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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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NATIONAL CHURCH RESIDENCES FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2335 NORTH BANK DRIVE

City or town, state or country, and ZIP + 4
COLUMBUS, OH 43220

D Employer identification number
20-2308665

E Telephone number
(614) 273-3531

G Gross receipts $ 13,913,308

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? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5048

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NCR ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To develop and manage housing and provide services to individuals with limited incomes

2 Check this box ▶ ☐ 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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	16
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	2,394,364	5,649,503
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,032,663	1,156,393
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,523	41,729
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,424,224	6,847,625
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,249,578
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)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	557,286	102,759
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	557,286	1,352,337
19	Revenue less expenses Subtract line 18 from line 12	866,938	5,495,288

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	29,244,690	37,707,415
21	Total liabilities (Part X, line 26)	485,445	1,413,644
22	Net assets or fund balances Subtract line 21 from line 20	28,759,245	36,293,771

Part II Signature Block

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

Sign Here

****** | 2011-05-16
Signature of officer | Date

JOSEPH R KASBERG CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Robert Shenton	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PLANTE & MORAN PLLC 65 EAST STATE STREET SUITE 600 COLUMBUS, OH 43215			EIN ▶ Phone no ▶ (614) 849-3000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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 $ 1,352,337 including grants of $ 0) (Revenue $ 6,649,503)

SEE SCHEDULE ONational Church Residences Foundation is a not-for-profit corporation certified as a 501(C)(3) charitable organization In 1961, the Reverend John R Glenn and four Ohio Presbyterian churches formed the parent company of National Church Residences out of a Christian commitment to serve older adults' housing, social, and human needs National Church Residences Foundation was spun off from the parent company of National Church Residences in 2005 to separate out the philanthropic function of that Ohio not-for-profit corporation Its primary function is to provide charity care for the residents of communities owned and Operated by National Church Residences As of 2009, the parent company of National Church Residences owns/manages 300+ affordable senior and family housing communities in 27 states and Puerto Rico, serving more than 22,000 residents In addition, NCR operates thirteen healthcare entities (Skilled nursing, Assisted living, Home Health and Adult Daycare) in Ohio NCR supports and is affiliated with several of the nation's leading senior, social, and health care advocacy organizations, including the Leading Age, the National Affordable Housing Management Association (NAHMA), the Leading Age Ohio The mission of National Church Residences is to provide quality housing and care at affordable prices in communities of caring persons Our ministry is national in scope and originates from a Christian commitment of service to older adults, which began in 1961 While our ministry has been targeted primarily toward older adults, we have special concern for low- and moderate-income seniors, persons with disabilities, and low- and moderate-income families We are committed to expanding our services in the areas of assisted living, nursing homes, full-service retirement communities, and to the development of resources necessary to support these facilities We also plan thoughtful growth in the area of affordable family housing While we are committed to professionalism in the management of property, programs, and human resources, we are equally committed to compassion for the people we serve

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

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

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

4e **Total program service expenses** ▶ $ 1,352,337

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		No
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, line10? *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? *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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	48		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
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)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
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 12		
b	Enter the number of voting members that are independent	1b 12		
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	Yes	
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		No
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

☐ Own website ☐ Another's website ☑ 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) 451-2151

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			
See add'l data										

1b Total . . . . . ▶	0	1,193,626	95,657

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? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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 . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 4,922,122				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 727,381				
	g	Noncash contributions included in lines 1a-1f $ _____				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,649,503			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	1,084,493			1,084,493
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 7,108,561				
	b	Less cost or other basis and sales expenses: 7,036,661				
	c	Gain or (loss): 71,900				
	d	Net gain or (loss) . . . . . ▶	71,900			71,900
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 70,751				
	b	Less direct expenses . . . b 29,022				
	c	Net income or (loss) from fundraising events . . ▶	41,729			41,729
	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 . . . ▶	6,847,625	0	0	1,198,122

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	1,249,578	1,249,578		
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 Bad Debt Expense	70,661	70,661		
b GIFT ANNUITIES	32,098	32,098		
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,352,337	1,352,337	0	0
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	95,651
	2	Savings and temporary cash investments	682,872	2	1,686,774
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	19,431	7	90,096
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	17,647,438	11	26,026,747
	12	Investments—other securities See Part IV, line 11	7,863,552	12	6,776,750
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,031,397	15	3,031,397
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	29,244,690	16	37,707,415
Liabilities	17	Accounts payable and accrued expenses	6,098	17	1,000,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	479,347	25	413,644
	26	**Total liabilities.** Add lines 17 through 25	485,445	26	1,413,644
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	24,084,102	27	31,834,090
	28	Temporarily restricted net assets	4,675,143	28	4,459,681
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	28,759,245	33	36,293,771
	34	Total liabilities and net assets/fund balances	29,244,690	34	37,707,415

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☑ Separate basis ☐ Consolidated basis ☐ 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?	3a		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	3b		

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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
NATIONAL CHURCH RESIDENCES FOUNDATION

Employer identification number
20-2308665

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 331/3% 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 331/3% 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?

	Yes	No
(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? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
NATIONAL CHURCH RESIDENCES	310651750	9		No		No	Yes		123,511
Total									123,511

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 ")						
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						
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						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

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 III Support 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public 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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **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

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

Section D. Computation of Investment Income Percentage

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

19a **33 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 ▶

b **33 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 ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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
NATIONAL CHURCH RESIDENCES FOUNDATION

Employer identification number
20-2308665

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV 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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other Designated and restricted cash and investments	6,687,739	F
Certificate of Deposits	89,011	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	6,776,750	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Other receivables	5,090
Intercompany Receivable	3,026,307
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,031,397

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Capital leases AND ANNUITIES	413,644
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	413,644

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	6,847,625
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,352,337
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,495,288
4	Net unrealized gains (losses) on investments	4	2,039,239
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,039,239
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,534,527

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	9,131,348
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,039,239		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,424,539		
e	Add lines **2a** through **2d**			2e	3,463,778
3	Subtract line **2e** from line **1**			3	5,667,570
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	1,180,055		
c	Add lines **4a** and **4b**			4c	1,180,055
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	6,847,625

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

1	Total expenses and losses per audited financial statements			1	1,381,359
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	29,022		
e	Add lines **2a** through **2d**			2e	29,022
3	Subtract line **2e** from line **1**			3	1,352,337
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	1,352,337

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 XII, Line 2d - Other Adjustments		net assets released from restriction 1424539
Part XII, Line 4b - Other Adjustments		DIRECT PUBLIC SUPPORT 798132 SPECIAL EVENT EXPENSES -29022 RECLASS OF REALIZED LOSSES 27865 RECLASS OF INTEREST INCOME 112282 RECLASS OF UNREALIZED LOSSES 270798
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENT EXPENSES 29022

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL CHURCH RESIDENCES FOUNDATION

Employer identification number
20-2308665

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 JOHN GLENN FOUNDATION MISSION DAY (event type)	(b) Event #2 TRADITIONS AT BATH ROAD OCTOBERFEST (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	22,871	16,454	31,426	70,751
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	22,871	16,454	31,426	70,751
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		3,588	25,434	29,022
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				29,022
	11 Net income summary Combine lines 3, column d, and line 10 ▶				41,729

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL CHURCH RESIDENCES FOUNDATION

Employer identification number
20-2308665

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CHURCH RESIDENCES2335 NORTH BANK DRIVE COLUMBUS,OH 43220	310651750	501(C)(3)	1,000,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 1

3 Enter total number of other organizations . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL CHURCH RESIDENCES FOUNDATION

Employer identification number
20-2308665

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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?	**5a**		No
b	Any related organization?	**5b**		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?	**6a**		No
b	Any related organization?	**6b**		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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS W SLEMMER	(i)	0	0	0	0	0	0	0
	(ii)	359,948	0	480,834	23,927	11,581	876,290	0
JOSEPH R KASBERG	(i)	0	0	0	0	0	0	0
	(ii)	197,956	0	49,567	22,830	13,027	283,380	0

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
	Part I, Line 4a	THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN IS DESIGNATED FOR OFFICERS OF NATIONAL CHURCH RESIDENCES NATIONAL CHURCH RESIDENCES MADE SUPPLEMENTAL NON-QUALIFIED PAYMENTS (INCLUDES EMPLOYER CONTRIBUTIONS TO EMPLOYEE PENSION PLAN AND A BOARD APPROVED ONE-TIME DISTRIBUTION FROM EMPLOYEE DEFERRED RETIREMENT ACCOUNT (RABBI TRUST) FOR RETIREMENT PLANNING PURPOSES) TO THE FOLLOWING OFFICERS DURING THE YEAR -JOSEPH R KASBERG--$45,477 -THOMAS W SLEMMER--$154,991 -THOMAS W SLEMMER--$323,407 (ADDITIONAL ONE-TIME RABBI TRUST DISTRIBUTION)
Supplemental Information	Part III	PART I, LINE 3 NATIONAL CHURCH RESIDENCES FOUNDATION RELIED ON A RELATED ORGANIZATION (NATIONAL CHURCH RESIDENCES) THAT USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -FORM 990 OF OTHER ORGANIZATIONS -WRITTEN EMPLOYMENT CONTRACT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Additional Data

Software ID:
Software Version:
EIN: 20-2308665
Name: NATIONAL CHURCH RESIDENCES FOUNDATION

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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
NATIONAL CHURCH RESIDENCES FOUNDATION

Employer identification number
20-2308665

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF THE CORPORATION SHALL, AT ALL TIMES, BE NCR

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		MEMBERS OR TRUSTEES SHALL HAVE THE APPROVAL OF THE BOARD OF TRUSTEES OF NCR

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 return is made available to the Board prior to filing An Officer reviews the 990 return prior to signature

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		TWO CONFLICT OF INTEREST POLICIES EXIST FOR NATIONAL CHURCH RESIDENCES ONE POLICY IS FOR STAFF, AND THE SECOND POLICY IS FOR SENIOR STAFF AND BOARD OF DIRECTORS AFTER DISCLOSURE OF THE POSSIBLE CONFLICT OF INTEREST, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS ANY POSSIBLE CONFLICT OF INTEREST THAT EXISTS FOR SENIOR STAFF AND BOARD OF DIRECTORS IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Following an established executive compensation policy, the Human Resource Committee reviews and approves salaries of all officers and reports to the Executive Committee on their action The Committees base the salary decisions on survey data from comparable organizations, use of an independent compensation consultant and organizational and individual performance This process was last completed in 2009

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		The Form 1023 and Form 990 are available for public inspection upon request

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The governing documents, conflict of interest policy, and financial statements are available upon request

Identifier	Return Reference	Explanation
FORM 990, PART VII		ESTIMATE OF OFFICERS' ALLOCATION OF HOURS WORKED FOR NATIONAL CHURCH RESIDENCES RELATED ENTITIES NATIONAL CHURCH RESIDENCES -THOMAS W SLEMMER 25 -JOSEPH R KASBERG 25 -DOUG VESEY 25 NATIONAL CHURCH RESIDENCES HEALTHCARE -THOMAS W SLEMMER 9 -JOSEPH R KASBERG 9 -DOUG VESEY 9 BRISTOL VILLAGE HOMES -THOMAS W SLEMMER 4 -JOSEPH R KASBERG 4 -DOUG VESEY 4 NATIONAL CHURCH RESIDENCES AFFORDABLE HOUSING MGMT & SERVICES -THOMAS W SLEMMER 1 -JOSEPH R KASBERG 1 -DOUG VESEY 1

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		The organization has an audit committee which oversees audit of the financial statements and is involved in selection of the independent accountant which completes the audit This process has not changed from the prior year

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE R, PART II		The related tax exempt organizations are all members of group exemption # 5048

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 1		National Church Residences Foundation is an affiliate of National Church Residences, whose mission statement is to provide quality housing and care at affordable prices in communities of caring persons Our ministry is national in scope and originates from a Christian commitment of service to older adults, which began in 1961 While our ministry has been targeted primarily toward older adults, we have special concern for low - and moderate-income seniors, persons with disabilities, and low - and moderate-income families We are committed to expanding and funding services in assisted living, nursing homes, and full-service retirement communities We also plan for thoughtful growth in affordable family housing We are committed to professionalism in the management of property, programs, and human resources and equally committed to compassion for the people we serve

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL CHURCH RESIDENCES FOUNDATION

Employer identification number
20-2308665

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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
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.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
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) 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) Disproprtionate 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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 20-2308665
Name: NATIONAL CHURCH RESIDENCES FOUNDATION

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) Disproprtionate 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	N/A	N/A				No			No
Westerville Senior Housing II LLC 622 South Sunbury Road Westerville, OH43081 20-2489049	Rental activity for low income seniors	OH	N/A	N/A				No			No
Roosevelt Towne Apartments LLC 711 N Euclid Ave St Louis, MO631081632 13-4242467	Rental activity for families	OH	N/A	N/A				No			No
Abbey Church Village Limited Partnership 6003 Abbey Chapel Dr Dublin, OH430171529 31-1416957	Rental activity for families	OH	N/A	N/A				No			No
Elizabeth Senior Housing Limited Partnership 122 Seventh Street Elizabeth, NJ072012822 20-2862379	Rental activity for low income seniors	NJ	N/A	N/A				No			No
Vision Center II Limited Partnership 3400 Vision Center Court Columbus, OH432272262 31-1364056	Rental activity for seniors	OH	N/A	N/A				No			No
Battery Park Senior Housing Limited Partnership 1 Battle Square Asheville, NC288012712 26-0069390	Rental activity for low income seniors	NC	N/A	N/A				No			No
Bristol Court Apartments Limited Partnership 600 E Fifth St Waverly, OH456901566 20-2470977	Rental activity for low income seniors	OH	N/A	N/A				No			No
Waggoner Senior Housing Limited Partnership 831 Acorn Grove Dr Blacklick, OH430045044 31-1812222	Rental activity for low income seniors	OH	N/A	N/A				No			No
Clara Park Village Apartments Limited Partnership 4805 Clara St Cudahy, CA902015200 20-2869540	Rental activity for low income seniors	OH	N/A	N/A				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	N/A	N/A				No			No
Colorado Plaza Senior Housing Limited Partnership 420 Colorado St Manhattan, KS665020659 31-1714217	Rental activity for low income seniors	KS	N/A	N/A				No			No
Chantry Place Housing Limited Partnership 5560 Chantry Drive Columbus, OH432324767 20-1872900	Rental activity for low income families	OH	N/A	N/A				No			No
The Commons at Grant Limited Partnership 398 S Grant Ave Columbus, OH432155549 31-1797406	Rental activity for low income families	OH	N/A	N/A				No			No
Country Ridge Apartments Limited Partnership 5656 Farmhouse Lane Hilliard, OH430267846 31-1504074	Rental activity for families	OH	N/A	N/A				No			No
Courtyard at Willow Woods Limited Partnership 1500 Lincoln Avenue Tomah, WI546602463 20-3678605	Rental activity for low income seniors	WI	N/A	N/A				No			No
Cypress Sunrise Village Apartments Limited Partnership 9151 Grindlay St Cypress, CA906303088 20-2869574	Rental activity for low income seniors	OH	N/A	N/A				No			No
East Valley Senior Housing Limited Partnership 16010 East Valleyway Ave Veradale, WA990378937 91-2033951	Rental activity for low income seniors	WA	N/A	N/A				No			No
Eden Place Senior Housing LP 1220 Jefferson Ave Seguin, TX781555934 74-3017793	Rental activity for low income seniors	TX	N/A	N/A				No			No
Harbourview Senior Housing Limited Partnership 115 Franklin Street Sandusky, OH448702806 20-2471589	Rental activity for low income seniors	OH	N/A	N/A				No			No
Harvard Elderly Limited Partnership 6900 Harvard Ave Cleveland, OH441055016 34-1863728	Rental activity for seniors	OH	N/A	N/A				No			No
Hayden Senior Housing LP 88 W Sargent Dr Hayden, ID838358882 46-0493154	Rental activity for low income seniors	ID	N/A	N/A				No			No
Heartland Senior Housing LP 7745 N Heartland Dr Coeur dAlene, ID838158904 54-2064319	Rental activity for low income seniors	ID	N/A	N/A				No			No
Hilltop Senior Housing Limited Partnership 300 Overstreet Way Columbus, OH432284335 31-1592983	Rental activity for seniors	OH	N/A	N/A				No			No
Hilltop II Senior Housing Limited Partnership 3630 Moores Trail Rd Columbus, OH432284345 52-2367292	Rental activity for seniors	OH	N/A	N/A				No			No
Kirby Manor Senior Limited Partnership 11500 Detroit Avenue Cleveland, OH441020000 87-0704525	Rental activity for low income seniors	OH	N/A	N/A				No			No
Lakewood Christian Manor Limited Partnership 2141 Springdale Rd SW Atlanta, GA303156100 31-1647433	Rental activity for low income seniors	OH	N/A	N/A				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	N/A	N/A				No			No
Madison Heights Wln Limited Dividend Housing Association Limited Partnershi 27777 Dequindre Rd Madison Heights, MI48071 20-3638189	Rental activity for low income seniors	MI	N/A	N/A				No			No
Mansfield Woods Limited Partnership 382 Woodridge Dr Mansfield, OH449062103 31-1592987	Rental activity for families	OH	N/A	N/A				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) Disproprtionate 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	N/A	N/A				No			No
Memorial Towers Limited Partnership 1405 South 7th Ave Phoenix, AZ850070000 30-0230394	Rental activity for low income seniors	OH	N/A	N/A				No			No
Leonardtown Senior Housing Limited Partnership 22810 Dorsey St Leonardtown, MD206503831 20-8599565	Rental activity for low income seniors	MD	N/A	N/A				No			No
San Antonio Senior Housing Limited Partnership 3503 Camino Real San Antonio, TX782383401 31-1592980	Rental activity for seniors	OH	N/A	N/A				No			No
Lakeside Apartment Housing LP 2590 Francisco Blvd Pacifica, CA940442732 02-0668710	Rental activity for low income families	CA	N/A	N/A				No			No
Westerville Senior Housing Limited Partnership 630 South Sunbury Rd Westerville, OH430819344 45-0470538	Rental activity for seniors	OH	N/A	N/A				No			No
Renaissance Senior Apartments Limited Partnership 419 N St Clair St Toledo, OH436041562 31-1348625	Rental activity for low income seniors	OH	N/A	N/A				No			No
Romulus Wln Limited Dividend Housing Association Limited Partnership 36500 Bibbins Street Romulus, MI48174 42-1674512	Rental activity for low income seniors	MI	N/A	N/A				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	N/A	N/A				No			No
Solberg Wln Limited Dividend Housing Association Limited Partnership 27783 Dequindre Rd Madison Heights, MI48071 42-1674495	Rental activity for low income seniors	MI	N/A	N/A				No			No
Southwood Gardens Adult Community Limited Partnership 3550 Cedar Creek Rd Shreveport, LA711182326 31-1484717	Rental activity for low income seniors	OH	N/A	N/A				No			No
Sprague Senior Housing Limited Partnership 14303 E Sprague Ave Spokane, WA992163121 91-2123013	Rental activity for low income seniors	WA	N/A	N/A				No			No
Summerfield Village Apartments Limited Partnership 2624 Traction Ave Sacramento, CA958152485 20-2869621	Rental activity for low income seniors	OH	N/A	N/A				No			No
Euclid Hills Apartments Limited Partnership 19500 Euclid Ave Euclid, OH441171489 31-1393852	Rental activity for families	OH	N/A	N/A				No			No
Rivercrest Senior Housing Associates Limited Partnership 7210 Williams Rd Niagara Falls, NY143043735 20-2518262	Rental activity for low income seniors	NY	N/A	N/A				No			No
Warren Elderly Homes Limited Partnership 1330 Blakely Circle SW Warren, OH444853875 31-1501031	Rental activity for seniors	OH	N/A	N/A				No			No
Warren Elderly Homes II Limited Partnership 1330 Blakely Circle SW Warren, OH444853875 34-1885076	Rental activity for seniors	OH	N/A	N/A				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	N/A	N/A				No			No
Trinity Manor Senior Housing Limited Partnership 301 Clark St Middletown, OH450428158 26-0072500	Rental activity for low income seniors	OH	N/A	N/A				No			No
Trinity Towers Limited Partnership LP 2611 Springdale Rd SW Atlanta, GA303157137 52-2405847	Rental activity for low income seniors	GA	N/A	N/A				No			No
Tschirley Senior Housing Limited Partnership 111 S Tschirley Rd Greenacres, WA990169342 91-2177168	Rental activity for low income seniors	WA	N/A	N/A				No			No
Tschirley Senior Housing II Limited Partnership 107 S Tschirley Rd Greenacres, WA990169317 81-0636765	Rental activity for low income seniors	WA	N/A	N/A				No			No
Vanderbilt Senior Housing Limited Partnership 75 Haywood Street Asheville, NC288012846 20-2635801	Rental activity for low income seniors	NC	N/A	N/A				No			No
Viewpoint Senior Housing Limited Partnership 215 East Shoreline Drive Sandusky, OH44870 20-2471408	Rental activity for low income seniors	OH	N/A	N/A				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	N/A	N/A				No			No
Villa Providencia Apartments Limited Partnership SE 350 Carr 837 Guaynabo, PR009696238 20-2907579	Rental activity for low income seniors	OH	N/A	N/A				No			No
Combined Locks Senior Housing Limited Partnership 334 Wallace Street Combined Locks, WI54113 20-5556388	Rental activity for low income seniors	WI	N/A	N/A				No			No
Wayne Wln Limited Dividend Housing Association Limited Partnership 35200 Sims Wayne, MI48184 42-1674508	Rental activity for low income seniors	MI	N/A	N/A				No			No
White Birch I Housing Limited Partnership 9239 N 75th Unit 1 Milwaukee, WI532232065 76-0752024	Rental activity for low income families	WI	N/A	N/A				No			No
White Birch II Housing Limited Partnership 9239 N 75th unit 1 Milwaukee, WI532232065 76-0752031	Rental activity for low income families	WI	N/A	N/A				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) Disproprtionate 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	N/A	N/A				No			No
Whitehall Senior Housing Limited Partnership 851 Country Club Rd Whitehall, OH432132442 31-1592973	Rental activity for seniors	OH	N/A	N/A				No			No
Wysong Village Apartments Limited Partnership 111 N Chapel Ave Alhambra, CA918013565 20-2869668	Rental activity for low income seniors	OH	N/A	N/A				No			No
The Commons at Buckingham Housing Limited Partnership 328 Buckingham St Columbus, OH43215 26-0223422	Rental activity for low income individuals	OH	N/A	N/A				No			No
Dublin House Senior Housing Limited Partnership 1425 Central Ave Middletown, OH45044 20-4064054	Rental activity for low income seniors	OH	N/A	N/A				No			No
Superior Arboretum Senior Housing Limited Partnership 199 Gray Dr Superior, AZ85273 26-2084830	Rental activity for low income seniors	AZ	N/A	N/A				No			No
The Commons at Livingston Housing Limited Partnership 3349 E Livingston Ave Columbus, OH43215 26-4416286	Rental activity for low income individuals	OH	N/A	N/A				No			No
Lincoln Gardens II Senior Housing Limited Partnership 108 Sturbridge Rd Columbus, OH43228 26-4310827	Rental activity for low income seniors	OH	N/A	N/A				No			No
Renaissance II Senior Housing Limited Partnership 419 N St Clair St Toledo, OH436041562 26-2062189	Rental activity for low income seniors	OH	N/A	N/A				No			No
Kiwanis Village Senior Housing Limited Partnership 1200 Croy Dr Findlay, OH45840 20-4063620	Rental activity for low income seniors	OH	N/A	N/A				No			No
Delowe & Myrtle Senior Housing Limited Partnership 1881 Myrtle Dr SW Atlanta, GA30311 26-2082332	Rental activity for low income seniors	GA	N/A	N/A				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 Housing Inc 711 N Euclid Ave St Louis, MO631081632 54-2086755	Rental activity for families	OH	N/A	C			
Abbey Church Road Inc 6003 Abbey Chapel Dr Dublin, OH430171529 31-1416121	Rental activity for families	OH	N/A	C			
Vision Center II Inc 3400 Vision Center Court Columbus, OH432272262 31-1363226	Rental activity for seniors	OH	N/A	C			
Chantry Place Housing Inc 5560 Chantry Drive Columbus, OH432324767 20-1891592	Rental activity for families	OH	N/A	C			
Country Ridge Apartments Inc 5656 Farmhouse Lane Hilliard, OH430267846 31-1504166	Rental activity for families	OH	N/A	C			
Harvard School Inc 6900 Harvard Ave Cleveland, OH441055016 31-1740172	Rental activity for seniors	OH	N/A	C			
Hilltop Senior Housing Inc 300 Overstreet Way Columbus, OH432284335 31-1592982	Rental activity fot seniors	OH	N/A	C			
Hilltop II Senior Housing Inc 3630 Moores Trail Rd Columbus, OH432284345 02-0633437	Rental activity for seniors	OH	N/A	C			
Mansfield Woods Inc 382 Woodridge Dr Mansfield, OH449062103 31-1592986	Rental activity for families	OH	N/A	C			
San Antonio Senior Housing Inc 3503 Camino Real San Antonio, TX782383401 31-1592978	Rental activity for seniors	OH	N/A	C			
Westerville Senior Housing Inc 630 South Sunbury Rd Westerville, OH430819344 73-1631614	Rental activity for seniors	OH	N/A	C			
Euclid Hills Housing Inc 19500 Euclid Ave Euclid, OH441171489 31-1392833	Rental activity for families	OH	N/A	C			
NCR of Warren Senior Housing Inc 1330 Blakely Circle SW Warren, OH444853875 31-1743867	Rental activity for seniors	OH	N/A	C			
NCR of Warren Senior Housing II Inc 1330 Blakely Circle SW Warren, OH444853875 31-1721646	Rental activity for seniors	OH	N/A	C			
Whitehall Senior Housing Inc 851 Country Club Rd Whitehall, OH432132442 31-1592976	Rental activity for seniors	OH	N/A	C			
Wingate Management Corporation 29777 Telegraph Road Suite 2100 Southfield, MI48034 38-2060029	Management of Rental Activity	MI	N/A	C			

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	BRISTOL VILLAGE HOMES	D	3,026,307
(2)	WYSONG VILLAGE APARTMENTS LP	D	3,621,000
(3)	CYPRESS SUNRISE VILLAGE APARTMENTS LP	D	2,257,000
(4)	CLARA PARK VILLAGE APARTMENTS LP	D	2,332,000
(5)	WALNUT GROVE APARTMENTS LP	D	1,100,000
(6)	HILLTOP II SENIOR HOUSING LP	D	70,665
(7)	NATIONAL CHURCH RESIDENCES	C	4,897,552
(8)	NATIONAL CHURCH RESIDENCES	B	123,511
(9)	TRADITIONS OF CHILLICOTHE	B	923,299

Additional Data

Software ID:
Software Version:
EIN: 20-2308665
Name: NATIONAL CHURCH RESIDENCES FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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 D ADAMS BOARD CHAIR	50	X						0	0	0
DONALD R KIMBLE DIRECTOR	50	X						0	0	0
STEPHEN A RISH DIRECTOR	50	X						0	0	0
PAUL W BLOOMFIELD DIRECTOR	50	X						0	0	0
FLOYD V JONES DIRECTOR	50	X						0	0	0
ALLEN RUPIPER DIRECTOR	50	X						0	0	0
LARRY J BELLMAN DIRECTOR	50	X						0	0	0
LEA A BLACKBURN DIRECTOR	50	X						0	0	0
DONALD A RUSSELL DIRECTOR	50	X						0	0	0
KATHLEEN HUPPER DIRECTOR	50	X						0	0	0
JAMES S SAVAGE DIRECTOR	50	X						0	0	0
WILLIAM BLAINE DIRECTOR	50	X						0	0	0
JAMES W COONS DIRECTOR	50	X						0	0	0
ROBERT A LINDEMAN DIRECTOR	50	X						0	0	0
CYNTHIA L GERST DIRECTOR	50	X						0	0	0
THOMAS W SLEMMER PRESIDENT	1 00			X				0	840,782	35,508
JOSEPH R KASBERG VICE PRESIDENT/SECRETARY	1 00			X				0	247,523	35,857
DOUG VESEY VICE PRESIDENT/TREASURER	1 00			X				0	105,321	24,292