

**CHAR500
Online**For new annual filings,
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General
Charities Bureau - Registration Section
28 Liberty Street
New York, NY 10005
charitiesnys.com**Open to Public
Inspection**

Filing Type:

☒ New Filing☐ AmendmentFiling Year: 2021**General Information**

Current Organization Name: Fund for the Aged, Inc. Updated Name: N/A

NY Registration Number: 04-86-87 Registration Category: DUAL

Organization Type: Corporation EIN: 133603516

Current Fiscal Year End: 12/31 Updated Fiscal Year End: N/A

Organization Email: mhweiss@jewishhome.org Organization's Phone: 212-870-5973

Tax Exempt Status: 501(c)(3) Website: www.jewishhome.org

Organization Address

Mailing Address	Principal Address	NY State Address
120 W 106TH ST NEW YORK NY 10025-3712 UNITED STATES	120 W 106TH ST NEW YORK NY 10025-3712 UNITED STATES	NA

Primary Contact Information

First Name: Dana Last Name: Penny Title: Chief Compliance Officer

Phone: 212-870-4752 Email: dpenny@jewishhome.org

Organization Type

Type of IRS document filed with IRS: IRS990 Organization Type: Public

Third Party Preparer Information

First Name: N/A Last Name: N/A Title: N/A

Firm Name: N/A Phone: N/A Email: N/A

Third Party Address

Street: N/A

City: N/A State: N/A

Zip: N/A Country: N/A

Registration Category

1. Does the organization conduct activity in New York State (other than soliciting) ? This may include, but is not limited to, maintaining an office, having employees or running a program.
☒ Yes ☐ No
2. Does the organization have assets in New York State?
☒ Yes ☐ No
3. Is the organization incorporated or formed in New York State?
☐ Yes ☐ No N/A
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?
☒ Yes ☐ No
5. Does the organization use a professional fundraiser or fundraising counsel?
☐ Yes ☒ No

Based on your responses to the above questions, this organization's registration category remains as DUAL

Public Charity

1. Did the organization solicit or receive contributions during the fiscal year in New York State?
☒ Yes ☐ No
2. Was the organization required to submit a Schedule B to the IRS in this reporting period?
☒ Yes ☐ No
3. Organizations have two options, to submit a redacted Schedule B, or to enter the total New York State contributions in the fiscal year:
☒ I would like to enter the total New York State Contributions ☐ I would like to submit a redacted Schedule B
4. Choose the total contributions in New York State this fiscal year: \$1,000,000-\$4,999,999

Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?
☐ Yes ☐ No N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
☐ Yes ☐ No N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?
☐ Yes ☒ No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

Financial Information

Type of IRS document filed with IRS IRS990 Organization's total revenue: 9,285,685

Organization's total contributions: 2,505,920 Organization's total assets: N/A

Organization's net assets: 111,819,318 Organization's total revenue and contributions: N/A

Organization's total liabilities: N/A Organization's total assets/worth: N/A

Organization's total income: N/A

Was the organization required to submit a Schedule B to the IRS in this reporting period?

☐ Yes ☐ No N/A

For the current filing year, does your organization plan to do any of the following with its Charities Bureau Registration?

☐ Closing ☐ Withdrawing ☐ Dissolving ☒ None

Is this your final filing with New York State? ☐ Yes ☐ No N/A

Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State?

☐ Yes ☒ No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Did the organization receive government grants during this fiscal year?

☐ Yes ☒ No

Government Grant Agency	Grant Amount
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

Documents

Attached organization's required documents:


- ☒ IRS document
- ☒ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Schedule B
- ☐ Redacted Schedule B
- ☒ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.


Role	First Name	Last Name	Email
President	Jeffrey	Farber	jfarber@jewishhome.org
Chief Financial Officer	Mark	Weiss	mhweiss@jewishhome.org

Signature of
President

DocuSigned by:

6634F54F308A408...

Date: 11/17/2022

Signature of
Chief Financial Officer

DocuSigned by:

E278B5425A5743D...

Date: 11/16/2022