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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div>2009</div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Heritage Day Health Centers		D Employer identification number 31-1358042
		Doing Business As		E Telephone number (614) 236-0586
		Number and street (or P O box if mail is not delivered to street address) 2335 NORTH BANK DRIVE	Room/suite	G Gross receipts \$ 4,763,373
		City or town, state or country, and ZIP + 4 Columbus, OH 43220		
	F Name and address of principal officer thomas slemmer 2335 NORTH BANK DRIVE Columbus, OH 43220		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: www.heritagedayhealth.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1992	M State of legal domicile OH	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities Heritage Day Health Centers provide comprehensive adult day services to adults with cognitive and physical impairment		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5 16	
	6	Total number of volunteers (estimate if necessary)	6 60	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 59,84	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 34,63	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	311,068	381,448
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,701,166	4,146,744
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,912	4,139
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,830	71,279
			4,068,976	4,603,610
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,743,279	3,000,448
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 114,285		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,621,483	1,791,805
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,364,762	4,792,253
	19	Revenue less expenses Subtract line 18 from line 12	-295,786	-188,643
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	6,767,999	6,637,954
	21	Total liabilities (Part X, line 26)	4,073,107	3,836,945
	22	Net assets or fund balances Subtract line 21 from line 20	2,694,892	2,801,009

Part II		Signature Block			
Sign Here	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				
	***** Signature of officer		2010-11-15 Date		
	JOSEPH KASBERG Officer Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		GBQ Partners LLC 230 West Street Suite 700 Columbus, OH 432152663		EIN
					Phone no (614) 221-1120

1 Briefly describe the organization's mission

Heritage Day Health Centers provide comprehensive adult day services to adults with cognitive and physical impairments

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 \$ 3,895,281 including grants of \$)	(Revenue \$ 4,146,744)
	Provision of day services which includes health monitoring, education and medication administration, personal care, therapeutic activities and social services including referral, counseling and caregiver support		

[illegible][illegible]

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

4e	Total program service expenses	\$ 3,895,281
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Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
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 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	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>	34	Yes	
35	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>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a6	1cYes	
	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?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a169	2bYes	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?			3aYes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3bYes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
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? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

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

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a		No
b	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?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OH
18	Section 6104 requires an organization to make its Form 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 checked="" 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Joseph R Kasberg 2335 NORTH BANK DRIVE Columbus, OH 43220 (614) 236-0586

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD ADAMS DIRECTOR	1 00	X						0	0	0
ELEANOR ALVAREZ DIRECTOR	1 00	X						0	0	0
LEA BLACKBURN DIRECTOR	1 00	X						0	0	0
PAUL BLOOMFIELD DIRECTOR	1 00	X						0	0	0
CYNTHIA GERST DIRECTOR	1 00	X						0	0	0
LEA BLACKBURN DIRECTOR	1 00	X						0	0	0
DON RUSSELL DIRECTOR	1 00	X						0	0	0
joseph r kasberg secretary/treasurer	1 00			X				0	247,523	35,857
thomas w slemmer president	1 00			X				0	840,782	35,508
erica drewry Exec Director	40 00			X				80,233	0	3,291
david a kayuha vice president	1 00			X				0	192,620	32,185
joseph b kuyoth vice president	1 00			X				0	187,266	26,230

1b	Total	80,233	1,468,191	133,071
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

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 . . .	1a110,058	381,448				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f271,390					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	GRANTS & SERVICE CONTR	623,990	3,781,920	3,781,920			
	b	CLIENT FEES	623,990	364,824	364,824			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		4,146,744				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,864			3,864
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross Rents	(i) Real	(ii) Personal	71,279		59,844	11,435
			208,935					
			137,656					
			71,279					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	275			275
				22,382				
				22,107				
				275				
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								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			4,603,610	4,146,744	59,844	15,574	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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	2,334,103	1,903,849	357,849	72,405
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	398,538	364,429	27,518	6,591
10	Payroll taxes	267,807	230,354	30,579	6,874
11	Fees for services (non-employees)				
a	Management	249,096		249,096	
b	Legal	3,505		3,505	
c	Accounting	11,300		11,300	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	343,305	334,685	8,620	
12	Advertising and promotion	150,285	143,334	6,813	138
13	Office expenses	12,656	2,929	9,727	
14	Information technology	48,880	40,917	7,963	
15	Royalties				
16	Occupancy	133,578	129,517	4,061	
17	Travel	17,761	4,279	13,482	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,859	11,816	1,043	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	271,003	242,354	28,649	
23	Insurance	56,550	54,876	1,674	
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	Transportation	199,082	199,073	9	0
b	Repairs & maintenance	162,330	140,294	6,746	15,290
c	Supplies & equipment	84,073	69,557	13,129	1,387
d	Bad debt	14,190	14,190		
e					
f	All other expenses	21,352	8,828	924	11,600
25	Total functional expenses. Add lines 1 through 24f	4,792,253	3,895,281	782,687	114,285
26	Joint costs. 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			794,268	1	546,297
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			23,595	3	11,350
	4	Accounts receivable, net			600,649	4	702,124
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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			29,580	9	28,899
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	6,914,924			
	b	Less accumulated depreciation	10b	1,746,781	5,173,985	10c	5,168,143
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	70,000
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			145,922	15	111,141
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,767,999	16	6,637,954
Liabilities	17	Accounts payable and accrued expenses			350,252	17	338,725
	18	Grants payable				18	
	19	Deferred revenue				19	7,062
	20	Tax-exempt bond liabilities			3,565,000	20	3,440,000
	21	Escrow or custodial 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	1,009
	23	Secured mortgages and notes payable to unrelated third parties				23	50,149
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			157,855	25	0
	26	Total liabilities. Add lines 17 through 25			4,073,107	26	3,836,945
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			2,346,696	27	2,420,582
	28	Temporarily restricted net assets			348,196	28	380,427
	29	Permanently restricted net assets			0	29	0
	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	Total net assets or fund balances			2,694,892	33	2,801,009
	34	Total liabilities and net assets/fund balances			6,767,999	34	6,637,954

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heritage Day Health Centers

Employer identification number

31-1358042

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 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?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,872,225	3,946,211	3,389,532	3,759,348	4,822,951	19,790,267
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,872,225	3,946,211	3,389,532	3,759,348	4,822,951	19,790,267
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						19,790,267

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,872,225	88,831	3,389,532	3,759,348	4,822,951	19,790,267
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,821	88,831	83,441	63,327	235,181	535,601
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	443					443
11 Total support (Add lines 7 through 10)						20,326,311

12

Gross receipts from related activities, etc (See instructions)

12

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	97 360 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 010 %

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a33 1/3% support tests—2009. 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

☐

b33 1/3% support tests—2008. 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

☐

20Private 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. 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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Heritage Day Health Centers	Employer identification number 31-1358042
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	348,196	534,821			
b Contributions	108,610	72,358			
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	76,379	258,983			
f Administrative expenses					
g End of year balance	380,427	348,196			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 % %

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

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

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) Accumulated depreciation	(d) Book value
1a Land		815,708		815,708
b Buildings		3,422,091	861,167	2,560,924
c Leasehold improvements		1,327,336	294,672	1,032,664
d Equipment		605,608	140,536	465,072
e Other		744,181	450,406	293,775
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				5,168,143

Schedule D (Form 990) 2009

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	4,603,610
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,792,253
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-188,643
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	294,759
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1
9	Total adjustments (net) Add lines 4 - 8	9	294,760
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	106,117

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	4,898,369
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	294,759
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	294,759
3	Subtract line 2e from line 1	3	4,603,610
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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,603,610

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,792,253
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,792,253
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	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,792,253

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The Organization has several temporarily restricted net asset funds. These include the Capital Campaign Fund and the Ohio Department of Transportation Vans Fund. The Capital Campaign Fund is restricted to the expenses related to the purchase and renovation of the Livingston Avenue Center. The Ohio Department of Transportation Fund is related to the eleven transportation vans that have been substantially funded through federal grant monies from the Ohio Department of Transportation (ODOT). ODOT has eight liens remaining on the vans. In the event of early disposal, the vans contributed to the Organization have restrictions and requirements for their operation and use.
Part XI, Line 8 - Other Adjustments		other 1

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Heritage Day Health Centers

Employer identification number
31-1358042

Part I

Questions Regarding Compensation

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

Schedule J (Form 990) 2009

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization Heritage Day Health Centers	Employer identification number 31-1358042
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Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Franklin County Ohio	31-6400067	353180gx4	03-15-2007	2,500,000	To finance the acquisition & building improvements of the Karl Plaza Building	X			X
B	Franklin County Ohio	31-6400067	353180fp2	02-15-2002	1,325,000	To finance the acquisition & improvements of the Livingston Avenue location	X			X

Part II

Proceeds

		A	B	C	D	E	
1	Total proceeds of issue						
2	Gross proceeds in reserve funds						
3	Proceeds in refunding or defeasance escrows						
4	Other unspent proceeds						
5	Issuance costs from proceeds						
6	Working capital expenditures from proceeds						
7	Capital expenditures from proceeds						
8	Year of substantial completion						
		Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?						
10	Were the bonds issued as part of an advance refunding issue?						
11	Has the final allocation of proceeds been made?						
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?						

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
Heritage Day Health Centers

Employer identification number
31-1358042

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	3	20,000	fair market value
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
Heritage Day Health Centers

Employer identification number

31-1358042

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The Heritage Day Health Centers is a single member organization. The single member is the National Church Residences, the controlling organization.
Form 990, Part VI, Section A, line 7b		The National Church Residences (NCR) is the sole member of The Heritage Day Health Centers. As the sole controlling member, NCR has the ability to elect and appoint the members to the Board of Directors.
Form 990, Part VI, Section B, line 11		The Form 990 is prepared by an outside accounting firm. The Form 990 is then reviewed up upper management and the Treasurer of the Board of Directors. The Form is then provided to the entire Board of Directors prior to being filed with the Internal Revenue Service.
Form 990, Part VI, Section B, line 12c		The Conflict of Interest Policy is enforced and monitored via an annual review and sign off by all employees of The Organization.
Form 990, Part VI, Section B, line 15		Utilizing an established executive compensation policy, the Human Resource Committee reviews and approves salaries of all Officers (except for the the President's salary) and reports to the Executive Committee. The Committees base the salary decisions on survey data from comparable organizations, use of an independent compensation consultant as well as organizational and individual performance.
Form 990, Part VI, Section C, line 19		The Organization makes its governing documents, Conflict of Interest Policy and Financial Statement available to the public upon request.

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

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

Employer identification number

31-1358042

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

(f)
Direct controlling
entity

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

(f)
Direct controlling
entity

Part III

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

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

See Additional Data Table

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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See Additional Data Table

Part V

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	NCR Healthcare	E	1,009
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 31-1358042

Name: Heritage Day Health Centers

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Chateau Gardens Housing LLC 912 Martin Ave Fond du Lac, WI549356336 71-0955814	Rental activity for low income families	WI	Chateau Gardens Inc	Rental Income	-10	389		No			No
Westerville Senior Housing II LLC 622 South Sunbury Road Westerville, OH43081 20-2489049	Rental activity for low income seniors	OH	Westerville Senior Housing II Inc	Rental Income	-13	330		No			No
Roosevelt Towne Apartments LLC 711 N Euclid Ave St Louis, MO631081632 13-4242467	Rental activity for families	OH	Roosevelt Towne Housing Inc	Rental Income	-31	1,084		No			No
Abbey Church Village Limited Partnership 6003 Abbey Chapel Dr Dublin, OH430171529 31-1416957	Rental activity for families	OH	Abbey Church Road Inc	Rental Income	-364	5,918		No			No
Elizabeth Senior Housing Limited Partnership 122 Seventh Street Elizabeth, NJ072012822 20-2862379	Rental activity for low income seniors	NJ	National Church Residences of Elizabeth New Jersey Inc	Rental Income	-14	814		No			No
Vision Center II Limited Partnership 3400 Vision Center Court Columbus, OH432272262 31-1364056	Rental activity for seniors	OH	Vision Center II Inc	Rental Income	-61	823		No			No
Battery Park Senior Housing Limited Partnership 1 Battle Square Asheville, NC288012712 26-0069390	Rental activity for low income seniors	NC	Battery Park Senior Apartments Inc	Rental Income	-14	942		No			No
Bristol Court Apartments Limited Partnership 600 E Fifth St Waverly, OH456901566 20-2470977	Rental activity for low income seniors	OH	Bristol Court Apartments	Rental Income	-24	413		No			No
Waggoner Senior Housing Limited Partnership 831 Acorn Grove Dr Blacklick, OH430045044 31-1812222	Rental activity for low income seniors	OH	Waggoner Senior Housing Inc	Rental Income	-10	532		No			No
Clara Park Village Apartments Limited Partnership 4805 Clara St Cudahy, CA902015200 20-2869540	Rental activity for low income seniors	OH	National Church Residences of Clara Park Commons CA	Rental Income	-26	651		No			No
Coeur d'Alene Senior Housing Limited Partnership 7712 N Heartland Dr Coeur dAlene, ID838158906 31-1639271	Rental activity for low income seniors	ID	NCR of Idaho Inc	Rental Income	-34	881		No			No
Colorado Plaza Senior Housing Limited Partnership 420 Colorado St Manhattan, KS665020659 31-1714217	Rental activity for low income seniors	KS	Colorado Plaza Senior Housing Inc	Rental Income	-42	1,749		No			No
Chantry Place Housing Limited Partnership 5560 Chantry Drive Columbus, OH432324767 20-1872900	Rental activity for low income families	OH	Chantry Place Housing Inc	Rental Income	-63	1,067		No			No
The Commons at Grant Limited Partnership 398 S Grant Ave Columbus, OH432155549 31-1797406	Rental activity for low income families	OH	The Commons at Grant Inc	Rental Income	-51	679		No			No
Country Ridge Apartments Limited Partnership 5656 Farmhouse Lane Hilliard, OH430267846 31-1504074	Rental activity for families	OH	Country Ridge Apartments Inc	Rental Income	-364	4,139		No			No
Courtyard at Willow Woods Limited Partnership 1500 Lincoln Avenue Tomah, WI546602463 20-3678605	Rental activity for low income seniors	WI	National Church Residences of Willow Woods WI Inc	Rental Income	-4	387		No			No
Cypress Sunrise Village Apartments Limited Partnership 9151 Grindlay St Cypress, CA906303088 20-2869574	Rental activity for low income seniors	OH	National Church Residences of Cypress Sunrise Apartments CA	Rental Income	-36	810		No			No
East Valley Senior Housing Limited Partnership 16010 East Valleyway Ave Veradale, WA990378937 91-2033951	Rental activity for low income seniors	WA	National Church Residences of Spokane Valley	Rental Income	-8	291		No			No
Eden Place Senior Housing LP 1220 Jefferson Ave Seguin, TX781555934 74-3017793	Rental activity for low income seniors	TX	National Church Residences of Seguin TX	Rental Income	-4	149		No			No
Harbourview Senior Housing Limited Partnership 115 Franklin Street Sandusky, OH448702806 20-2471589	Rental activity for low income seniors	OH	National Church Residences of Harbourview OH	Rental Income	-2	392		No			No
Harvard Elderly Limited Partnership 6900 Harvard Ave Cleveland, OH441055016 34-1863728	Rental activity for seniors	OH	Harvard School Inc	Rental Income	-35	436		No			No
Hayden Senior Housing LP 88 W Sargent Dr Hayden, ID838358882 46-0493154	Rental activity for low income seniors	ID	NCR of Idaho Inc	Rental Income	-3	91		No			No
Heartland Senior Housing LP 7745 N Heartland Dr Coeur dAlene, ID838158904 54-2064319	Rental activity for low income seniors	ID	NCR of Idaho Inc	Rental Income	-2	89		No			No
Hilltop Senior Housing Limited Partnership 300 Overstreet Way Columbus, OH432284335 31-1592983	Rental activity for seniors	OH	Hilltop Senior Housing Inc	Rental Income	-266	4,795		No			No
Hilltop II Senior Housing Limited Partnership 3630 Moores Trail Rd Columbus, OH432284345 52-2367292	Rental activity for seniors	OH	Hilltop II Senior Housing Inc	Rental Income	-27	684		No			No
Kirby Manor Senior Limited Partnership 11500 Detroit Avenue Cleveland, OH441020000 87-0704525	Rental activity for low income seniors	OH	Kirby Manor Senior Inc	Rental Income	-92	1,272		No			No
Lakewood Christian Manor Limited Partnership 2141 Springdale Rd SW Atlanta, GA303156100 31-1647433	Rental activity for low income seniors	OH	National Church Residences of Lakewood GA	Rental Income	-21	979		No			No
Presbyterian Homes of Pasco NPR Limited Partnership 5852 Sea Forest Dr New Port Richey, FL346522049 59-3283881	Rental activity for low income seniors	FL	National Church Residences of New Port Richey Inc	Rental Income	-7,629	83,002		No			No
Madison Heights Win Limited Dividend Housing Association Limited Partnershi 27777 Dequindre Rd Madison Heights, MI48071 20-3638189	Rental activity for low income seniors	MI	National Church Residences of Win Madison Heights MI	Rental Income	-32	1,367		No			No
Mansfield Woods Limited Partnership 382 Woodridge Dr Mansfield, OH449062103 31-1592987	Rental activity for families	OH	Mansfield Woods Inc	Rental Income	-176	3,348		No			No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Meadowview Senior Housing Limited Partnership 338 W Main St Mt Sterling, OH431431291 20-2471060	Rental activity for low income seniors	OH	National Church Residences of Mt Sterling OH	Rental Income	-15	381		No			No
Memorial Towers Limited Partnership 1405 South 7th Ave Phoenix, AZ850070000 30-0230394	Rental activity for low income seniors	OH	National Church Residences of Memorial Towers AZ	Rental Income	-61	978		No			No
Leonardtwn Senior Housing Limited Partnership 22810 Dorsey St Leonardtwn, MD206503831 20-8599565	Rental activity for low income seniors	MD	National Church Residences of Leonardtwn Senior Housing Inc	Rental Income	-7	458		No			No
San Antonio Senior Housing Limited Partnership 3503 Camino Real San Antonio, TX782383401 31-1592980	Rental activity for seniors	OH	San Antonio Senior Housing Inc	Rental Income	-139	2,798		No			No
Lakeside Apartment Housing LP 2590 Francisco Blvd Pacifica, CA940442732 02-0668710	Rental activity for low income families	CA	Lakeside Housing Inc	Rental Income	-17	331		No			No
Westerville Senior Housing Limited Partnership 630 South Sunbury Rd Westerville, OH430819344 45-0470538	Rental activity for seniors	OH	Westerville Senior Housing Inc	Rental Income	-30	520		No			No
Renaissance Senior Apartments Limited Partnership 419 N St Clair St Toledo, OH436041562 31-1348625	Rental activity for low income seniors	OH	Renaissance Senior Apartments Inc	Rental Income	524,774	30,780		No			No
Romulus Win Limited Dividend Housing Association Limited Partnership 36500 Bibbins Street Romulus, MI48174 42-1674512	Rental activity for low income seniors	MI	National Church Residences of Win Romulus MI	Rental Income	-37	1,451		No			No
Santiago Fajardo Village Limited Partnership SE 1 Calle 5-1 Adm Office Fajardo, PR007384849 20-2907605	Rental activity for low income seniors	OH	National Church Residences of Santiago Fajardo Village PR	Rental Income	-14	510		No			No
Solberg Win Limited Dividend Housing Association Limited Partnership 27783 Dequindre Rd Madison Heights, MI48071 42-1674495	Rental activity for low income seniors	MI	National Church Residences of Win Solberg MI	Rental Income	-30	1,627		No			No
Southwood Gardens Adult Community Limited Partnership 3550 Cedar Creek Rd Shreveport, LA711182326 31-1484717	Rental activity for low income seniors	OH	NCRShreveport Inc	Rental Income	-99	2,548		No			No
Sprague Senior Housing Limited Partnership 14303 E Sprague Ave Spokane, WA992163121 91-2123013	Rental activity for low income seniors	WA	National Church Residences of Sprague	Rental Income	-7	219		No			No
Summerfield Village Apartments Limited Partnership 2624 Traction Ave Sacramento, CA958152485 20-2869621	Rental activity for low income seniors	OH	National Church Residences of Summerfield Plaza Apartments CA	Rental Income	-26	561		No			No
Euclid Hills Apartments Limited Partnership 19500 Euclid Ave Euclid, OH441171489 31-1393852	Rental activity for families	OH	Euclid Hills Housing Inc	Rental Income	-661,845	39,840		No			No
Rivercrest Senior Housing Associates Limited Partnership 7210 Williams Rd Niagara Falls, NY143043735 20-2518262	Rental activity for low income seniors	NY	Rivercrest Senior Housing LLC	Rental Income	-17	376		No			No
Warren Elderly Homes Limited Partnership 1330 Blakely Circle SW Warren, OH444853875 31-1501031	Rental activity for seniors	OH	NCR of Warren Senior Housing Inc	Rental Income	-254	14,398		No			No
Warren Elderly Homes II Limited Partnership 1330 Blakely Circle SW Warren, OH444853875 34-1885076	Rental activity for seniors	OH	NCR of Warren Senior Housing II Inc	Rental Income	-87	1,763		No			No
Heritage Place at Trails Edge Limited Partnership 2620 East State Blvd Fort Wayne, IN468054730 20-1469685	Rental activity for low income seniors	IN	Heritage Place at Trails Edge IN Inc	Rental Income	-30	653		No			No
Trinity Manor Senior Housing Limited Partnership 301 Clark St Middletown, OH450428158 26-0072500	Rental activity for low income seniors	OH	Trinity Manor Senior Housing Inc	Rental Income	-11	445		No			No
Trinity Towers Limited Partnership LP 2611 Springdale Rd SW Atlanta, GA303157137 52-2405847	Rental activity for low income seniors	GA	National Church Residences of Trinity Towers GA Inc	Rental Income	-42	1,220		No			No
Tschirley Senior Housing Limited Partnership 111 S Tschirley Rd Greenacres, WA990169342 91-2177168	Rental activity for low income seniors	WA	National Church Residences of Veradale	Rental Income	-6	165		No			No
Tschirley Senior Housing II Limited Partnership 107 S Tschirley Rd Greenacres, WA990169317 81-0636765	Rental activity for low income seniors	WA	National Church Residences of Veradale	Rental Income	-10	270		No			No
Vanderbilt Senior Housing Limited Partnership 75 Haywood Street Asheville, NC288012846 20-2635801	Rental activity for low income seniors	NC	National Church Residences of Vanderbilt NC	Rental Income	-44	1,102		No			No
Viewpoint Senior Housing Limited Partnership 215 East Shoreline Drive Sandusky, OH44870 20-2471408	Rental activity for low income seniors	OH	National Church Residences of Viewpoint OH Inc	Rental Income	-37	1,290		No			No
Villa Esperanza Apartments Limited Partnership SE Administration Box 111 St 35 Bloq 2 Carolina, PR009830000 20-2907561	Rental activity for low income seniors	OH	National Church Residences of Villa Esperanza PR	Rental Income	-5	662		No			No
Villa Providencia Apartments Limited Partnership SE 350 Carr 837 Guaynabo, PR009696238 20-2907579	Rental activity for low income seniors	OH	National Church Residences of Villa Providencia PR	Rental Income	-14	503		No			No
Combined Locks Senior Housing Limited Partnership 334 Wallace Street Combined Locks, WI54113 20-5556388	Rental activity for low income seniors	WI	National Church Residences of Combined Locks Senior Housing Inc	Rental Income	-27	242		No			No
Wayne Win Limited Dividend Housing Association Limited Partnership 35200 Sims Wayne, MI48184 42-1674508	Rental activity for low income seniors	MI	National Church Residences of Win Wayne MI	Rental Income	-44	1,152		No			No
White Birch I Housing Limited Partnership 9239 N 75th Unit 1 Milwaukee, WI532232065 76-0752024	Rental activity for low income families	WI	White Birch Housing I Inc	Rental Income	-18	782		No			No
White Birch II Housing Limited Partnership 9239 N 75th unit 1 Milwaukee, WI532232065 76-0752031	Rental activity for low income families	WI	White Birch Housing II Inc	Rental Income	-2	1,132		No			No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Mt Baldy Senior Housing LP 839 Kootenai Cut Off Rd Ponderay, ID838529804 74-3085816	Rental activity for low income seniors	ID	NCR of Idaho Inc	Rental Income		-6		No	121		No
Whitehall Senior Housing Limited Partnership 851 Country Club Rd Whitehall, OH432132442 31-1592973	Rental activity for seniors	OH	Whitehall Senior Housing Inc	Rental Income		-115		No	2,116		No
Wysong Village Apartments Limited Partnership 111 N Chapel Ave Alhambra, CA918013565 20-2869668	Rental activity for low income seniors	OH	National Church Residences of Wysong Apartments CA	Rental Income		-34		No	1,257		No
The Commons at Buckingham Housing Limited Partnership 328 Buckingham St Columbus, OH43215 26-0223422	Rental activity for low income individuals	OH	The Commons at Buckingham Inc	Rental Income				No			No
Dublin House Senior Housing Limited Partnership 1425 Central Ave Middletown, OH45044 20-4064054	Rental Activity for low income seniors	OH	National Church Residences Senior Housing	rental Income				No			No
Superior Arboretum Senior Housing Limited Partnership 199 Gray Dr Superior, AZ85273 26-2084830	Rental activity for low income seniors	AZ	National Church Residences of Superior Arboretum AZ	Rental Income				No			No
The Commons at Livingston Housing Limited Partnership 3349 E Livingston Ave Columbus, OH43215 26-4416286	Rental activity for low income individuals	OH	The Commons at Livingston HousingInc	Rental Income				No			No
Lincoln Gardens II Senior Housing Limited Partnership 108 Sturbridge Rd Columbus, OH432284335 26-4310827	Rental activity for low income seniors	OH	National Church Residences of Lincoln Gardens II Senior Housing Inc	Rental Income				No			No
Renaissance II Senior Housing Limited Partnership 419 N St Clair St Toledo, OH436041562 26-2062189	Rental activity for low income seniors	OH	National Church Residences of Renaissance II Senior Housing	Rental Income				No			No
Kiwanis Village Senior Housing Limited Partnership 1200 Croy Dr Findlay, OH45840 20-4063620	Rental activity for low income seniors	OH	National Church Residences of Findlay OH	Rental Income				No			No
Delowe & Myrtle Senior Housing Limited Partnership 1881 Myrtle Dr SW Atlanta, GA30311 26-2082332	Rental activity for low income seniors	GA	National Church Residences of Delowe & Myrtle Senior Housing GA Inc	Rental Income				No			No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Roosevelt Towne Apartments 711 N Euclid Ave St Louis, MO 631081632 54-2086755	Rental activity for families	OH					
Abbey Church Village 6003 Abbey Chapel Dr Dublin, OH 430171529 31-1416121	Rental activity for families	OH					
Argus Green 3400 Vision Center Court Columbus, OH 432272262 31-1363226	Rental activity for seniors	OH					
Commons at Chantry 5560 Chantry Drive Columbus, OH 432324767 20-1891592	Rental activity for families	OH					
Country Ridge 5656 Farmhouse Lane Hilliard, OH 430267846 31-1504166	Rental activity for families	OH					
Harvard Village Senior Apartments 6900 Harvard Ave Cleveland, OH 441055016 31-1740172	Rental activity for seniors	OH					
Hilltop Senior Village 300 Overstreet Way Columbus, OH 432284335 31-1592982	Rental activity for seniors	OH					
Hilltop Senior Village II 3630 Moores Trail Rd Columbus, OH 432284345 02-0633437	Rental activity for seniors	OH					
McPherson Woods 382 Woodridge Dr Mansfield, OH 449062103 31-1592986	Rental activity for families	OH					
Nueces Bend 3503 Camino Real San Antonio, TX 782383401 31-1592978	Rental activity for seniors	OH					
Ravine at Central College 630 South Sunbury Rd Westerville, OH 430819344 73-1631614	Rental activity for seniors	OH					
Summerwood Commons 19500 Euclid Ave Euclid, OH 441171489 31-1392833	Rental activity for families	OH					
Tods Crossing 1330 Blakely Circle SW Warren, OH 444853875 31-1743867	Rental activity for seniors	OH					
Tods Crossing II 1330 Blakely Circle SW Warren, OH 444853875 31-1721646	Rental activity for seniors	OH					
Woods on Country Club Road 851 Country Club Rd Whitehall, OH 432132442 31-1592976	Rental activity for seniors	OH					
Wingate Management 29777 Telegraph Road Suite 2100 Southfield, MI 48034 38-2060029	Management of Rental Activity	MI					