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# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury  
Internal Revenue Service

**A** For the 2008 calendar year, or tax year beginning 10/1/2008, and ending 9/30/2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>Croft House, Inc</u>		<b>D</b> Employer identification number <u>57-0640593</u>
		Doing Business As		<b>E</b> Telephone number
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <u>797,839</u>
<b>F</b> Name and address of principal officer <u>Robert Hibbard 712 Kalmia Landing Drive, Aiken, SC 29801</u>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶		
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <u>1976</u>		<b>M</b> State of legal domicile <u>SC</u>

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities <u>Providing housing to low income elderly and disabled persons by operating a HUD-assisted apartment community regulated under Section 223(f) of the National Housing Act</u>																																																									
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**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: Phyllis E. Pellario Date: 10/8/10  
 Type or print name and title: Phyllis E. Pellario, Vice-President, Board of Directors

**Paid Preparer's Use Only**  
 Preparer's signature: [Signature] Date: 7/17/2010 Check if self-employed:   
 Preparer's identifying number (see instructions): 072-50-7675  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Seth D Strongin, CPA P C  
4780 Ashford Dunwoody Rd, Ste A-628, Atlanta, GA 30338 EIN: 58-2351458 Phone no:

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

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission  
Providing housing to low income elderly and disabled persons by operating a HUD-assisted apartment community regulated under Section 223(f) of the National Housing Act

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 875,666 including grants of \$ ) (Revenue \$ 740,704 )  
Provided housing to elderly and disabled persons by operating an apartment community regulated by the U.S. Department of Housing and Urban Development under Section 223(f) of the National Housing Act

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

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

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

4e Total program service expenses ▶ \$ 875,666 (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III N/A		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N/A		
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official? N/A		
b	Other officers or key employees of the organization? N/A		
Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization N & H Enterprises, Inc.    803-536-1056 P O Box 1184, Orangeburg, SC 29116	





**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	55,353				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25				
	g	Noncash contributions included in lines 1a-1f \$						
	h	<b>Total.</b> Add lines 1a-1f		55,378				
	Program Service Revenue			Business Code				
2a		Tenant rent payments	531110	185,824	185,824			
b		Housing assistance payments	531110	446,640	446,640			
c		Dietary and related services	531390	96,396	96,396			
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		728,860				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		1,757			1,757
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
		Miscellaneous Revenue	Business Code					
11a	Laundry and vending	531110	2,154	2,154				
b	Cleaning and other charges	531110	1,799	1,799				
c	Cable TV	531110	7,891	7,891				
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		11,844					
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		797,839	740,704		1,757		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	134,912	134,912		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,749	15,749		
11 Fees for services (non-employees)				
a Management	34,343		34,343	
b Legal				
c Accounting	3,900		3,900	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	8,582	8,582		
12 Advertising and promotion				
13 Office expenses	13,145	13,145		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	735	735		
20 Interest	142,579	142,579		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204,868	204,868		
23 Insurance	72,311	72,311		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Service coordinator	52,052	52,052		
b Utilities and trash removal	83,197	83,197		
c Repairs and maintenance	48,404	48,404		
d Food service and related services	85,292	85,292		
e Cable T V	9,230	9,230		
f All other expenses Miscellaneous	4,610	4,610		
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>913,909</b>	<b>875,666</b>	<b>38,243</b>	
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing	30,676	1	23,687	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	4,242	4	170	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	3,621	9	12,926	
	10a	Land, buildings, and equipment cost basis	10a	3,460,481		
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	1,918,206	10c	1,542,275
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	327,765	15	348,583	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,070,435	16	1,927,641		
Liabilities	17	Accounts payable and accrued expenses	37,790	17	35,579	
	18	Grants payable		18		
	19	Deferred revenue	446	19	1	
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	2,409,041	23	2,385,264	
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	16,256	25	15,965	
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,463,533	26	2,436,809	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	-393,098	27	-509,168	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	-393,098	33	-509,168		
34	<b>Total liabilities and net assets/fund balances</b>	2,070,435	34	1,927,641		

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

**Public Charity Status and Public Support**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization <b>Croft House, Inc</b>	Employer identification number <b>57-0640593</b>
-----------------------------------------------------	-----------------------------------------------------

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

The organization is not a private foundation because it is (Please check only one organization )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	
16a <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33 1/3% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances-test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	49,940	38,531	53,025	59,113	55,378	255,987
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	623,940	673,385	692,487	718,250	740,704	3,448,766
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	673,880	711,916	745,512	777,363	796,082	3,704,753
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						3,704,753

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	673,880	711,916	745,512	777,363	796,082	3,704,753
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,020	1,824	4,543	1,611	1,757	10,755
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,020	1,824	4,543	1,611	1,757	10,755
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						3,715,508
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99 71%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99 72%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0 29%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0 28%

- 19a **33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b **33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

Area with horizontal dashed lines for supplemental information.

**Supplemental Financial Statements**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

Croft House, Inc

57-0640593

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ .....
- (ii) Assets included in Form 990, Part X ▶ \$ .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ .....
- b Assets included in Form 990, Part X ▶ \$ .....

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

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

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

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

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

**Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21**

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment
- b Permanent endowment
- c Term endowment

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		66,055		66,055
b Buildings		3,029,358	1,682,477	1,346,881
c Leasehold improvements				
d Equipment		112,780	84,514	28,266
e Other		252,288	151,215	101,073

**Total.** Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) 1,542,275



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	797,839
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	913,909
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-116,070
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-116,070

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	812,778
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	14,939
e	Add lines 2a through 2d	2e	14,939
3	Subtract line 2e from line 1	3	797,839
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	797,839

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	928,848
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	14,939
e	Add lines 2a through 2d	2e	14,939
3	Subtract line 2e from line 1	3	913,909
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	913,909

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XII Line 2d Utility sales tax reimbursements

Part XIII Line 2d Utility sales tax reimbursements

**Part XIV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Croft House, Inc

Employer identification number

57-0640593

Form 990 Part VI Section A Line 3 The organization has entered into a management contract for day-to-day management of the apartment community as is customary for owners/operators of HUD-assisted rental communities

Form 990 Part VI Section A Line 10 The return is prepared by a certified public accounting firm and sent to the management company for initial review and approval. The return is then forwarded to the board of directors for final review, approval and signature

Form 990 Part VI Section B Line 12c Monitored at regularly scheduled meetings of the board of directors and as otherwise necessary

Form 990 Part VI Section C Line 19 Documents are maintained by the board of directors and copies are provided upon request

**Part IX, Line 22 (990) - Depreciation, Depletion, etc.**

		204,868	204,868	(C)	(D)
		(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
			services	and general	
<i>Description</i>					
1	Depreciation	202,576	202,576		
2	Amortization of loan costs	2,292	2,292		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2009**

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
Land 1 2 Acres	4/11/1977			50,000 00				50,000 00
Land	9/30/1983			6,805 00				6,805 00
Land	8/29/1991			9,250 00				9,250 00
				<u>66,055 00</u>				<u>66,055 00</u>
<b>BUILDINGS</b>								
Building	1/1/1979	40	SL	1,703,140 00	1,266,710 30	42,578 50	1,309,288 80	393,851 20
Vestibule	4/1/1989	15	SL	3,458 00	3,458 00	-	3,458 00	-
Improvements	3/3/1998	10	SL	15,756 98	15,756 98	-	15,756 98	-
<b>EQUIPMENT-FIXED</b>								
Automatic doors	11/30/1990	10	SL	6,072 00	6,072 00	-	6,072 00	-
Automatic doors	2/15/1991	10	SL	7,285 00	7,285 00	-	7,285 00	-
Equipment	9/30/1991	10	SL	942 90	942 90	-	942 90	-
Building	2/28/1992	10	SL	795 00	795 00	-	795 00	-
Equipment	2/28/1992	10	SL	807 45	807 45	-	807 45	-
Stand by generator	2/23/1994	10	SL	5,000 00	5,000 00	-	5,000 00	-
New cooling tower	10/25/1994	10	SL	13,510 00	13,510 00	-	13,510 00	-
Water circulation pump	6/25/1996	10	SL	4,250 00	4,250 00	-	4,250 00	-
Automatic doors	2/19/2001	10	SL	1,876 00	1,422 63	187 60	1,610 23	265 77
Boiler	11/21/2002	10	SL	19,785 00	11,541 25	1,978 50	13,519 75	6,265 25
Security cameras (front)	12/4/2003	10	SL	8,580 00	5,005 00	858 00	5,863 00	2,717 00
Oven	4/15/2003	10	SL	7,886 50	4,337 58	788 65	5,126 23	2,760 28
Walk-in cooler	4/12/2003	10	SL	3,332 32	1,832 78	333 23	2,166 01	1,166 31
Heat pumps	9/24/2003	10	SL	6,160 72	3,080 36	616 07	3,696 43	2,464 29
Fire protection system	10/15/2003	10	SL	35,363 88	17,681 94	3,536 39	21,218 33	14,145 55
Security system (front)	4/7/2004	10	SL	5,582 14	2,511 96	558 21	3,070 18	2,511 96
Air compressors	8/9/2004	10	SL	1,568 10	653 38	156 81	810 19	757 92
Kitchen hood fire system	10/1/2004	10	SL	2,332 00	932 80	233 20	1,166 00	1,166 00
Trane 5 ton heat pump	2/25/2005	10	SL	9,855 90	3,531 70	985 59	4,517 29	5,338 61
Fire alarm system	3/31/2005	10	SL	1,143 53	400 24	114 35	514 59	628 94
Water line	9/29/2005	10	SL	4,300 60	1,290 18	430 06	1,720 24	2,580 36
5 HVAC units	1/24/2006	10	SL	9,546 60	2,545 76	954 66	3,500 42	6,046 18
Hobart commercial dishwasher	5/18/2006	10	SL	9,837 80	2,295 49	983 78	3,279 27	6,558 53
Maintenance room doors	2/15/2007	10	SL	1,235 00	195 54	123 50	319 04	915 96
Heat pumps	5/15/2007	10	SL	57,172 00	7,622 93	5,717 20	13,340 13	43,831 87
Gazebo/courtyard	5/15/2007	10	SL	15,265 00	2,035 33	1,526 50	3,561 83	11,703 17
Refrigerator (food service)	5/15/2007	10	SL	5,024 00	669 87	502 40	1,172 27	3,851 73
Resurface parking lot	2/15/2007	10	SL	42,490 00	6,727 58	4,249 00	10,976 58	31,513 42
Roof	2/15/2007	15	SL	103,023 00	10,874 65	6,868 20	17,742 85	85,280 15
Fencing	2/15/2007	10	SL	2,208 00	349 60	220 80	570 40	1,637 60
Doors and windows	6/15/2007	10	SL	108,410 00	13,551 25	10,841 00	24,392 25	84,017 75
Building exterior	6/15/2007	15	SL	69,602 00	5,800 17	4,640 13	10,440 30	59,161 70
Acoustic ceiling tile	2/15/2007	10	SL	25,976 00	4,112 87	2,597 60	6,710 47	19,265 53

CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2009

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>EQUIPMENT-FIXED (CONTINUED)</u>								
Refurbish elevators	5/15/2007	10	SL	205,226 00	27,363 47	20,522 60	47,886 07	157,339 93
HVAC units	5/15/2007	10	SL	98,293 00	13,105 73	9,829 30	22,935 03	75,357 97
Water heaters	3/15/2007	10	SL	303,455 00	45,518 25	30,345 50	75,863 75	227,591 25
Monitoring board	5/15/2007	10	SL	6,307 00	840 93	630 70	1,471 63	4,835 37
Security system a/v	10/27/2006	10	SL	1,358 53	260 38	135 85	396 24	962 29
HVAC units	10/17/2006	10	SL	8,553 00	1,639 33	855 30	2,494 63	6,058 38
Water heater	9/5/2006	10	SL	278 35	55 67	27 84	83 51	194 85
HVAC units - ground floor	1/28/2008	10	SL	10,230 00	682 00	1,023 00	1,705 00	8,525 00
Parking lot signs	5/21/2008	10	SL	2,918 00	97 27	291 80	389 07	2,528 93
Floor - beauty shop/bathrooms	6/6/2008	10	SL	3,991 56	133 05	399 16	532 21	3,459 35
Irrigation system, walls	7/19/2008	10	SL	10,640 00	177 33	1,064 00	1,241 33	9,398 67
Security/surveillance system - rear	7/23/2008	10	SL	26,967 69	449 46	2,696 77	3,146 23	23,821 46
Sidewalk, steps, handrail	9/26/2008	10	SL	5,028 00	-	502 80	502 80	4,525 20
Generator	1/15/2009	10	SL	5,100 00	-	382 50	382 50	4,717 50
Wood fence, trash receptacle gate	2/25/2009	10	SL	4,494 68	-	262 19	262 19	4,232 49
Concrete walk extension & pad	7/30/2009	10	SL	906 80	-	15 11	15 11	891 69
Fire extinguisher cabinets	9/23/2009	10	SL	1,123 50	-	-	-	1,123 50
Restaurant range, serving counter, food service stations	9/28/2009	10	SL	20,913 74	-	-	-	20,913 74
				(5,000 00)			(5,000 00)	
				3,029,358 27	1,525,913 33	161,564 36	1,682,477 69	1,346,880 58

DELETIONS

Generator replaced

EQUIPMENT-PORTABLE

Ice machine and installation	4/14/1989	10	SL	2,086 20	2,086 20	-	2,086 20	-
Misc equipment	9/1/1989	5	SL	728 80	728 80	-	728 80	-
Refrigerator	5/25/1991	5	SL	396 90	396 90	-	396 90	-
Refrigerator	10/1/1992	5	SL	845 25	845 25	-	845 25	-
Refrigerator	2/9/1993	5	SL	845 25	845 25	-	845 25	-
Moveable gates	2/9/1993	5	SL	700 00	700 00	-	700 00	-
Appliances	11/12/1993	5	SL	612 20	612 20	-	612 20	-
Appliances	8/23/1994	5	SL	865 97	865 97	-	865 97	-
Faucets & appliances	3/2/1995	5	SL	1,533 59	1,533 59	-	1,533 59	-
Appliances	3/25/1996	5	SL	1,755 60	1,755 60	-	1,755 60	-
Refrigerators	7/16/1997	5	SL	21,201 70	21,201 70	-	21,201 70	-
Appliances	2/18/1997	5	SL	257 25	257 25	-	257 25	-
Refrigerator	4/8/1999	5	SL	412 98	412 98	-	412 98	-
Appliances	10/1/2001	5	SL	855 42	855 42	-	855 42	-
Stove	1/15/2002	5	SL	355 10	355 10	-	355 10	-
Stove	2/22/2002	5	SL	299 98	299 98	-	299 98	-
Stoves	4/1/2002	5	SL	606 32	606 32	-	606 32	-
Stoves	4/1/2003	5	SL	949 76	949 76	-	949 76	-

CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2009

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>EQUIPMENT-PORTABLE (CONTINUED)</u>								
Slicer	11/25/2003	5	SL	920 00	920 00	-	920 00	-
Warmer, can opener, processor	11/25/2003	5	SL	1,449 63	1,449 63	-	1,449 63	-
Steamer	4/12/2003	5	SL	3,036 90	3,036 90	-	3,036 90	-
Proofer/holding cabinet	1/22/2003	5	SL	1,690 70	1,690 70	-	1,690 70	-
4 TVs and DVD player	9/1/2004	5	SL	1,908 84	1,558 89	349 95	1,908 84	-
Whirlpool washing machine	6/18/2006	5	SL	895 00	402 75	179 00	581 75	313 25
Ranges, hoods, cords	4/15/2007	5	SL	32,869 00	9,312 88	6,573 80	15,886 68	16,982 32
Washing machine - front load	10/30/2006	5	SL	873 09	334 68	174 62	509 30	363 79
Refrigerators	6/11/2007	5	SL	873 12	232 83	174 62	407 46	465 66
Coin dryer	12/21/2007	5	SL	957 65	143 65	191 53	335 18	622 47
Refrigerator	3/10/2008	5	SL	553 19	64 54	110 64	175 18	378 01
Dryer - 3rd floor	6/27/2008	5	SL	895 00	44 75	179 00	223 75	671 25
Washer and dryer	12/11/2008	5	SL	1,529 14		294 86	254 86	1,274 28
Washer - top loading	1/30/2009	5	SL	537 00		71 60	71 60	465 40
				84,296 53	54,500 47	8,259 62	62,760 09	21,536 44
<u>FURNITURE</u>								
94 banquet stack chairs	9/21/2006	7	SL	16,277 00	4,650 57	2,325 29	6,975 86	9,301 14
24 round table bases	9/21/2006	7	SL	2,237 48	639 28	319 64	958 92	1,278 56
24 square table tops	9/21/2006	7	SL	3,650 00	1,042 86	521 43	1,564 29	2,085 71
				22,164 48	6,332 71	3,166 35	9,499 06	12,665 42
<u>FURNISHINGS</u>								
Chain link fence	1/1/1980	10	SL	559 55	559 55	-	559 55	-
Drapes	4/15/1988	10	SL	154 50	154 50	-	154 50	-
Tilt skillet	9/28/1990	10	SL	3,667 65	3,667 65	-	3,667 65	-
Drapes	2/28/1992	7	SL	1,653 75	1,653 75	-	1,653 75	-
Drapes	5/5/1995	7	SL	8,860 32	8,860 32	-	8,860 32	-
Mini blinds	2/20/1996	7	SL	932 00	932 00	-	932 00	-
Carpeting (clubhouse)	6/8/1999	7	SL	11,647 71	11,647 71	-	11,647 71	-
Window treatments (clubhouse)	6/12/1999	7	SL	831 75	831 75	-	831 75	-
Stacking arm chairs	12/14/1998	7	SL	2,775 29	2,775 29	-	2,775 29	-
Beauty shop furniture	8/30/1999	7	SL	575 00	575 00	-	575 00	-
Computer- Neighborhood NW	9/9/1999	5	SL	748 00	748 00	-	748 00	-
Replace all carpet and vinyl	10/15/2003	7	SL	54,199 52	38,713 94	7,742 79	46,456 73	7,742 79
Artwork	11/10/2003	7	SL	3,564 78	2,503 83	509 25	3,013 09	551 69
Furniture for all common areas	12/7/2003	7	SL	20,024 52	13,826 45	2,860 65	16,887 10	3,337 42
Artwork	4/21/2004	7	SL	2,409 38	1,520 20	344 20	1,864 40	544 98
Cabinets & countertops	9/20/2006	7	SL	3,757 70	1,073 63	536 81	1,610 44	2,147 26
Cabinets, sinks, countertops	4/15/2007	7	SL	91,392 00	18,496 00	13,056 00	31,552 00	59,840 00
Bathroom vanities	3/15/2007	7	SL	18,881 00	4,045 93	2,697 29	6,743 21	12,137 79
				226,634 42	112,585 51	27,746 99	140,332 50	86,301 92

CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2009

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>OFFICE FURNITURE &amp; EQUIPMENT</u>								
Office Equipment	6/28/1992	10	SL	608 75	608 75	-	608 75	-
Fax machine	3/27/1995	5	SL	279 36	279 36	-	279 36	-
Sharp Typewriter	3/10/1988	10	SL	791 70	791 70	-	791 70	-
Laserjet & monitor	12/30/1998	5	SL	692 98	692 98	-	692 98	-
Desk, hutch, credenza, table	6/18/1999	7	SL	1,642 00	1,642 00	-	1,642 00	-
Chairs	8/25/1999	7	SL	941 85	941 85	-	941 85	-
Chairs, file cabinet, desk	9/20/1999	7	SL	1,373 35	1,373 35	-	1,373 35	-
Furniture	4/1/2000	7	SL	389 28	389 28	-	389 28	-
Computer	5/1/2001	5	SL	1,158 87	1,158 87	-	1,158 87	-
Printer	5/1/2001	5	SL	681 58	681 58	-	681 58	-
Copier	11/14/2002	5	SL	3,863 70	3,863 70	-	3,863 70	-
Computer	1/16/2003	5	SL	1,480 82	1,480 82	-	1,480 82	-
Dell Latitude D520 computer	6/2/2006	5	SL	2,269 46	1,059 08	453 89	1,512 97	756 49
Chair - front desk	2/2/2007	7	SL	94 08	22 40	13 44	35 84	58 24
Wireless headset	7/13/2007	5	SL	288 89	72 22	57 78	130 00	158 89
Dell Latitude D520 computer	1/12/2007	5	SL	1,926 63	674 32	385 33	1,059 65	866 98
Two fireproof file cabinets	6/5/2009	7	SL	4,654 50		221 64	221 64	4,432 86
				23,137 80	15,732 26	1,132 08	16,864 34	6,273 46
<u>MAINTENANCE EQUIPMENT</u>								
Storage cabinet	1/20/1999	5	SL	775 78	775 78	-	775 78	-
Carpet cleaner	7/24/1999	5	SL	133 01	133 01	-	133 01	-
Table saw	6/1/2000	5	SL	312 98	312 98	-	312 98	-
Pressure washer	10/1/2000	5	SL	733 00	733 00	-	733 00	-
Sewage machine	6/1/2001	5	SL	401 76	401 76	-	401 76	-
Vacuum cleaner	8/9/2002	5	SL	741 99	741 99	-	741 99	-
Paint sprayer	9/2/2003	5	SL	1,227 87	1,227 87	-	1,227 87	-
Steamvac	7/2/2006	5	SL	295 00	127 83	59 00	186 83	108 17
Lawn mower & trimmer	3/7/2007	5	SL	570 42	180 63	114 08	294 72	275 70
Hedge trimmer	1/31/2007	5	SL	153 00	51 00	30 60	81 60	71 40
				5,344 81	4,685 86	203 68	4,889 54	455 27
<u>MISC FIXED ASSETS</u>								
Treadmill - exercise room	7/28/2006	5	SL	1,605 88	695 88	321 18	1,017 06	588 82
Exercise bike	7/28/2006	5	SL	423 87	183 68	84 77	268 45	155 42
Flagpole	1/28/2009	10	SL	1,460 00		97 33	97 33	1,362 67
				3,489 75	879 56	503 28	1,382 84	2,106 91
				3,460,481 06	1,720,629 70	202,576 37	1,918,206 07	1,542,274 99

# 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 extension on a previously filed Form 8868

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

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

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

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

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization Croft House, Inc	Employer identification number 57-0640593
	Number, street, and room or suite no If a P O box, see instructions 356 York Street NE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Aiken SC 29801	

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

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

• The books are in the care of ▶ N & H Enterprises, Inc P O Box 1184 Orangeburg SC 29116

Telephone No ▶ 803-536-1056 FAX No ▶ 803-531-3048

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15/2010 to file the exempt organization return for the organization named above The extension is for the organization's return for  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning 10/1/2008 and ending 9/30/2009

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3 a 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	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$ -0-

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

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

<b>Type or print</b> <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization Croft House, Inc	Employer identification number 57-0640593
	Number, street, and room or suite no. If a P O box, see instructions 356 York Street NE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Aiken SC 29801	

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

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

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

- The books are in the care of  N & H Enterprises, Inc P O Box 1184 Orangeburg SC 29116  
Telephone No  803-536-1056 FAX No  803-531-3048
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 8/15/2010

5 For calendar year \_\_\_\_\_, or other tax year beginning 10/1/2008, and ending 9/30/2009

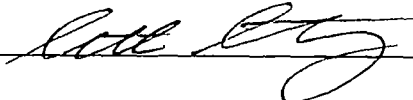
6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension The organization needs more time to obtain information necessary for filing a complete and accurate return

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

**Signature and Verification**

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  CPA Date  5/13/10

Form **8868** (Rev 4-2009)