, enter -0-)  0.  REAS	0.	o.
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055	hours per week devoted to position VICE PRES  2.00 PRES & TREAS  10.00 SECR & AS'T T  1.00 AS'T SECR	(If not paid, enter -0-)  0.  REAS  0.	0.	account, other allowances  0.
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T  1.00  AS'T SECR  1.00  cluded on line 1). If none,	(If not paid, enter -0-)  0.  REAS  0.	0. 0. 0.	0.  0.
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T  1.00  AS'T SECR  1.00  cluded on line 1). If none,	(If not paid, enter -0-)  0.  REAS  0.	O .  O .  (d) Contributions to employee benefit plans and derired	o.
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055 2 Compensation of five highest-paid employees (other than those incompanies) (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position VICE PRES  2.00 PRES & TREAS  10.00 SECR & AS'T T  1.00 AS'T SECR	(If not paid, enter -0-)  0.  REAS  0.  enter "NONE."	0. 0. 0.	account, other allowances  O.  O.  (e) Expense account, other
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055 2 Compensation of five highest-paid employees (other than those incompared to the state of the state	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T  1.00  AS'T SECR  1.00  cluded on line 1). If none,	(If not paid, enter -0-)  0.  REAS  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and derired	account, other allowances  O.  O.  (e) Expense account, other
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055 2 Compensation of five highest-paid employees (other than those incompanies) (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T  1.00  AS'T SECR  1.00  cluded on line 1). If none,	(If not paid, enter -0-)  0.  REAS  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and derired	account, other allowances  O.  O.  (e) Expense account, other
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055 2 Compensation of five highest-paid employees (other than those incompanies) (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T  1.00  AS'T SECR  1.00  cluded on line 1). If none,	(If not paid, enter -0-)  0.  REAS  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and derired	account, other allowances  O.  O.  (e) Expense account, other
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055 2 Compensation of five highest-paid employees (other than those incompanies) (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T  1.00  AS'T SECR  1.00  cluded on line 1). If none,	(If not paid, enter -0-)  0.  REAS  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and derired	account, other allowances  O.  O.  (e) Expense account, other
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055 2 Compensation of five highest-paid employees (other than those incompanies) (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T  1.00  AS'T SECR  1.00  cluded on line 1). If none,	(If not paid, enter -0-)  0.  REAS  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and derired	account, other allowances  O.  O.  (e) Expense account, other
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055 2 Compensation of five highest-paid employees (other than those incompanies) (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T  1.00  AS'T SECR  1.00  cluded on line 1). If none,	(If not paid, enter -0-)  0.  REAS  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and derired	account, other allowances  O.  O.  (e) Expense account, other
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055 2 Compensation of five highest-paid employees (other than those incompanies) (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T  1.00  AS'T SECR  1.00  cluded on line 1). If none,	(If not paid, enter -0-)  0.  REAS  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and derired	account, other allowances  O.  O.  (e) Expense account, other
WILLIAM S HAINES JR 3353A RT 563 CHATSWORTH, NJ 08019 HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215 JOANNE MARTIN 3353A RT 563 CHATSWORTH, NJ 08019 RON MALCARNEY 152 HIMMELIEN RD #300 MEDFORD, NJ 08055 2 Compensation of five highest-paid employees (other than those incompanies) (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  VICE PRES  2.00  PRES & TREAS  10.00  SECR & AS'T T  1.00  AS'T SECR  1.00  cluded on line 1). If none,	(If not paid, enter -0-)  0.  REAS  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and derired	account, other allowances  O.  O.  (e) Expense account, other

► 0 Form **990-PF** (2012)

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

## THE HAINES FAMILY FOUNDATION, INC

Form 990-PF (2012) C/O HOLLY HAINES '	22-3	3412616 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
	tical information such as the	<del> </del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro-	duced, etc.	Expenses
1 N/A		
2		
3		<del></del>
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.  3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
Total rise mes i anough o		

0 • Form **990-PF** (2012)

For	m 990-PF (2012) C/O HOLLY HAINES	22-3412616	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructions.)	)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a 9,263	
b	Average of monthly cash balances	1b 581	,913.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 9,844	,98 <u>6.</u>
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 9,844	,986.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 147	<u>,675.</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 9,697	,311.
6	Minimum investment return Enter 5% of line 5	6 484	<u>,866.</u>
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1 484	,866.
2a	Tax on investment income for 2012 from Part VI, line 5 2a 4,829.		
Ь	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c 4	,829.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 480	,037.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 480	,037.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 480	,037.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		<u>,915.</u>
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	
b	( ( )	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 428	<u>,915.</u>
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	5 4	,829.

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

Form **990-PF** (2012)

6

424,086.

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

THE HAINES FAMILY FOUNDATION, INC 22-3412616 C/O HOLLY HAINES . Page 9 Part XIII Undistributed Income (see instructions) (d) (a) (b) (c) 2011 2012 Corpus Years prior to 2011 1 Distributable amount for 2012 from Part XI, 480,037. 2 Undistributed income, if any, as of the end of 2012 427,049 a Enter amount for 2011 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2012: a From 2007 **b** From 2008 c From 2009 d From 2010 e From 2011 0 f Total of lines 3a through e 4 Qualifying distributions for 2012 from Part XII, line 4: ► \$\_ 428,915. 427,049 a Applied to 2011, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 1,866. d Applied to 2012 distributable amount 0 e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 0 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 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 instr.
- 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)
- 8 Excess distributions carryover from 2007 not applied on line 5 or line 7
- 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

Form	990	-PF	(2012)
------	-----	-----	--------

<u>478,171.</u>

0

0

0.

0

0

0

THE HAINES FAMILY FOUNDATION, INC

22-3412616 Page 11

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the You		Payment	<u> </u>	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
BURLINGTON CTY COLLEGE FD-SARA HAINES	NONE	PUBLIC	EDUCATIONAL	
MEMORIAL SCHOLARSHIP THE ENTERPRISE CTR SUITE 256 COLLEGE				
CIRCLE MT LAUREL, NJ 08054				75,000.
HABITAT FOR HUMANITY-PHILA CHAPTER 1829 N 19TH ST	NONE	PUBLIC	FAMILY WELFARE	
PHILA, PA 19121-2205				75,000.
ST MARY OF THE LAKES 40 JACKSON RD	NONE	PUBLIC	RELIGIOUS SCHOOL	
MEDFORD, NJ 08055				75,000.
VOLUNTEER CENTER OF BURLINGTON CTY(J	NONE	PUBLIC	EDUCATIONAL	
LAUFER SCHOLARSHIP FD) BCC PARKER CTR 601 PEMBERTON BROWNSMILLS RD				
PEMBERTON, NJ 08068				15,000.
ACHIEVE ABILITY 21 SOUTH 61ST STREET	NONE	PUBLIC	EDUCATION & FAMILY WELFARE	
PHILA PA 19139	TOTAL CITE	7m / G )		50,000
Total SEE COI  b Approved for future payment	NTINUATION SHE	ET(S)	<b>▶</b> 3a	428,915,
NONE				
				-
Tatal			<b>▶</b> 3b	0,
Total				orm <b>990-PF</b> (2012)

C/O HOLLY HAINES .

Part XVI-A	Analysis of	f Income-Producing	, Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		led by section 512, 513, or 514	(e)		
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income		
1 Program service revenue:	code		code	Amount			
a	_	<del> </del>	$\dashv$		·		
b	-	<del> </del>			<del> </del>		
<u> </u>	1 1						
d	l 1						
e	-						
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments			14	15.			
4 Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·	14	203,253.			
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property			i i				
6 Net rental income or (loss) from personal property							
7 Other investment income							
8 Gain or (loss) from sales of assets other than inventory			18	329,687.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue*			}				
a							
b							
C				<del></del>			
d							
e							
12 Subtotal. Add columns (b), (d), and (e)			0.1	532,955.	0.		
13 Total Add line 12, columns (b), (d), and (e)				13	532,955.		
(See worksheet in line 13 instructions to verify calculations.	)			<del> </del>			

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

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

223621 12-05-12 Form **990-PF** (2012)

ane 13

Form 99		C/OH	OPTA HUT	.NES			22-34120	ТP	Pag	<u>je 13</u>
Part	XVII ·			insfers To a	and Transactions a	ind Relationsh	ips With Noncharita	ble		
		Exempt Organ					<del></del>			<u> </u>
					g with any other organization		on 501(c) of	<u> </u>	es	NO_
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:										77
	Cash							1(1)		<u>X</u>
(2)	Other	assets					<u> 1</u> :	1(2)		<u>X</u>
b Oth	ner trans	sactions:								
		of assets to a noncharita						o(1)		<u>X</u>
(2)	Purch	ases of assets from a no	ncharitable exemp	ot organization			11	(2)	_	X
(3)	Renta	l of facilities, equipment,	or other assets				11	(3)		X
(4)	Reimb	oursement arrangements	1				11	(4)	_	X
(5)	Loans	or loan guarantees					<u>  11</u>	(5)		X
(6)	Perfor	mance of services or me	mbership or fund	raising solicitatio	ens		<u>  1</u> 1	(6)		X
c Sh	arıng of	facilities, equipment, ma	uling lists, other as	ssets, or paid em	ployees			1c		X
<b>d</b> If t	he answ	er to any of the above is	"Yes," complete th	ne following sche	dule. Column (b) should al	ways show the fair m	arket value of the goods, othe	rasset	s,	
or	services	given by the reporting f	oundation. If the fo	oundation receive	ed less than fair market vali	ie in any transaction	or sharing arrangement, show	/ In		
col	iumn ( <b>d</b>	) the value of the goods,	other assets, or so	ervices received.						
(a) Line r	10	(b) Amount involved	(c) Name	of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and shari	ng arran	gemer	ıts
				N/A						
		<del></del>			•					
		_								
		·-							•	
		-								
			-							
		11000-100		-						
	i								-	
				·	<del></del>					
						<del></del>				
		<del>.</del>								
	+		<del> </del>			-	<u></u>			
			<del> </del>	_						
-			<del> </del>							
0 1-					as mare toy evernat evern	rations described				
		•	•		or more tax-exempt organ	izalions described		Yes	v	] No
		501(c) of the Code (othe		r(c)(3)) or in seci	11011 5277			162		טאו נ
<u> </u>	Yes, co	mplete the following sch			(b) Type of organization	1	c) Description of relationship		-	
		(a) Name of org	Janization	<u> </u>	(b) Type of Organization	<u> </u>	C) Description of relationship			
		N/A					<del>-</del> .			
		<del></del>		<del></del>			<del>-</del>			
							<del></del>			
	T.: :								-	
0:	1				ng accompanying schedules and in taxpayer) is based on all inforr					
Sign		4/00=	7/2	_	12.18-13		shown I	oelow (s		r)?
Here	<b> </b>	willy 7	Aure	<u> </u>	1/2	PRESID	ENT LX	Yes		No
	Sign	ature of officer or fustee			Date	Title	Charle Total			
	į	Print/Type preparer's na	ame	Preparer's s	ignature		Check if PTIN			
<b>.</b>				( bank	water that	12/13/13	self- employed			
Paid	l	JEANMARIE		X WW	made pou	/ //3	P001			
Prep		Firm's name <b>KLA</b>	ATZKIN &	COMPANY	, LLP		Fırm's EIN ▶ 21 – 065	028	9	
Use	Only			V						
		Firm's address ▶ 16	70 WHITE	EHORSE H	AM SO RD		1			

Form **990-PF** (2012)

(609)890-9189

HAMILTON, NJ 08690-3513

Phone no.

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) D - Donation 1a MANAG AC SVC #1601 ST SEE ATTACHED P VARIOUS VARIOUS SVC #1601 P VARIOUS VARIOUS b MANAG AC LT SEE ATTACHED SVC #1601 P VARIOUS **VARIOUS** c MANAG AC LT SEE ATTACHED P VARIOUS VARIOUS SVC #8938 d MANAG AC ST SEE ATTACHED SVC #8938 LT SEE ATTACHED P VARIOUS **VARIOUS** e MANAG AC f SCHWAB #3112 ST SEE ATTACHED P VARIOUS VARIOUS g SCHWAB #3112 LTSEE ATTACHED P VARIOUS VARIOUS h FNMA POOL PRINC P VARIOUS VARIOUS · CAPITAL GAINS DIVIDENDS k -1 m n 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 40,899 10,584. 51,483 a 4,354. <u>52,248</u>. 47,894 b <u>42,647</u> <u>34,801</u> 7,846. С 4,934. 1,001,146. 996,212. d 263,237. 254,056. 9,181. е 59,905 1,483. 61,388. 1,720,878 276,055. 1,996,933. g 0. 20,858. 20,858 h 15,250. 15,250. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 10,584. a 4,354. b 7,846. <u>4,934</u>. d 9,181. 1,483. 276,055. g 0. h 15,250. m 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 2 329,687. Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).

N/A

If (loss), enter "-0-" in Part I, line 8

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**Employer identification number** 

**2012** 

THE HAINES FAMILY FOUNDATION, INC 22-3412616 C/O HOLLY HAINES Organization type (check one): Section: Filers of: Form 990 or 990-EZ \_\_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

THE HAINES FAMILY FOUNDATION, INC C/O HOLLY HAINES

Employer identification number

22-3412616

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PINE ISLAND CRANBERRY CO, INC  3353A RT 563  CHATSWORTH, NJ 08019	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Complete Part II if there is a noncash contribution Part II if there

Name of organization

THE HAINES FAMILY FOUNDATION, INC

C/O HOLLY HAINES

Employer identification number

22-3412616

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

THE	HATNEC	TAMTI.V	FOUNDATION,	T1
11112	TICATINE	LUMITIE	LOCKDETTON,	

2/0 HO	INES FAMILY FOUNDATION, LLY HAINES		22-3412616
Part III	Exclusively religious, charitable, etc., individ year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the ins completing Part III, enter the year. (Enter this information once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	t
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gif	tt .
_	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

THE HAINES FAMILY FOUNDATION, INC 22-3412616 C/O HOLLY HAINES Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient NONE PUBLIC SUPPORT FOR FAMILIES CUDDLE MY KIDS WITH CANCER PO BOX 256 5,000. WESTTOWN, PA 19395 PUBLIC HEALTHCARE SERVICES TASTE OF VIRTUA NONE 50 LAKE CENTER 401 TR 73 N SUITE 301 500, MARLTON, NJ 08053 PUBLIC CONSERVATION OF CONSERVATION RESOURCES INC- GENERAL NONE 100 NORTH RD SUITE TWO PO BOX 594 COMMUNITY 10,000. CHESTER NJ 07930 NONE PUBLIC PROMOTING OPEN SPACE & CONSERVATION RESOURCES INC- BROSEL FARMLAND ON PROJECT PROJECT 100 NORTH RD SUITE TWO PO BOX 594 75,000. CHATSWORTH NJ 07930 PUBLIC EDUCATION BURLINGTON CTY COLLEGE FD-MESSINA NONE THE ENTERPRISE CTR SUITE 256 COLLEGE 1,000. CIRCLE MT LAUREL NJ 08054 BURLINGTON CTY INSTITUTE OF NONE PUBLIC EDUCATION TECHNOLOGY FOUNDATION 695 WOODLANE RD 47,415, WESTAMPTON NJ 08060

138 915

Total from continuation sheets

FORM 990-PF INTEREST ON SAVII	NGS AND TEM	PORARY CA	SH IN	VESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
MANAGED AC LLC #8938				•		10.
PNC WELLS FARGO						1. 4.
				•	-	
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		:		15.
FORM 990-PF DIVIDENDS	S AND INTER	EST FROM	SECUR	RITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
MANAGED AC LLC #1601		23,414.		0.	23,4	14.
MANAGED AC LLC #8938		36,165.		0.	36,1	
MANAGED AC LLC #8938 US MANAGED AC LLC INT PD ON PURC	ני	11,465.		0.	11,4	65.
#8938	.1	-2,255.		0.	-2,2	55.
MANAGED AC LLC WHMT #8938		2,022.		0.	2,0	
NONTAX DIV 2011 RET OF CAP		014		0.	0	14.
REMOVE ADJ TO BASIS NORTHEAST INVESTORS		-814. 27,446.		0.	27,4	
SCHWAB BROKERAGE		121,060.		15,250.	105,8	
TOTAL TO FM 990-PF, PART I, L	N 4	218,503.		15,250.	203,2	53.
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	3
	ACCOUNT	.NG TEED				
	(A)	(B)		(C)	(D)	
	EXPENSES PER BOOKS	NET INVE		ADJUSTED NET INCOM		
DESCRIPTION						
DESCRIPTION ————————————————————————————————————	4,500.	4,	500.			0.

FORM 990-PF	TAX	ES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAX WH FEDERAL INCOME TAX	1,741. 6,284.	1,741.		0.	
TO FORM 990-PF, PG 1, LN 18	8,025.	1,741.		0.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVERTISING NJ ANNUAL REPORT NJ REG FEE LEGACY ADVISOR FEES MANAGED AC ADVISORY FEES CONSULTANT DUES	226. 50. 30. 20,037. 13,513. 10,050. 750.	50. 30. 20,037. 13,513. 10,050. 750.		0. 0. 0. 0. 0.	
POSTAGE					

#### EXPLANATION OF AMENDMENT

RETURN IS AMENDED TO REFLECT CORRECTION IN THE FORMULA CALCULATING THE AVERAGE FAIR VALUE OF SECURITIES ON PART X - LINE 1A.

THE RESULT OF THE CORRECTION IS AN INCREASE TO THE AMOUNT THAT IS REQUIRED TO BE DISTRIBUTED PRIOR TO 12/31/13. THE REVISED REQUIRED AMOUNT HAS BEEN DISTRIBUTED.

WE HAVE NOTED WITH AN "\*" ANY AMOUNTS THAT HAVE BEEN CHANGED AS A RESULT OF THE ABOVE.

• •		_			_
FORM 990-PF U.S. AND STATE/C	CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT	7
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
FIXED INCOME SEC GOV'T BDS(MANAG AC SVC #8938)	2 X		868,513.	875,553	3.
FIXED INCOME SEC FNMA(MANAG AC SVC #8938)	Х		51,160.	47,929	€.
TOTAL U.S. GOVERNMENT OBLIGATIONS		-	919,673.	923,482	2.
TOTAL STATE AND MUNICIPAL GOVERNMEN	T OBLIG	ATIONS			_
TOTAL TO FORM 990-PF, PART II, LINE	E 10A	=	919,673.	923,482	<u>-</u>
FORM 990-PF COR	RPORATE	STOCK		STATEMENT	8
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	
EQUITY FDS(SCHWAB)		-	2,121,423.	2,571,220	
NORTHEAST INVESTORS FD SPDR S & P FUNDS(SCHWAB)			567,927. 227,629.	426,859 264,637	
STOCKS (MAN AC SVC #1601)			761,139.	861,233	
TOTAL TO FORM 990-PF, PART II, LINE	E 10B	- -	3,678,118.	4,123,949	- } .
FORM 990-PF COF	RPORATE	BONDS		STATEMENT	9
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	
FIXED INCOME FUNDS(SCHWAB) FIXED INCOME SEC CORP BDS(MANAG AC	SVC #89	38)	1,563,007. 590,561.	1,599,424	
TOTAL TO FORM 990-PF, PART II, LINE	10C	-	2,153,568.	2,214,351	 l.

FORM 990-PF OTH	ER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FOREIGN BONDS(MANAG AC SVC #8938) NY LIFE INSURANCE INVESTMENT	COST	98,418. 1,500,000.	
TOTAL TO FORM 990-PF, PART II, LIN	IE 13	1,598,418.	1,634,866.
NAME OF CONTRIBUTOR	ADDRESS		
HAINES & HAINES, INC	3432A RT 563 CHATSWORTH, N	IJ 08019	
PINE ISLAND CRANBERRY CO, INC	3432A RT 563 CHATSWORTH, N	J 08019	
ESTATE OF WILLIAM S HAINES	3432A RT 563 CHATSWORTH, N	ij 08019	

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

HOLLY HAINES 2187 RIVER RD EGG HARBOR, NJ 08215

TELEPHONE NUMBER

609-335-2317

EMAIL ADDRESS

HHAINES@HAINESFAMILYFOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

LETTER OR GRANT PROPOSAL & INCLUDING CHARITABLE PURPOSE WHICH FALLS UNDER CODE SECTION 501(C)(3) OF THE I.R.C

ANY SUBMISSION DEADLINES

9/30

RESTRICTIONS AND LIMITATIONS ON AWARDS

NJ AREA EDUCATIONAL CHARITABLE PURPOSE