



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



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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

| | | | |
|---|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization TWIN TOWERS | | D Employer identification number 31-0536677 |
| | Doing Business As | | E Telephone number (513) 853-2000 |
| | Number and street (or P O box if mail is not delivered to street address) Room/suite 5343 HAMILTON AVE | G Gross receipts \$ 40,884,108 | |
| | City or town, state or country, and ZIP + 4 CINCINNATI, OH 45224 | | |
| F Name and address of principal officer SCOTT M MCQUINN 6279 TRI-RIDGE STE 320 LOVELAND, OH 45140 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.TWINTOWERS.ORG | | | |

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1899 **M** State of legal domicile OH

Part I Summary

| | | | | | |
|---|---|--|------------|--------------|------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities THE PURPOSE OF TWIN TOWERS IS TO CREATE AND MAINTAIN A CHRISTIAN COMMUNITY WHERE OLDER ADULTS CAN JOIN WITH ADMINISTRATION AND STAFF TO LIVE AS AN EXTENDED FAMILY AND BE ENCOURAGED TO LIVE AT THE HIGHEST POSSIBLE LEVEL OF INDEPENDENCE, AND IN KEEPING WITH THE PRINCIPLES ESTABLISHED BY THE UNITED METHODIST CHURCH, TO PROVIDE OLDER ADULTS WITH ACCOMODATIONS DESIGNED TO MEET THEIR PHYSICAL, SPIRITUAL, VOCATIONAL, SOCIAL, EMOTIONAL AND INTELLECTUAL NEEDS | | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 | | |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 462 | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 223 | | |
| | 7a Total 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 | | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | 440,430 | Current Year | 364,871 |
| | 9 Program service revenue (Part VIII, line 2g) | | 23,105,252 | | 23,305,021 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 94,266 | | 1,018,771 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 375,689 | | 22,165 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 24,015,637 | | 24,710,828 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 611,417 | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | 0 | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | | 8,753,413 | | 8,600,365 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰ | | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | | | 14,493,763 | | 16,685,222 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 23,858,593 | | 25,995,809 | |
| 19 Revenue less expenses Subtract line 18 from line 12 | | 157,044 | | -1,284,981 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | 65,431,374 | End of Year | 64,978,801 |
| | 21 Total liabilities (Part X, line 26) | | 38,293,712 | | 38,874,177 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | | 27,137,662 | | 26,104,624 |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|---------------------------------------|------|---|---------------------------|
| Sign Here | ***** Signature of officer | 2011-11-08 Date | | | |
| | JAMES L BOWERSOX CHIEF FINANCIAL OFFICER Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name BERNIE OSTROWSKI | Preparer's signature BERNIE OSTROWSKI | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | Firm's name ▶ PLANTE & MORAN PLLC | | | | Firm's EIN ▶ |
| | Firm's address ▶ 65 EAST STATE ST STE 600 COLUMBUS, OH 43215 | | | | 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

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

VISION WE WILL BE A WORLD-CLASS LEADER IN SENIOR LIVING, CREATING, EXPANDING AND ENHANCING LIFE WITH MEANING AND PURPOSE ENRICHING OPPORTUNITIES AND EXPERIENCES COMMUNITIES FOSTERING RELATIONSHIPS AND PERPETUATING LEGACY MISSION WE ENHANCE THE LIFESTYLES OF OLDER ADULTS IN CHRISTIAN COMMUNITY THROUGH THE WAY OF WELLNESS BY OUR PHILOSOPHY EMBRACING WHOLE-PERSON WELL BEING PEOPLE DEVELOPING AND EMPOWERING A TALENTED TEAM PRACTICES CONTINUALLY IMPROVING SERVICE PERFORMANCE DELIVERING GREAT RESULTS VALUES WE ARE AN EXTENDED FAMILY OF MULTIPLE GENERATIONS, BOUND TOGETHER BY RESPECT HONORING THE DIGNITY OF ALL PEOPLE INNOVATION CREATING NEW AND BETTER APPROACHES SPIRITUALITY PURSUING OUR PURPOSE CONSISTENT WITH CHRISTIAN PRINCIPLES EXCELLENCE STRIVING FOR EXTRAORDINARY EFFECTIVENESS AND EFFICIENCY

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 \$ 21,602,457 including grants of \$ 710,222) (Revenue \$ 22,915,706)

TWIN TOWERS PROVIDES ITS RESIDENTS WITH NURSING CARE BEDS (106) OR ASSISTED LIVING UNITS (94) IF THEY ARE NOT ABLE TO LIVE INDEPENDENTLY, OR APARTMENTS OR PATIO HOMES (270) IF THEY ARE ABLE TO LIVE INDEPENDENTLY TWIN TOWERS ALSO PROVIDES ITS RESIDENTS WITH RELIGIOUS, SOCIAL, EDUCATIONAL, AND WELLNESS PROGRAMS AND SERVICES DINING SERVICES INCLUDE THREE MEALS PER DAY FOR NURSING CARE, ASSISTED LIVING AND STUDIO APARTMENT RESIDENTS THE REMAINING RESIDENTS RECEIVE ONE MEAL PER DAY MAINTENANCE, ENVIRONMENTAL SERVICES AND LAUNDRY SERVICES ALSO ARE PROVIDED AT VARIOUS LEVELS FOR TWIN TOWERS' RESIDENTS

4b (Code) (Expenses \$ 394,963 including grants of \$) (Revenue \$ 410,924)

TWIN TOWERS PROVIDES ADULT DAY CARE SERVICES IN A SEPARATE STATE OF THE ART FACILITY ON CAMPUS THAT CAN ACCOMODATE UP TO 50 PARTICIPANTS DAILY THESE SERVICES ARE PROVIDED MONDAY THROUGH FRIDAY

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 \$ 21,997,420

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)? <i>If "Yes," complete Schedule A.</i> | Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> | Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | | |
| 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? <i>If "Yes," complete Schedule D, Part I.</i> | | 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? <i>If "Yes," complete Schedule D, Part II.</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | | 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? <i>If "Yes," complete Schedule D, Part IV.</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> | Yes | |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | Yes | |
| b 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? <i>If "Yes," complete Schedule D, Part VII.</i> | | No |
| c 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? <i>If "Yes," complete Schedule D, Part VIII.</i> | | No |
| d 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? <i>If "Yes," complete Schedule D, Part IX.</i> | Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | Yes | |
| f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> | | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> | | 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? <i>If "Yes," complete Schedule G, Part II.</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | | No |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | | No |
| b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

Part IV Checklist of Required Schedules *(continued)*

| | | | | |
|------------|---|------------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | Yes | |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/> | 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

Check if Schedule O contains a response to any question in this Part V []

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, W-2G, Form W-3, and other IRS filings.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | 1a 12 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 9 | | |
| 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? | | 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Does the organization have members or stockholders? | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 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 | | 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? | | 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? | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 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 | Yes | |
| 13 | Does the organization have a written whistleblower policy? | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 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 | Yes | |
| b | Other officers or key employees of the organization | Yes | |
| | If "Yes" to line 15a or 15b, 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? | | 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? | | |

Section C. Disclosure

| | |
|-----------|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> OH |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 <input type="checkbox"/> JAMES L BOWERSOX 6279 TRI-RIDGE BLVD SUITE 320 LOVELAND, OH 45140 (513) 719-3531 |

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

Check if Schedule O contains a response to any question in this Part VII

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

• 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| (1) SCOTT M MCQUINN CEO, PRESIDENT | 15 50 | X | | X | | | 0 | 293,548 | 81,089 | |
| (2) JAMES L BOWERSOX CFO, SECRETARY, TREAS | 15 50 | X | | X | | | 0 | 193,881 | 67,724 | |
| (3) SWANN FREDRICKSON CHAIR | 40 | X | | X | | | 0 | 0 | 0 | |
| (4) DAVID MACK TRUSTEE | 20 | X | | | | | 0 | 0 | 0 | |
| (5) LARRY BRUSHABER TRUSTEE | 30 | X | | | | | 0 | 0 | 0 | |
| (6) DON CORNETT TRUSTEE | 30 | X | | | | | 0 | 0 | 0 | |
| (7) RUBY CRAWFORD-HEMPHILL TRUSTEE | 20 | X | | | | | 0 | 0 | 0 | |
| (8) WILLIAM CULP TRUSTEE | 40 | X | | | | | 0 | 0 | 0 | |
| (9) ANDY GRANT TRUSTEE | 40 | X | | | | | 0 | 0 | 0 | |
| (10) JIM LAY TRUSTEE | 20 | X | | | | | 0 | 0 | 0 | |
| (11) GREG STOVER TRUSTEE | 20 | X | | | | | 0 | 0 | 0 | |
| (12) STEVE BLACK TRUSTEE | 10 | X | | | | | 0 | 0 | 0 | |
| (13) RENE SHARP EXECUTIVE DIRECTOR | 48 00 | | | X | | | 113,114 | 0 | 12,743 | |
| (14) ROBERT BENSON VP OF OPERATIONS | 14 50 | | | X | | | 0 | 26,276 | 18,354 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 | 364,871 | | | | |
| | e Government grants (contributions) 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h Total. Add lines 1a-1f ▼ | 364,871 | | | | |
| | Program Service Revenue | 2a _____ Business Code | | | | |
| RESIDENT REVENUE | | 623000 | 17,726,230 | 17,726,230 | | |
| b MEDICARE/MEDICAID | | 623000 | 5,223,950 | 5,223,950 | | |
| c RESIDENT SERVICES | | 623000 | 354,841 | 354,841 | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f ▼ | | | 23,305,021 | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) ▼ | | 758,927 | | 758,927 | |
| | 4 Income from investment of tax-exempt bond proceeds ▼ | | | | | |
| | 5 Royalties ▼ | | | | | |
| | 6a Gross Rents | (i) Real | 5,860 | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | 5,304 | | | |
| | | c Rental income or (loss) | 556 | | | |
| | d Net rental income or (loss) ▼ | | 556 | | 556 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 16,427,820 | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | 16,051,407 | | 116,569 | |
| | | c Gain or (loss) | 376,413 | | -116,569 | |
| | d Net gain or (loss) ▼ | | 259,844 | | 259,844 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | |
| | | b Less direct expenses b | | | | |
| c Net income or (loss) from fundraising events ▼ | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 a | | | | | | |
| | b Less direct expenses b | | | | | |
| | c Net income or (loss) from gaming activities ▼ | | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | |
| | b Less cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventory ▼ | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a OTHER REVENUE | 623000 | 13,117 | 13,117 | | | |
| b CHANGE IN GIFT ANNUITY | 900001 | 8,492 | 8,492 | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d ▼ | | 21,609 | | | | |
| 12 Total revenue. See Instructions ▼ | | 24,710,828 | 23,326,630 | 0 | 1,019,327 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 710,222 | 710,222 | | |
| 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 | 113,383 | | 113,383 | |
| 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 | 6,966,263 | 6,718,422 | 247,841 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 80,013 | 71,497 | 8,516 | |
| 9 | Other employee benefits | 934,065 | 891,053 | 43,012 | |
| 10 | Payroll taxes | 506,641 | 479,522 | 27,119 | |
| a | Fees for services (non-employees) | | | | |
| | Management | 3,200,800 | | 3,200,800 | |
| b | Legal | 20,267 | | 20,267 | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 121,222 | | 121,222 | |
| g | Other | 2,533,001 | 2,468,639 | 64,362 | |
| 12 | Advertising and promotion | 40,876 | 1,093 | 39,783 | |
| 13 | Office expenses | 1,182,114 | 1,125,771 | 56,343 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,896,448 | 1,896,448 | | |
| 17 | Travel | 6,368 | 3,455 | 2,913 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 23,125 | 15,340 | 7,785 | |
| 20 | Interest | 1,449,852 | 1,449,852 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 4,195,648 | 4,195,648 | | |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | RESIDENT ACTIVITIES | 1,429,063 | 1,429,063 | | |
| b | DUES & LICENSES | 523,200 | 483,984 | 39,216 | |
| c | BAD DEBTS | 50,434 | 50,434 | | |
| d | OTHER EXPENSES | 12,804 | 6,977 | 5,827 | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 25,995,809 | 21,997,420 | 3,998,389 | 0 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) | | (B) |
|--|--|-------------------|------------|-----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 13,886 | 1 | 14,734 |
| | 2 Savings and temporary cash investments | 110,089 | 2 | 110,089 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 2,379,205 | 4 | 2,536,620 |
| | 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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 338,160 | 7 | 426,360 |
| | 8 Inventories for sale or use | 89,922 | 8 | 76,474 |
| | 9 Prepaid expenses and deferred charges | 8,458 | 9 | 7,964 |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 79,169,093 | | |
| | b Less accumulated depreciation | 36,097,411 | 44,667,307 | 10c 43,071,682 |
| | 11 Investments—publicly traded securities | 8,202,590 | 11 | 9,187,156 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 9,621,757 | 15 | 9,547,722 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 65,431,374 | 16 | 64,978,801 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,559,672 | 17 | 2,280,665 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 5,813,218 | 19 | 5,727,152 |
| | 20 Tax-exempt bond liabilities | 27,825,987 | 20 | 28,555,842 |
| | 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 | 3,094,835 | 25 | 2,310,518 |
| | 26 Total liabilities. Add lines 17 through 25 | 38,293,712 | 26 | 38,874,177 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 17,468,185 | 27 | 16,008,577 |
| | 28 Temporarily restricted net assets | 1,764,145 | 28 | 2,190,715 |
| | 29 Permanently restricted net assets | 7,905,332 | 29 | 7,905,332 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 27,137,662 | 33 | 26,104,624 | |
| 34 Total liabilities and net assets/fund balances | 65,431,374 | 34 | 64,978,801 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|----------|---|----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 24,710,828 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 25,995,809 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -1,284,981 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 27,137,662 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 251,943 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 26,104,624 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
TWIN TOWERS

Employer identification number

31-0536677

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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III - Functionally integrated d Type III - Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 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 ▶ | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------------------------|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2010. 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 ▶ | | <input type="checkbox"/> |
| b 33 1/3% support test—2009. 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 ▶ | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2010. 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 ▶ | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2009. 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 ▶ | | <input type="checkbox"/> |
| 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 ▶ | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 567,436 | 1,958,789 | 530,326 | 440,430 | 364,871 | 3,861,852 |
| 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 | 21,032,969 | 21,710,287 | 23,250,353 | 23,448,413 | 23,305,021 | 112,747,043 |
| 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 | 21,600,405 | 23,669,076 | 23,780,679 | 23,888,843 | 23,669,892 | 116,608,895 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 | | | | 22,131 | | 22,131 |
| c Add lines 7a and 7b | | | | 22,131 | | 22,131 |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | 116,586,764 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6 | 21,600,405 | 23,669,076 | 23,780,679 | 23,888,843 | 23,669,892 | 116,608,895 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,380,838 | 1,901,456 | 1,066,843 | 563,221 | 764,787 | 5,677,145 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 222,528 | 141,324 | | | | 363,852 |
| c Add lines 10a and 10b | 1,603,366 | 2,042,780 | 1,066,843 | 563,221 | 764,787 | 6,040,997 |
| 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) | | | | 32,671 | 21,609 | 54,280 |
| 13 Total support (Add lines 9, 10c, 11 and 12) | 23,203,771 | 25,711,856 | 24,847,522 | 24,484,735 | 24,456,288 | 122,704,172 |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 | 95.010 % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 92.760 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---------|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f)) | 17 | 4.920 % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | 5.660 % |

19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Explanation

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISCELLANEOUS CHANGE IN GIFT ANNUITY

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (TWIN TOWERS), Employer identification number (31-0536677)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|--|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? If "Yes," describe in Part IV | Yes | | 1,561 |
| j Total lines 1c through 1i | | | 1,561 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|--|--------------------|--|
| EXPLANATION OF OTHER LOBBYING ACTIVITIES | PART II-B, LINE 1I | A PERCENTAGE OF DUES PAYMENTS TO LEADINGAGE OHIO RELATES TO LOBBYING |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization TWIN TOWERS

Employer identification number 31-0536677

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 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?
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)?
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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

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 | 9,260,576 | 9,142,438 | 9,443,576 | | |
| b Contributions | | | | | |
| c Investment earnings or losses | 164,625 | 157,424 | 37,659 | | |
| d Grants or scholarships | 42,486 | 39,286 | | | |
| e Other expenditures for facilities and programs | | | 338,797 | | |
| f Administrative expenses | | | | | |
| g End of year balance | 9,382,715 | 9,260,576 | 9,142,438 | | |

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

- a** Board designated or quasi-endowment 0 %
- b** Permanent endowment 84 000 %
- c** Term endowment 16 000 %

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 | Yes | |
| (ii) related organizations | | No |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 4,912,326 | | 4,912,326 |
| b Buildings | | 63,849,440 | 29,672,050 | 34,177,390 |
| c Leasehold improvements | | | | |
| d Equipment | | 8,364,358 | 6,425,361 | 1,938,997 |
| e Other | | 2,042,969 | | 2,042,969 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 43,071,682 |

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

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | |

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

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

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 |
|--|------------------|--|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | INCOME FROM MOST OF THE ENDOWMENT FUNDS IS PRIMARILY TO BE USED FOR GENERAL ACTIVITIES OF THE ORGANIZATION THE INCOME FROM THE REMAINING FUNDS IS TO BE USED FOR UPKEEP OF A PORTION OF THE BUILDING, PROVIDING BENEVOLENT CARE AND SCHOLARSHIPS (LESS THAN 5% OF THE TOTAL) |

Schedule I (Form 990)

OMB No 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization TWIN TOWERS

Employer identification number 31-0536677

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?
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. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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.

2 Enter total number of section 501(c)(3) and government organizations
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 |
|----------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) BENEVOLENT CARE TO RESIDENTS | 22 | 710,222 | 0 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
|--|------------------|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 RESIDENTS MUST APPLY TO ALL GOVERNMENT SOURCES BEFORE BEING GRANTED BENEVOLENT ASSISTANCE APPLICATIONS DISCLOSING THE RESIDENT'S CURRENT FINANCIAL POSITION ARE REVIEWED AND APPROVED BY FINANCE AND THE FACILITY ADMINISTRATOR UPON APPROVAL, BENEVOLENT ASSISTANCE IS PROVIDED IN THE FORM OF CREDITING CHARGES FROM THE RESIDENT'S MONTHLY BILLING STATEMENT AND CHARGING BENEVOLENT CARE EXPENSE |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
TWIN TOWERS

Employer identification number

31-0536677

Part I Questions Regarding Compensation

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 9 | | |

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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 from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?

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?
- b** Any related organization?

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.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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 | | | | |
| (1) SCOTT M MCQUINN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 229,848 | 53,500 | 10,200 | 69,849 | 11,240 | 374,637 | 53,500 |
| (2) JAMES L BOWERSOX | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 149,881 | 44,000 | 0 | 56,484 | 11,240 | 261,605 | 44,000 |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

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 |
|--------------------------|------------------|--|
| SUPPLEMENTAL INFORMATION | PART III | PART I, LINE 3 THE EXECUTIVE COMMITTEE OF LIFE ENRICHING COMMUNITIES, A RELATED ORGANIZATION, REVIEWS AND APPROVES THE COMPENSATION OF THE CEO. AN INDUSTRY SURVEY IS UTILIZED IN THEIR DETERMINATION OF COMPENSATION. |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
TWIN TOWERS

Employer identification number

31-0536677

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|---|
| FORM 990, PART VI, SECTION A, LINE 6 | | LIFE ENRICHING COMMUNITIES, A NON-PROFIT CORPORATION, IS THE SOLE MEMBER OF TWIN TOWERS |

| Identifier | Return Reference | Explanation |
|---------------------------------------|-------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 7A | | LIFE ENRICHING COMMUNITIES ELECTS THE BOARD OF TRUSTEES |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| FORM 990, PART VI, SECTION A, LINE 7B | | CERTAIN DECISIONS ARE SUBJECT TO APPROVAL BY LIFE ENRICHING COMMUNITIES |

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| FORM 990, PART VI, SECTION B, LINE 11 | | THE FINANCE COMMITTEE OF LIFE ENRICHING COMMUNITIES, THE SOLE MEMBER OF TWIN TOWERS, REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING. DISCUSSIONS CONCERNING THE FORM 990, QUESTIONS AND ANSWERS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE MINUTES OF THE FINANCE COMMITTEE MEETING. ADDITIONALLY, A COPY OF THE FORM 990 WAS MADE AVAILABLE TO THE BOARD OF TRUSTEES PRIOR TO FILING. |

| Identifier | Return Reference | Explanation |
|------------|---|---|
| | FORM 990, PART VI, SECTION B, LINE 12C | OFFICERS AND TRUSTEES ARE REQUIRED TO REPORT ANY CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST AT LEAST ONCE A YEAR A QUESTIONNAIRE IS COMPLETED, SIGNED AND DATED BY THE PERSON COMPLETING THE QUESTIONNAIRE THE RESULTS ARE COMPILED INTO A SINGLE DOCUMENT AND DISTRIBUTED TO THE PERSONS APPROVING ACCOUNTS PAYABLE AND SIGNING CHECKS AS WELL AS TO THE BOARD OF TRUSTEES CONFLICTS OF INTEREST ARE MONITORED TO ENSURE THAT THOSE WITH CONFLICTS DO NOT VOTE ON MATTERS WHERE THEY HAVE A CONFLICT OF INTEREST |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION B, LINE 15 | <p>A RELATED ORGANIZATION, LIFE ENRICHING COMMUNITIES, PAYS COMPENSATION TO THE ORGANIZATION'S CEO AND OTHER OFFICERS. TOTAL CASH COMPENSATION, INCLUSIVE OF BASE PAY, VARIABLE COMPENSATION, RETIREMENT CONTRIBUTIONS AND BENEFITS FOR APPLICABLE POSITIONS IS COMPARED TO DATA CONTAINED IN THE ANNUAL AAHSA-CEMO SENIOR LIVING COMPENSATION SURVEY (A NATIONAL INDUSTRY ORGANIZATION). COMPENSATION BANDS FOR EACH APPLICABLE POSITION WERE ALSO ESTABLISHED BASED ON THE SURVEY DATA. THE EXECUTIVE COMMITTEE OF THE LIFE ENRICHING COMMUNITIES BOARD REVIEWS AND APPROVES VARIOUS ELEMENTS OF EXECUTIVE COMPENSATION BASED ON AND AS REQUIRED BY THE ORGANIZATION'S EXECUTIVE COMPENSATION POLICY AND THE EXECUTIVE INCENTIVE PLAN. SPECIFICALLY, THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE LIFE ENRICHING COMMUNITIES BOARD. COMPENSATION FOR OTHER EXECUTIVE TEAM MEMBERS ARE DETERMINED BY THE CEO WITH RECOMMENDATIONS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE LIFE ENRICHING COMMUNITIES BOARD. THESE APPROVALS WERE CONTEMPORANEOUSLY DOCUMENTED IN COMMITTEE MEETING MINUTES AND APPROVED BY THE LIFE ENRICHING COMMUNITIES BOARD. THIS PROCESS WAS LAST UNDERTAKEN IN 2010 AND 2011.</p> |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION C, LINE 18 | TWIN TOWERS MAKES ITS FORM 1023 AND FORM 990 AVAILABLE ON ITS WEBSITE AND UPON REQUEST |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|--|
| | FORM 990, PART VI, SECTION C, LINE 19 | TWIN TOWERS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON WRITTEN REQUEST THE ORGANIZATION'S CONDENSED FINANCIAL STATEMENTS ARE PUBLISHED ON ITS WEBSITE AND IN ITS ANNUAL REPORT WHICH IS DISTRIBUTED TO FRIENDS, FAMILY MEMBERS, BUSINESS PARTNERS AND CONTRIBUTORS |

| Identifier | Return Reference | Explanation |
|--|---------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 87,318 SPLIT INTEREST TRUSTS 164,625 TOTAL TO FORM 990, PART XI, LINE 5 251,943 |

| Identifier | Return Reference | Explanation |
|------------|------------------------------|---|
| | FORM 990, PART XI, LINE 2 | THE FINANCE COMMITTEE OF THE BOARD FUNCTIONS AS THE ORGANIZATION'S AUDIT COMMITTEE THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | FORM 990, PART VII CEO SCOTT MCQUINN WORKS APPROXIMATELY 14 5 HOURS FOR TWIN LAKES, 17 HOURS FOR LIFE ENRICHING COMMUNITIES, AND 5 HOURS FOR LIFE ENRICHING COMMUNITIES FOUNDATION CFO JAMES BOWERSOX WORKS APPROXIMATELY 12 HOURS FOR TWIN LAKES, 19 HOURS FOR LIFE ENRICHING COMMUNITIES, AND 5 HOURS FOR LIFE ENRICHING COMMUNITIES FOUNDATION VP OF OPERATIONS ROBERT BENSON WORKS APPROXIMATELY 26 HOURS FOR TWIN LAKES, AND 7 HOURS FOR LIFE ENRICHING COMMUNITIES |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | FORM 990, PART IV, LINE 24A TAX-EXEMPT BONDS WERE ISSUED TO THE OBLIGATED GROUP CONSISTING OF LIFE ENRICHING COMMUNITIES, LIFE ENRICHING COMMUNITIES FOUNDATION, TWIN TOWERS, AND TWIN LAKES AS THE PARENT ORGANIZATION, LIFE ENRICHING COMMUNITIES HAS COMPLETED SCHEDULE K TO REFLECT 100% OF THE BONDS' VALUE AS REPORTED ON FORM 8038 FOR THE OBLIGATED GROUP NO SCHEDULE K WAS COMPLETED FOR TWIN TOWERS THE AMOUNT OF TAX-EXEMPT BONDS RECORDED ON THE BALANCE SHEET OF TWIN TOWERS REFLECTS THE AMOUNT SPECIFICALLY ALLOCATED FOR ITS PARTICULAR PROJECTS |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
TWIN TOWERS

Employer identification number

31-0536677

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 | (g) Section 512(b)(13) controlled organization | |
|---|--|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| (1) LIFE ENRICHING COMMUNITIES 6279 TRI-RIDGE BLVD SUITE 320 LOVELAND, OH 45140 04-3660613 | SUPPORTING ORGANIZATION FOR TWIN TOWERS AND TWIN LAKES | OH | 501(C)(3) | 11 TYPE III | N/A | | No |
| (2) LIFE ENRICHING COMMUNITIES FOUNDATION 6279 TRI-RIDGE BLVD SUITE 320 LOVELAND, OH 45140 06-1708088 | SUPPORTING FOUNDATION | OH | 501(C)(3) | 11 TYPE II | LIFE ENRICHING COMMUNITIES | Yes | |
| (3) TWIN LAKES 9840 MONTGOMERY ROAD CINCINNATI, OH 45242 31-1708926 | SENIOR CARE AND HOUSING | OH | 501(C)(3) | 9 | LIFE ENRICHING COMMUNITIES | Yes | |
| (4) LEC NFP 6279 TRI-RIDGE BLVD SUITE 320 LOVELAND, OH 45140 26-1133673 | INACTIVE | OH | N/A | N/A | LIFE ENRICHING COMMUNITIES | Yes | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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 |
|---|--|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| (1) WHOLE-PERSON WELLNESS SOLUTIONS INC 3051 ARBORCREEK LANE CINCINNATI, OH45242 26-1134796 | WHOLE-PERSON WELLNESS CONSULTING AND EDUCATION | OH | N/A | C | | | |
| (2) LEC COMMUNITY SERVICES INC 6279 TRI-RIDGE BLVD SUITE 320 LOVELAND, OH45140 26-1130747 | INACTIVE | OH | N/A | C | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | | No |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| | | |
| 1j | | No |
| 1k | | No |
| 1l | Yes | |
| 1m | | No |
| 1n | Yes | |
| | | |
| 1o | Yes | |
| 1p | Yes | |
| | | |
| 1q | Yes | |
| 1r | Yes | |

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 | (d) Method of determining amount involved |
|-----------------------------------|------------------------------|------------------------|--|
| (1) See Additional Data Table | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | SCHEDULE R, PART V A CONCENTRATION ACCOUNT IN THE NAME OF LIFE ENRICHING COMMUNITIES FOUNDATION IS USED TO SWEEP THE DAILY RESIDUAL CASH FROM THE OPERATING ACCOUNT OF TWIN TOWERS, TWIN LAKES, AND LIFE ENRICHING COMMUNITIES, RELATED, TAX-EXEMPT ORGANIZATIONS IF ADDITIONAL FUNDS ARE NEEDED TO COVER DISBURSEMENTS FROM THE ENTITIES' OPERATING ACCOUNT THE FUNDS ARE TRANSFERRED FROM THE CONCENTRATION ACCOUNT THE MAJORITY OF THE TRANSFERS SHOWN BETWEEN THE ORGANIZATION AND LIFE ENRICHING COMMUNITIES FOUNDATION ARE THE ORGANIZATION'S TOTAL DAILY DEPOSITS AND TOTAL DAILY DISBURSEMENTS, LESS AMOUNTS SPECIFICALLY INCLUDED ON OTHER LINES OF SCHEDULE R, PART V |

Software ID:
Software Version:
EIN: 31-0536677
Name: TWIN TOWERS

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved (\$) | (d) Method of determining amount involved |
|---|------------------------------|-----------------------------|--|
| (1) TWIN LAKES | N | 89,828 | PAYROLL ALLOCATON |
| (2) LIFE ENRICHING COMMUNITIES | N | 34,248 | PAYROLL ALLOCATON |
| (3) LIFE ENRICHING COMMUNITIES FOUNDATION | L | 3,200,800 | CASH TRANSACTION |
| (4) LIFE ENRICHING COMMUNITIES FOUNDATION | C | 364,871 | CASH TRANSACTION |
| (5) LIFE ENRICHING COMMUNITIES | P | 1,202,726 | CASH TRANSACTION |
| (6) LIFE ENRICHING COMMUNITIES FOUNDATION | Q | 18,158,644 | CASH TRANSACTION |
| (7) LIFE ENRICHING COMMUNITIES FOUNDATION | O | 1,811,154 | CASH TRANSACTION |
| (8) LIFE ENRICHING COMMUNITIES FOUNDATION | R | 13,774,259 | CASH TRANSACTION |