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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2010**Open to Public  
Inspection

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A For the 2010 calendar year, or tax year beginning</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                      | <b>and ending</b>                                                                   |                                                                                                                                                                                                                                                                           |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>THE EPISCOPAL CHURCH HOME</b><br>Doing Business As <b>BISHOP GADSDEN RETIREMENT COMM</b><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>ONE BISHOP GADSDEN WAY</b><br>City or town, state or country, and ZIP + 4<br><b>CHARLESTON, SC 29412</b> |                                                                                     | <b>D Employer identification number</b><br><b>57-0337132</b>                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                               | <b>E Telephone number</b><br><b>843-762-3300</b>                                                                                                                                                                                                                                                                                     |                                                                                     | <b>G Gross receipts \$</b> <b>27,622,561.</b>                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                               | <b>F Name and address of principal officer:</b> <b>C. WILLIAM TRAWICK</b><br><b>SAME AS C ABOVE</b>                                                                                                                                                                                                                                  |                                                                                     | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
|                                                                                                                                                                                                                                                                                               | <b>I Tax-exempt status:</b> <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                                                                                                                                       |                                                                                     | <b>H(c) Group exemption number</b> ▶                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                               | <b>J Website:</b> ▶ <b>WWW.BISHOPGADSDEN.ORG</b>                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                                                                                                                                                                                                                           |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                                                                                                                                                                                                                                                                                      | <b>L Year of formation:</b> <b>1948</b> <b>M State of legal domicile:</b> <b>SC</b> |                                                                                                                                                                                                                                                                           |

**Part I Summary**

|                                                                  |                                                                                                                                                                                    |                                        |                           |              |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------|--------------|
| <b>Activities &amp; Governance</b>                               | 1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HOUSING AND OTHER HEALTH CARE SERVICES THROUGH OPERATION OF A RETIREMENT FACILITY.</b> |                                        |                           |              |
|                                                                  | 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                                      | 15                        |              |
|                                                                  | 4 Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                    | 4                                      | 15                        |              |
|                                                                  | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)                                                                                                     | 5                                      | 468                       |              |
|                                                                  | 6 Total number of volunteers (estimate if necessary)                                                                                                                               | 6                                      | 50                        |              |
|                                                                  | 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.                                     |                           |              |
| <b>Revenue</b>                                                   | 8 Contributions and grants (Part VIII, line 1h)                                                                                                                                    | Prior Year                             | Current Year              |              |
|                                                                  | 9 Program service revenue (Part VIII, line 2g)                                                                                                                                     | 799,513.                               | 942,474.                  |              |
|                                                                  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                   | 20,475,753.                            | 21,670,289.               |              |
|                                                                  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                        | 806,417.                               | 987,620.                  |              |
|                                                                  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                              | 1,619,382.                             | 465,272.                  |              |
| <b>Expenses</b>                                                  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                | 23,701,065.                            | 24,065,655.               |              |
|                                                                  | 14 Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                   | 111,043.                               | 133,433.                  |              |
|                                                                  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                               | 0.                                     | 0.                        |              |
|                                                                  | 16a Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                  | 10,226,892.                            | 10,880,074.               |              |
|                                                                  | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>229,205.</b>                                                                                                      | 0.                                     | 0.                        |              |
|                                                                  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                                    | 12,731,030.                            | 13,383,849.               |              |
|                                                                  | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                       | 23,068,965.                            | 24,397,356.               |              |
|                                                                  | 19 Revenue less expenses. Subtract line 18 from line 12                                                                                                                            | 632,100.                               | -331,701.                 |              |
|                                                                  | <b>Net Assets or Fund Balances</b>                                                                                                                                                 | 20 Total assets (Part X, line 16)      | Beginning of Current Year | End of Year  |
|                                                                  |                                                                                                                                                                                    | 21 Total liabilities (Part X, line 26) | 126,181,172.              | 128,455,524. |
| 22 Net assets or fund balances. Subtract line 21 from line 20    |                                                                                                                                                                                    | 110,167,744.                           | 110,971,327.              |              |

**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, this is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |                                                                             |                               |             |                                                 |
|-------------------------------|-----------------------------------------------------------------------------|-------------------------------|-------------|-------------------------------------------------|
| <b>Sign Here</b>              | Signature of officer                                                        |                               | Date        |                                                 |
|                               | <b>SUSAN LEGARE, CFO</b>                                                    |                               | JAN 27 2012 |                                                 |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                  | Preparer's signature          | Date        | Check if self-employed <input type="checkbox"/> |
|                               | <b>GREGORY W. JOHNS</b>                                                     |                               |             |                                                 |
|                               | Firm's name ▶ <b>LARSONALLEN LLP</b>                                        | Firm's EIN ▶                  |             |                                                 |
|                               | Firm's address ▶ <b>101 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28246</b> | Phone no. <b>704-998-5200</b> |             |                                                 |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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**Part III** Statement of Program Service Accomplishments

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

☒ **X****1** Briefly describe the organization's mission:

FOUNDED BY THE FOURTH EPISCOPAL BISHOP OF SOUTH CAROLINA IN 1850 AND SPONSORED BY THE DIOCESE OF SOUTH CAROLINA FROM THAT TIME FORWARD, THE EPISCOPAL CHURCH HOME (BISHOP GADSDEN) UPHOLDS THE TRADITION OF A FAITH-BASED, NOT-FOR-PROFIT ORGANIZATION DEDICATED TO THE HEALTH AND

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O.

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☐ Yes ☒ No**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

☐ Yes ☒ No**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.

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BEVERAGE LICENSING**4a** (Code: ) (Expenses \$ 18376955. including grants of \$ ) (Revenue \$ 22119849. )**RETIREMENT COMMUNITY:**

BISHOP GADSDEN SERVES APPROXIMATELY 430 SENIOR ADULTS, 62 YEARS OF AGE AND OLDER, RESIDING IN FOUR LEVELS OF CARE--INDEPENDENT COMMUNITY (215 UNITS), ASSISTED LIVING (82 UNITS), MEMORY SUPPORT (20 BEDS) AND SKILLED NURSING CARE (50 BEDS). THE OBJECTIVE, AS THE MISSION STATEMENT ASSERTS, IS TO "AFFIRM POSITIVE LIVING FOR ALL WHO LIVE AND WORK HERE." WHETHER A RESIDENT IS ACTIVE WITH FEW HEALTH ISSUES OR PERMANENTLY BED-RIDDEN, THE GOAL IS TO MAKE EACH LIFE AS SATISFYING AND MEANINGFUL AS POSSIBLE IN THE CONTEXT OF INDIVIDUAL DESIRES AND NEEDS.

**4b** (Code: ) (Expenses \$ 123,187. including grants of \$ 123,187. ) (Revenue \$ )**RESIDENT ASSISTANCE:**

BISHOP GADSDEN OFFERS FINANCIAL AID TO RESIDENTS WHO, THROUGH NO FAULT OF THEIR OWN, OUTLIVE THEIR RESOURCES. BISHOP GADSDEN ALSO EXTENDS ASSISTANCE TO INCOMING RESIDENTS, ACTING ON THE FIRM BELIEF THAT REMOVING ECONOMIC BARRIERS TO RESIDENCY IS PART OF ITS MISSION. SINCE 2000, BISHOP GADSDEN'S FINANCIAL AID TO ITS RESIDENTS HAS INCREASED SEVEN-FOLD. THE LONG-TERM GOAL IS TO BUILD THE ENDOWMENT FUND. FINANCIAL AID IS FUNDED FROM CONTRIBUTIONS ONLY; NO OPERATING REVENUES ARE USED FOR RESIDENT ASSISTANCE.

**4c** (Code: ) (Expenses \$ 18,869. including grants of \$ ) (Revenue \$ )**OUTREACH:**

BISHOP GADSDEN'S RESIDENTS AND STAFF RECOGNIZE THE RESPONSIBILITY TO GIVE BACK IN RESPONSE TO WHAT GOD HAS GIVEN THEM. TO THAT END, TWO HABITAT FOR HUMANITY HOUSES HAVE BEEN FUNDED AND BUILT BY RESIDENTS AND STAFF--THE FIRST IN 2000 AND THE SECOND IN 2008. OTHER CHARITABLE EFFORTS OVER THE PAST TEN YEARS WERE DIRECTED TO THE DEE NORTON LOW COUNTRY CHILDREN'S CENTER, THE CHARLESTON AREA SENIOR CITIZENS CENTER, WHICH SERVES THE LOWEST INCOME SENIORS, THE MEDICAL UNIVERSITY OF SOUTH CAROLINA'S BURN UNIT, AND THE MAGDALENE HOUSE, A SAFE HAVEN FOR WOMEN COMING OUT OF PRISON. FINALLY, THE CAMPUS IS OPEN DURING THE YEAR TO THE GREATER COMMUNITY THROUGH WELLNESS PROGRAMS, GUEST LECTURES, CONCERTS AND TRADITIONAL CHURCH/SYNAGOGUE SERVICES. DURING 2009,

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 10,246. including grants of \$ 10,246. ) (Revenue \$ )

**4e** Total program service expenses 18,529,257.

**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)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                             | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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>                                                 |     | X  |
| 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>                         | N/A |    |
| 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>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      |     | X  |
| 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>                                                                                                   |     | X  |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> |     | X  |
| 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>                                                                                       | X   |    |
| 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>                                                                                                                 | X   |    |
| 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>                                             | X   |    |
| 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>                                             |     | X  |
| 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>                                                                |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                               | X   |    |
| 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>      | X   |    |
| 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>                                                                                           | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>           |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                              |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>                              |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                  |     | X  |
| 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</i>                                                         |     | X  |
| 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>                                                                     |     | X  |
| 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>                                                                                               |     | X  |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                 |     | X  |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <i>Note: Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)</i>                        |     |    |

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

|                                                                                                                                                                                                                                                                                                 | Yes                                                                 | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|
| <b>21</b> 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>                                                               |                                                                     | X  |
| <b>22</b> 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>                                                                                | X                                                                   |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 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>                           | X                                                                   |    |
| <b>24a</b> 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 through 24d and complete Schedule K. If "No," go to line 25</i> | X                                                                   |    |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                    |                                                                     | X  |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                           |                                                                     | X  |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                              |                                                                     | X  |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>                                                                          |                                                                     | X  |
| <b>25b</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>           |                                                                     | X  |
| <b>26</b> 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>                                         |                                                                     | X  |
| <b>27</b> 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>                 |                                                                     | X  |
| <b>28</b> 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):                                                                                         |                                                                     |    |
| <b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                       |                                                                     | X  |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                    |                                                                     | X  |
| <b>28c</b> 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>                                                        |                                                                     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                       |                                                                     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                       |                                                                     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                          |                                                                     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>                                                                                                                                           |                                                                     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>                                                                                           |                                                                     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>                                                                                                                                           |                                                                     | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                             |                                                                     | X  |
| <b>a</b> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                             |                                                                     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                  |                                                                     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?                                                                                                                                                                         |                                                                     | X  |

Note. All Form 990 filers are required to complete Schedule O

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

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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                                                                                                                                | 15  |    |
| b Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 15  |    |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               |     | X  |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    |     | X  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | X  |
| 6 Does the organization have members or stockholders?                                                                                                                                                                 |     | X  |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                        |     | X  |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                             |     | X  |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |    |
| a The governing body?                                                                                                                                                                                                 | X   |    |
| b Each committee with authority to act on behalf of the governing body?                                                                                                                                               | X   |    |
| 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        |     | X  |

**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?                                                                                                                                                                                                                          |     | X  |
| 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?                                                                                                                                                                           |     | X  |
| 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                                                                                                                                                                                                     | X   |    |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                              | X   |    |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done                                                                                                                                             | X   |    |
| 13 Does the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | X   |    |
| 14 Does the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | X   |    |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                          |     |    |
| a The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                         | X   |    |
| b Other officers or key employees of the organization                                                                                                                                                                                                                                            | X   |    |
| 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?                                                                                                                                        |     | X  |
| 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 **SC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SUSAN LEGARE, CFO - 843-406-6345**  
**ONE BISHOP GADSDEN WAY, CHARLESTON, SC 29412**

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**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. 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)<br>Name and Title                      | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                            |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| WALLACE T. BONAPARTE<br>BOARD MEMBER       | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JAMES T. GETTYS, III<br>CHAIR              | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DR. BARABARA EDLUND<br>BOARD MEMBER        | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| SUSANNE T. HOLLOMAN<br>BOARD MEMBER        | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| BRIAN A. HUSSAIN<br>SECRETARY/TREASURER    | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| THE REV. MORRIS J. LENT<br>BOARD MEMBER    | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DR. LAYTON MCCURDY<br>BOARD MEMBER         | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| THE REV. DANIEL J. MESSIER<br>BOARD MEMBER | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| W.E. APPLGATE, III<br>BOARD MEMBER         | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DOROTHY PAGLIARO<br>BOARD MEMBER           | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| CORNELIA PELZER<br>BOARD MEMBER            | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| MILDRED STROBEL<br>EX OFFICIO              | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| THE RT. REV. LAWRENCE<br>EX OFFICIO        | 0.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| BARBARA CHRISTIE<br>BOARD MEMBER           | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DR. FRANK MIDDLETON<br>VICE CHAIR          | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| C. WILLIAM TRAWICK<br>PRESIDENT/CEO        | 50.00                                                                                  |                                        |                       | X       |              |                              |        | 212,214.                                                             | 0.                                                                        | 46,240.                                                                                       |
| SARAH E. H. TIPTON<br>VICE PRESIDENT       | 50.00                                                                                  |                                        |                       | X       |              |                              |        | 91,137.                                                              | 0.                                                                        | 25,612.                                                                                       |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                                          | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| SUSAN G. LEGARE<br>CHIEF FINANCIAL OFFICER                     | 50.00                                                                                  |                                        |                       | X       |              |                              |        | 111,457.                                                             | 0.                                                                        | 20,819.                                                                                       |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                        |                                        |                       |         |              |                              |        | 414,808.                                                             | 0.                                                                        | 92,671.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                        |                                        |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                        |                                        |                       |         |              |                              |        | 414,808.                                                             | 0.                                                                        | 92,671.                                                                                       |

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address                            | (B)<br>Description of services | (C)<br>Compensation |
|-------------------------------------------------------------|--------------------------------|---------------------|
| LIBERTY CONSTRUCTION<br>PO BOX 80759, CHARLESTON, SC 29407  | CONSTRUCTION                   | 829,506.            |
| C. MICHAEL POPLIN<br>958 MIKELL DRIVE, CHARLESTON, SC 29412 | CONSTRUCTION                   | 674,016.            |
| FLANDERS CARPETS<br>1040 GARDNER ROAD, CHARLESTON, SC 29407 | CONSTR./FLOORING               | 324,797.            |
| STOLL CONTRACTING<br>PO BOX 80783, CHARLESTON, SC 29416     | CONSTRUCTION                   | 291,902.            |
| BOVIS LEND LEASE<br>PO BOX 32755, CHARLOTTE, NC 28217       | CONTRACTOR/CONSTR.             | 223,309.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **10**

**Part VIII Statement of Revenue**

|                                                           |                                                          |                                                                                                                                   |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|-----------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|
| Contributions, gifts, grants<br>and other similar amounts | 1 a                                                      | Federated campaigns                                                                                                               | 1a                        |                      |                                                 |                                         |                                                                              |
|                                                           | b                                                        | Membership dues                                                                                                                   | 1b                        |                      |                                                 |                                         |                                                                              |
|                                                           | c                                                        | Fundraising events                                                                                                                | 1c                        |                      |                                                 |                                         |                                                                              |
|                                                           | d                                                        | Related organizations                                                                                                             | 1d                        |                      |                                                 |                                         |                                                                              |
|                                                           | e                                                        | Government grants (contributions)                                                                                                 | 1e                        |                      |                                                 |                                         |                                                                              |
|                                                           | f                                                        | All other contributions, gifts, grants, and<br>similar amounts not included above                                                 | 1f                        | 942,474.             |                                                 |                                         |                                                                              |
|                                                           | g                                                        | Noncash contributions included in lines 1a-1f \$                                                                                  |                           |                      |                                                 |                                         |                                                                              |
| h Total. Add lines 1a-1f                                  |                                                          |                                                                                                                                   |                           | 942,474.             |                                                 |                                         |                                                                              |
| Program Service<br>Revenue                                | 2 a                                                      | RESIDENT REVENUE                                                                                                                  | Business Code<br>623000   | 21,670,289.          | 21,670,289.                                     |                                         |                                                                              |
|                                                           | b                                                        |                                                                                                                                   |                           |                      |                                                 |                                         |                                                                              |
|                                                           | c                                                        |                                                                                                                                   |                           |                      |                                                 |                                         |                                                                              |
|                                                           | d                                                        |                                                                                                                                   |                           |                      |                                                 |                                         |                                                                              |
|                                                           | e                                                        |                                                                                                                                   |                           |                      |                                                 |                                         |                                                                              |
|                                                           | f                                                        | All other program service revenue                                                                                                 |                           |                      |                                                 |                                         |                                                                              |
|                                                           | g                                                        | Total. Add lines 2a-2f                                                                                                            |                           | 21,670,289.          |                                                 |                                         |                                                                              |
| Other Revenue                                             | 3                                                        | Investment income (including dividends, interest, and<br>other similar amounts)                                                   |                           | 857,351.             |                                                 |                                         | 857,351.                                                                     |
|                                                           | 4                                                        | Income from investment of tax-exempt bond proceeds                                                                                |                           |                      |                                                 |                                         |                                                                              |
|                                                           | 5                                                        | Royalties                                                                                                                         |                           |                      |                                                 |                                         |                                                                              |
|                                                           | 6 a                                                      | Gross Rents                                                                                                                       | (i) Real 46,852.          |                      |                                                 |                                         |                                                                              |
|                                                           | b                                                        | Less: rental expenses                                                                                                             |                           |                      |                                                 |                                         |                                                                              |
|                                                           | c                                                        | Rental income or (loss)                                                                                                           | 46,852.                   |                      |                                                 |                                         |                                                                              |
|                                                           | d                                                        | Net rental income or (loss)                                                                                                       |                           | 46,852.              |                                                 | 46,852.                                 |                                                                              |
|                                                           | 7 a                                                      | Gross amount from sales of<br>assets other than inventory                                                                         | (i) Securities 3,687,175. |                      |                                                 |                                         |                                                                              |
|                                                           | b                                                        | Less: cost or other basis<br>and sales expenses                                                                                   | 3,556,906.                |                      |                                                 |                                         |                                                                              |
|                                                           | c                                                        | Gain or (loss)                                                                                                                    | 130,269.                  |                      |                                                 |                                         |                                                                              |
|                                                           | d                                                        | Net gain or (loss)                                                                                                                |                           | 130,269.             |                                                 | 130,269.                                |                                                                              |
|                                                           | 8 a                                                      | Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 |                           |                      |                                                 |                                         |                                                                              |
|                                                           | b                                                        | Less: direct expenses                                                                                                             |                           |                      |                                                 |                                         |                                                                              |
|                                                           | c                                                        | Net income or (loss) from fundraising events                                                                                      |                           |                      |                                                 |                                         |                                                                              |
|                                                           | 9 a                                                      | Gross income from gaming activities. See<br>Part IV, line 19                                                                      |                           |                      |                                                 |                                         |                                                                              |
|                                                           | b                                                        | Less: direct expenses                                                                                                             |                           |                      |                                                 |                                         |                                                                              |
|                                                           | c                                                        | Net income or (loss) from gaming activities                                                                                       |                           |                      |                                                 |                                         |                                                                              |
| 10 a                                                      | Gross sales of inventory, less returns<br>and allowances |                                                                                                                                   |                           |                      |                                                 |                                         |                                                                              |
| b                                                         | Less: cost of goods sold                                 |                                                                                                                                   |                           |                      |                                                 |                                         |                                                                              |
| c                                                         | Net income or (loss) from sales of inventory             |                                                                                                                                   |                           |                      |                                                 |                                         |                                                                              |
| Miscellaneous Revenue                                     |                                                          |                                                                                                                                   |                           |                      |                                                 |                                         |                                                                              |
| 11 a                                                      | DEPOSIT FORFEITURES                                      | Business Code<br>900099                                                                                                           | 313,398.                  | 313,398.             |                                                 |                                         |                                                                              |
| b                                                         |                                                          |                                                                                                                                   |                           |                      |                                                 |                                         |                                                                              |
| c                                                         |                                                          |                                                                                                                                   |                           |                      |                                                 |                                         |                                                                              |
| d                                                         | All other revenue                                        | 900099                                                                                                                            | 105,022.                  | 89,310.              |                                                 | 15,712.                                 |                                                                              |
| e                                                         | Total. Add lines 11a-11d                                 |                                                                                                                                   | 418,420.                  |                      |                                                 |                                         |                                                                              |
| 12                                                        | Total revenue. See instructions.                         |                                                                                                                                   | 24,065,655.               | 22,072,997.          | 0.                                              | 1,050,184.                              |                                                                              |

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Form 990 (2010)

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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                                                                                                                                                             | 133,433.              | 133,433.                        |                                        |                             |
| 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                                                                                                                                                                | 531,520.              |                                 | 531,520.                               |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                           |                       |                                 |                                        |                             |
| 7 Other salaries and wages                                                                                                                                                                                                                | 8,223,581.            | 7,309,906.                      | 821,834.                               | 91,841.                     |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                           | 147,668.              | 124,041.                        | 22,150.                                | 1,477.                      |
| 9 Other employee benefits                                                                                                                                                                                                                 | 1,259,631.            | 1,058,090.                      | 188,945.                               | 12,596.                     |
| 10 Payroll taxes                                                                                                                                                                                                                          | 717,674.              | 602,846.                        | 107,651.                               | 7,177.                      |
| 11 Fees for services (non-employees):                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                                   | 9,347.                |                                 | 9,347.                                 |                             |
| c Accounting                                                                                                                                                                                                                              | 47,488.               |                                 | 47,488.                                |                             |
| d Lobbying                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                                                              | 39,565.               |                                 | 39,565.                                |                             |
| g Other                                                                                                                                                                                                                                   | 1,320,743.            | 1,227,712.                      | 73,950.                                | 19,081.                     |
| 12 Advertising and promotion                                                                                                                                                                                                              | 151,619.              |                                 | 93,507.                                | 58,112.                     |
| 13 Office expenses                                                                                                                                                                                                                        | 212,779.              | 39,502.                         | 148,988.                               | 24,289.                     |
| 14 Information technology                                                                                                                                                                                                                 | 126,473.              |                                 | 126,473.                               |                             |
| 15 Royalties                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                              | 1,789,969.            | 1,789,969.                      |                                        |                             |
| 17 Travel                                                                                                                                                                                                                                 | 24,694.               | 7,993.                          | 15,785.                                | 916.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                         |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                                 | 52,361.               | 13,352.                         | 37,204.                                | 1,805.                      |
| 20 Interest                                                                                                                                                                                                                               | 2,673,803.            |                                 | 2,673,803.                             |                             |
| 21 Payments to affiliates                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                              | 4,137,721.            | 4,137,721.                      |                                        |                             |
| 23 Insurance                                                                                                                                                                                                                              | 577,639.              |                                 | 577,639.                               |                             |
| 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 <b>DIETARY SUPPLIES</b>                                                                                                                                                                                                                 | 1,652,223.            | 1,652,223.                      |                                        |                             |
| b <b>HEALTHCARE SUPPLIES</b>                                                                                                                                                                                                              | 212,964.              | 212,964.                        |                                        |                             |
| c <b>OTHER SUPPLIES</b>                                                                                                                                                                                                                   | 95,375.               | 95,375.                         |                                        |                             |
| d <b>MINOR EQUIPMENT</b>                                                                                                                                                                                                                  | 43,998.               | 43,998.                         |                                        |                             |
| e                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| f All other expenses                                                                                                                                                                                                                      | 215,088.              | 80,132.                         | 123,045.                               | 11,911.                     |
| 25 Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                     | 24,397,356.           | 18,529,257.                     | 5,638,894.                             | 229,205.                    |
| 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 |                       |                                 |                                        |                             |

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**Part X Balance Sheet**

|                                                                                                                                |                                                                                                                                                                                                                                                                                        | (A)<br>Beginning of year                                                                                                                                |              | (B)<br>End of year |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|
| <b>Assets</b>                                                                                                                  | <b>1</b> Cash - non-interest-bearing                                                                                                                                                                                                                                                   | 4,215,105.                                                                                                                                              | <b>1</b>     | 5,029,417.         |
|                                                                                                                                | <b>2</b> Savings and temporary cash investments                                                                                                                                                                                                                                        | 1,783,691.                                                                                                                                              | <b>2</b>     | 1,789,129.         |
|                                                                                                                                | <b>3</b> Pledges and grants receivable, net                                                                                                                                                                                                                                            | 141,950.                                                                                                                                                | <b>3</b>     | 112,647.           |
|                                                                                                                                | <b>4</b> Accounts receivable, net                                                                                                                                                                                                                                                      | 247,493.                                                                                                                                                | <b>4</b>     | 162,122.           |
|                                                                                                                                | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                           |                                                                                                                                                         | <b>5</b>     |                    |
|                                                                                                                                | <b>6</b> 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) |                                                                                                                                                         | <b>6</b>     |                    |
|                                                                                                                                | <b>7</b> Notes and loans receivable, net                                                                                                                                                                                                                                               |                                                                                                                                                         | <b>7</b>     |                    |
|                                                                                                                                | <b>8</b> Inventories for sale or use                                                                                                                                                                                                                                                   | 85,558.                                                                                                                                                 | <b>8</b>     | 100,514.           |
|                                                                                                                                | <b>9</b> Prepaid expenses and deferred charges                                                                                                                                                                                                                                         | 324,962.                                                                                                                                                | <b>9</b>     | 569,079.           |
|                                                                                                                                | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                         | <b>10a</b> 111,509,873.                                                                                                                                 |              |                    |
|                                                                                                                                | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                                                                                | <b>10b</b> 33,025,593.                                                                                                                                  | <b>10c</b>   | 78,484,280.        |
|                                                                                                                                | <b>11</b> Investments - publicly traded securities                                                                                                                                                                                                                                     |                                                                                                                                                         | <b>11</b>    |                    |
|                                                                                                                                | <b>12</b> Investments - other securities. See Part IV, line 11                                                                                                                                                                                                                         | 34,499,262.                                                                                                                                             | <b>12</b>    | 38,700,609.        |
|                                                                                                                                | <b>13</b> Investments - program-related. See Part IV, line 11                                                                                                                                                                                                                          |                                                                                                                                                         | <b>13</b>    |                    |
|                                                                                                                                | <b>14</b> Intangible assets                                                                                                                                                                                                                                                            |                                                                                                                                                         | <b>14</b>    |                    |
|                                                                                                                                | <b>15</b> Other assets. See Part IV, line 11                                                                                                                                                                                                                                           | 4,936,015.                                                                                                                                              | <b>15</b>    | 3,507,727.         |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)                                                     | 126,181,172.                                                                                                                                                                                                                                                                           | <b>16</b>                                                                                                                                               | 128,455,524. |                    |
| <b>Liabilities</b>                                                                                                             | <b>17</b> Accounts payable and accrued expenses                                                                                                                                                                                                                                        | 2,302,291.                                                                                                                                              | <b>17</b>    | 1,771,141.         |
|                                                                                                                                | <b>18</b> Grants payable                                                                                                                                                                                                                                                               |                                                                                                                                                         | <b>18</b>    |                    |
|                                                                                                                                | <b>19</b> Deferred revenue                                                                                                                                                                                                                                                             | 42,931,808.                                                                                                                                             | <b>19</b>    | 46,953,180.        |
|                                                                                                                                | <b>20</b> Tax-exempt bond liabilities                                                                                                                                                                                                                                                  | 63,674,115.                                                                                                                                             | <b>20</b>    | 60,903,809.        |
|                                                                                                                                | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                        |                                                                                                                                                         | <b>21</b>    |                    |
|                                                                                                                                | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L                                                                                                         |                                                                                                                                                         | <b>22</b>    |                    |
|                                                                                                                                | <b>23</b> Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                               |                                                                                                                                                         | <b>23</b>    |                    |
|                                                                                                                                | <b>24</b> Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                 |                                                                                                                                                         | <b>24</b>    |                    |
|                                                                                                                                | <b>25</b> Other liabilities. Complete Part X of Schedule D                                                                                                                                                                                                                             | 1,259,530.                                                                                                                                              | <b>25</b>    | 1,343,197.         |
|                                                                                                                                | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                            | 110,167,744.                                                                                                                                            | <b>26</b>    | 110,971,327.       |
|                                                                                                                                | <b>Net Assets or Fund Balances</b>                                                                                                                                                                                                                                                     | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |              |                    |
| <b>27</b> Unrestricted net assets                                                                                              |                                                                                                                                                                                                                                                                                        | 13,068,565.                                                                                                                                             | <b>27</b>    | 14,076,506.        |
| <b>28</b> Temporarily restricted net assets                                                                                    |                                                                                                                                                                                                                                                                                        | 1,683,501.                                                                                                                                              | <b>28</b>    | 1,965,694.         |
| <b>29</b> Permanently restricted net assets                                                                                    |                                                                                                                                                                                                                                                                                        | 1,261,362.                                                                                                                                              | <b>29</b>    | 1,441,997.         |
| <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> |                                                                                                                                                                                                                                                                                        |                                                                                                                                                         |              |                    |
| <b>30</b> Capital stock or trust principal, or current funds                                                                   |                                                                                                                                                                                                                                                                                        |                                                                                                                                                         | <b>30</b>    |                    |
| <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund                                                     |                                                                                                                                                                                                                                                                                        |                                                                                                                                                         | <b>31</b>    |                    |
| <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                     |                                                                                                                                                                                                                                                                                        |                                                                                                                                                         | <b>32</b>    |                    |
| <b>33</b> <b>Total net assets or fund balances</b>                                                                             |                                                                                                                                                                                                                                                                                        | 16,013,428.                                                                                                                                             | <b>33</b>    | 17,484,197.        |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b>                                                                | 126,181,172.                                                                                                                                                                                                                                                                           | <b>34</b>                                                                                                                                               | 128,455,524. |                    |

Form 990 (2010)

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**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 | 24,065,655. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2 | 24,397,356. |
| 3 | Revenue less expenses. Subtract line 2 from line 1                                                             | 3 | -331,701.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 16,013,428. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                           | 5 | 1,802,470.  |
| 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 | 17,484,197. |

**Part XII Financial Statements and Reporting**

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

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 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
- 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:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate 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?
- 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.

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

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**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                           |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                                                        |          |          |          |          | 12       |           |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/> |          |          |          |          |          |           |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                | 14 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                      | 15 | % |
| 16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>                                                                                                                                                                            |    |   |
| b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>                                                                                                                                                                         |    |   |
| 17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>    |    |   |
| b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |    |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>                                                                                                                                                                                                                                                                  |    |   |

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Schedule A (Form 990 or 990-EZ) 2010

JAN 27 2012

**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    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        | 778,405.    | 949,394.    | 540,500.    | 799,513.    | 942,474.    | 4,010,286.   |
| <b>2</b> 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 | 19,570,078. | 21,635,541. | 20,045,977. | 20,475,753. | 21,670,289. | 103,397,638. |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |             |             |             |             |             |              |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |             |             |             |             |             |              |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |             |             |             |             |             |              |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             | 20,348,483. | 22,584,935. | 20,586,477. | 21,275,266. | 22,612,763. | 107,407,924. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |             |             |             |             |             | 0.           |
| <b>b</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           | 942,896.    | 728,160.    | 1,405,368.  | 2,382,922.  | 2,008,245.  | 7,467,591.   |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      | 942,896.    | 728,160.    | 1,405,368.  | 2,382,922.  | 2,008,245.  | 7,467,591.   |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                            |             |             |             |             |             | 99,940,333.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                             | (a) 2006    | (b) 2007    | (c) 2008    | (d) 2009    | (e) 2010    | (f) Total    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                              | 20,348,483. | 22,584,935. | 20,586,477. | 21,275,266. | 22,612,763. | 107,407,924. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                 | 1,806,851.  | 1,966,300.  | 1,566,837.  | 806,417.    | 987,620.    | 7,134,025.   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                          |             |             |             |             |             |              |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                            | 1,806,851.  | 1,966,300.  | 1,566,837.  | 806,417.    | 987,620.    | 7,134,025.   |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                     |             |             | 3,104.      | 28,651.     |             | 31,755.      |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                 | 261,612.    | 91,178.     | 1,509,960.  | 1,590,751.  | 465,272.    | 3,918,773.   |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)                                                                                                                                                                    | 22,416,946. | 24,642,413. | 23,666,378. | 23,701,085. | 24,065,655. | 118,492,477. |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |             |             |             |             |             |              |

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

|                                                                                                  |    |         |
|--------------------------------------------------------------------------------------------------|----|---------|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 84.34 % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15                      | 16 | 89.63 % |

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

|                                                                                                       |    |        |
|-------------------------------------------------------------------------------------------------------|----|--------|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | 6.02 % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17                        | 18 | 7.32 % |

**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 ▶ ☐

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

THE EPISCOPAL CHURCH HOME

Employer identification number

57-0337132

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

|                                                                                                                                                                                                                                                                       | (a) Donor advised funds | (b) Funds and other accounts                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate contributions to (during year)                                                                                                                                                                                                                            |                         |                                                          |
| 3 Aggregate grants from (during year)                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

|                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                          |                                                                              |

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

|                                                                                                                                            | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements                                                                                                   | 2a                              |
| b Total acreage restricted by conservation easements                                                                                       | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)                                                       | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule D (Form 990) 2010

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

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

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

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

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

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

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

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

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

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

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

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

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

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 1,629,579.       | 1,328,711.     | 1,314,650.         |                      |                     |
| b Contributions                                  |                  | 12,442.        | 14,061.            |                      |                     |
| c Net investment earnings, gains, and losses     | 134,454.         | 288,426.       |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 4,500.           |                |                    |                      |                     |
| g End of year balance                            | 1,759,533.       | 1,629,579.     | 1,248,920.         |                      |                     |

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 74.00 %  
 c Term endowment ☒ 26.00 %

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

- (i) unrelated organizations  
 (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

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

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

**Part VI 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                                                                                          |                                      | 1,840,646.                      |                              | 1,840,646.     |
| b Buildings                                                                                      |                                      | 89,226,253.                     | 23,515,365.                  | 65,710,888.    |
| c Leasehold improvements                                                                         |                                      |                                 |                              |                |
| d Equipment                                                                                      |                                      | 10,420,612.                     | 6,272,992.                   | 4,147,620.     |
| e Other                                                                                          |                                      | 10,022,362.                     | 3,237,236.                   | 6,785,126.     |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 78,484,280.    |

Schedule D (Form 990) 2010

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

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives                                               |                |                                                              |
| (2) Closely-held equity interests                                       |                |                                                              |
| (3) Other                                                               |                |                                                              |
| (A) INVESTMENTS                                                         | 24,543,779.    | END-OF-YEAR MARKET VALUE                                     |
| (B) ASSETS LIMITED AS TO USE                                            | 13,344,318.    | END-OF-YEAR MARKET VALUE                                     |
| (C) FIDUCIARY ASSETS                                                    | 812,512.       | END-OF-YEAR MARKET VALUE                                     |
| (D)                                                                     |                |                                                              |
| (E)                                                                     |                |                                                              |
| (F)                                                                     |                |                                                              |
| (G)                                                                     |                |                                                              |
| (H)                                                                     |                |                                                              |
| (I)                                                                     |                |                                                              |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)   | 38,700,609.    |                                                              |

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

| (a) Description of investment type                                    | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-----------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                   |                |                                                              |
| (2)                                                                   |                |                                                              |
| (3)                                                                   |                |                                                              |
| (4)                                                                   |                |                                                              |
| (5)                                                                   |                |                                                              |
| (6)                                                                   |                |                                                              |
| (7)                                                                   |                |                                                              |
| (8)                                                                   |                |                                                              |
| (9)                                                                   |                |                                                              |
| (10)                                                                  |                |                                                              |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) |                |                                                              |

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

| (a) Description                                                          | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1)                                                                      |                |
| (2)                                                                      |                |
| (3)                                                                      |                |
| (4)                                                                      |                |
| (5)                                                                      |                |
| (6)                                                                      |                |
| (7)                                                                      |                |
| (8)                                                                      |                |
| (9)                                                                      |                |
| (10)                                                                     |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) |                |

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

| 1. (a) Description of liability                                          | (b) Amount |
|--------------------------------------------------------------------------|------------|
| (1) Federal income taxes                                                 |            |
| (2) INTEREST RATE SWAP AGREEMENT                                         | 445,796.   |
| (3) GIFT ANNUITIES                                                       | 633,689.   |
| (4) OTHER LIABILITIES                                                    | 263,712.   |
| (5)                                                                      |            |
| (6)                                                                      |            |
| (7)                                                                      |            |
| (8)                                                                      |            |
| (9)                                                                      |            |
| (10)                                                                     |            |
| (11)                                                                     |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) | 1,343,197. |

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2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

FIN 48 (ASC 740)

032053  
12-20-10

Schedule D (Form 990) 2010

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

|    |                                                                                          |    |             |
|----|------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 24,065,655. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 24,397,356. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | -331,701.   |
| 4  | Net unrealized gains (losses) on investments                                             | 4  | 1,854,022.  |
| 5  | Donated services and use of facilities                                                   | 5  |             |
| 6  | Investment expenses                                                                      | 6  |             |
| 7  | Prior period adjustments                                                                 | 7  |             |
| 8  | Other (Describe in Part XIV.)                                                            | 8  | -51,552.    |
| 9  | Total adjustments (net). Add lines 4 through 8                                           | 9  | 1,802,470.  |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 1,470,769.  |

**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  | 25,405,297. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments                                             | 2a | 1,854,022.  |
| b | Donated services and use of facilities                                          | 2b |             |
| c | Recoveries of prior year grants                                                 | 2c |             |
| d | Other (Describe in Part XIV.)                                                   | 2d | 202,062.    |
| e | Add lines 2a through 2d                                                         | 2e | 2,056,084.  |
| 3 | Subtract line 2e from line 1                                                    | 3  | 23,349,213. |
| 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 | 716,442.    |
| c | Add lines 4a and 4b                                                             | 4c | 716,442.    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 24,065,655. |

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

|   |                                                                                  |    |             |
|---|----------------------------------------------------------------------------------|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 24,397,356. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |
| a | Donated services and use of facilities                                           | 2a |             |
| b | Prior year adjustments                                                           | 2b |             |
| c | Other losses                                                                     | 2c |             |
| d | Other (Describe in Part XIV.)                                                    | 2d |             |
| e | Add lines 2a through 2d                                                          | 2e | 0.          |
| 3 | Subtract line 2e from line 1                                                     | 3  | 24,397,356. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |             |
| b | Other (Describe in Part XIV.)                                                    | 4b |             |
| c | Add lines 4a and 4b                                                              | 4c | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 24,397,356. |

**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, line 2; 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

**PART V, LINE 4: THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS**

**INTENDED TO PRESERVE AND GROW CAPITAL, STRIVE FOR CONSISTENT ABSOLUTE**

**RETURNS, PRESERVE PURCHASING POWER BY STRIVING FOR LONG-TERM RETURNS WHICH**

**EITHER MATCH OR EXCEED THE SET PAYOUT, FEES AND INFLATION WITHOUT PUTTING**

**THE PRINCIPAL VALUE AT IMPRUDENT RISK, AND DIVERSIFY INVESTMENTS**

**CONSISTENT WITH COMMONLY ACCEPTED INDUSTRY STANDARD TO MINIMIZE THE RISK**

**OF LARGE LOSSES.**

JAN 27 2012

SCDOR ALCOHOL (Form 990) 2010  
BEVERAGE LICENSING

**Part XIV** Supplemental Information (continued)

PART X, LINE 2: BISHOP GADSDEN IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. BISHOP GADSDEN QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

BISHOP GADSDEN FILES AS A TAX-EXEMPT ORGANIZATION. SHOULD ITS TAX STATUS BE CHALLENGED IN THE FUTURE, THE 2006 - 2009 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES. MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

MANAGEMENT IS NOT AWARE OF ANY SIGNIFICANT ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, EXCISE OR OTHER TAXES.

EFFECTIVE JANUARY 1, 2009, BISHOP GADSDEN ADOPTED THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE FINALIZED. THE ADOPTION OF THIS STANDARD HAD NO SIGNIFICANT IMPACT ON THE FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

|                                              |          |
|----------------------------------------------|----------|
| TEMPORARITLY RESTRICTED UNREALIZED GAIN      | 151,477. |
| CHANGE IN MARKET VALUE OF INTEREST RATE SWAP | 54,296.  |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | 257,325. |
| TOTAL TO SCHEDULE D, PART XI, LINE 8         | -51,552. |

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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

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

|                                              |           |
|----------------------------------------------|-----------|
| NET ASSETS RELEASED FROM RESTRICTION         | 405,091.  |
| CHANGE IN MARKET VALUE OF INTEREST RATE SWAP | 54,296.   |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | -257,325. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D       | 202,062.  |

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

|                                        |          |
|----------------------------------------|----------|
| RESTRICTED CONTRIBUTIONS               | 659,060. |
| RESTRICTED INVESTMENT INCOME           | 57,382.  |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 716,442. |

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BEVERAGE LICENSING

Name of the organization

THE EPISCOPAL CHURCH HOME

**Employer identification number**  
**57-0337132**

|               |                                                     |
|---------------|-----------------------------------------------------|
| <b>Part I</b> | <b>General Information on Grants and Assistance</b> |
|---------------|-----------------------------------------------------|

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

|         |                                                                                                                                                                                                                                                                                                                                         |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|------------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
|                                                      |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                      |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                      |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                      |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                      |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                      |         |                               |                          |                                   |                                                       |                                        |                                    |

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BEVERAGE LICENSING

22 Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**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.  
Part III can be duplicated 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| FINANCIAL ASSISTANCE            | 6                        | 123,187.                 | 0.                                |                                                       |                                        |
| TUITION REIMBURSEMENT           | 8                        | 10,246.                  | 0.                                |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |

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

SCHEDULE I, PART I, LINE 2: FINANCIAL ASSISTANCE IS GIVEN TO RESIDENTS WHO QUALIFY FOR RESIDENCY IN EVERY WAY EXCEPT FINANCIAL. ALL PROSPECTIVE RESIDENTS SEEKING FINANCIAL ASSISTANCE UNDERGO THE SAME SCREENING THAT ALL OTHER PROSPECTIVES RESIDENTS DO. IF A CURRENT RESIDENT SEEKS FINANCIAL ASSISTANCE, BISHOP GADSDEN REQUIRES AN UPDATE OF HIS/HER CONFIDENTIAL FINANCIAL INFORMATION. WE MAY ALSO REQUIRE FURTHER DOCUMENTS IN THE FORM OF TAX RETURNS AND/OR BANK STATEMENTS.

TUITION REIMBURSEMENT IS GIVEN TO EMPLOYEES WHO QUALIFY UNDER THE PROGRAM

**Part IV** Supplemental Information

DETAILS. REIMBURSEMENT OF TUITION IS PROVIDED ONCE APPROPRIATE SUPPORT IS PROVIDED OR DIRECT PAYMENT OF EXPENSES IS MADE TO THIRD PARTIES ON THE STUDENT'S BEHALF.

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Schedule I (Form 990) 2010

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**THE EPISCOPAL CHURCH HOME**

Employer identification number

**57-0337132**

**Part I Questions Regarding Compensation**

**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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" 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 section 501(c)(3) and 501(c)(4) organizations 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 Regulations 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)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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Schedule J (Form 990) 2010

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032111  
12-21-10

**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 C. WILLIAM TRAWICK | (i) 209,864.                                       | (ii) 0.                             | (iii) 2,350.                        | 35,580.                                        | 10,660.                 | 258,454.                        | 0.                                                         |
| 2                    | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 3                    | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 4                    | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 5                    | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 6                    | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 7                    | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 8                    | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 9                    | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 10                   | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 11                   | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 12                   | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 13                   | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 14                   | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 15                   | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |
| 16                   | (i)                                                | (ii)                                | (iii)                               |                                                |                         |                                 |                                                            |

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**SCHEDULE K**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047  
**2010**  
Open to Public  
Inspection

Name of the organization

**THE EPISCOPAL CHURCH HOME**

Employer identification number  
**57-0337132**

**Part I Bond Issues**

| (a) Issuer name                     | (b) Issuer EIN      | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|-------------------------------------|---------------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
|                                     |                     |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| CHARLESTON COUNTY, SOUTH A CAROLINA | 57-6001289837033JV2 |             | 04/01/07        | 28,185,000.     | REFUNDING OF SERIES 2003   |              | X  |                         | X  |                      | X  |
| B                                   |                     |             |                 |                 |                            |              |    |                         |    |                      |    |
| C                                   |                     |             |                 |                 |                            |              |    |                         |    |                      |    |
| D                                   |                     |             |                 |                 |                            |              |    |                         |    |                      |    |

**Part II Proceeds**

|                                              | A   |             | B   |    | C   |    | D   |    |
|----------------------------------------------|-----|-------------|-----|----|-----|----|-----|----|
|                                              | Yes | No          | Yes | No | Yes | No | Yes | No |
| 1 Amount of bonds retired                    |     |             |     |    |     |    |     |    |
| 2 Amount of bonds legally defeased           |     |             |     |    |     |    |     |    |
| 3 Total proceeds of issue                    |     | 31,617,521. |     |    |     |    |     |    |
| 4 Gross proceeds in reserve funds            |     | 2,481,940.  |     |    |     |    |     |    |
| 5 Capitalized interest from proceeds         |     |             |     |    |     |    |     |    |
| 6 Proceeds in refunding escrows              |     | 28,593,446. |     |    |     |    |     |    |
| 7 Issuance costs from proceeds               |     | 542,135.    |     |    |     |    |     |    |
| 8 Credit enhancement from proceeds           |     |             |     |    |     |    |     |    |
| 9 Working capital expenditures from proceeds |     |             |     |    |     |    |     |    |
| 10 Capital expenditures from proceeds        |     |             |     |    |     |    |     |    |
| 11 Other spent proceeds                      |     |             |     |    |     |    |     |    |
| 12 Other unspent proceeds                    |     |             |     |    |     |    |     |    |
| 13 Year of substantial completion            |     |             |     |    |     |    |     |    |

|                                                                                                           |   |   |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------|---|---|--|--|--|--|--|--|
| 14 Were the bonds issued as part of a current refunding issue?                                            | X |   |  |  |  |  |  |  |
| 15 Were the bonds issued as part of an advance refunding issue?                                           |   | X |  |  |  |  |  |  |
| 16 Has the final allocation of proceeds been made?                                                        | X |   |  |  |  |  |  |  |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X |   |  |  |  |  |  |  |

**Part III Private Business Use**

|                                                                                                                              |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |  |  |  |  |  |  |  |  |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property?                        |  |  |  |  |  |  |  |  |

**Part III Private Business Use** (Continued)

|                                                                                                                                                                                                                                               | A   |     | B   |    | C   |    | D   |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|----|-----|----|-----|----|
|                                                                                                                                                                                                                                               | Yes | No  | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?                                                                                                                    |     | X   |     |    |     |    |     |    |
| <b>b</b> Are there any research agreements that may result in private business use of bond-financed property?                                                                                                                                 |     | X   |     |    |     |    |     |    |
| <b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?                                                 | X   |     |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government                                                                      |     | .00 |     | %  |     | %  |     | %  |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |     | .00 |     | %  |     | %  |     | %  |
| <b>6</b> Total of lines 4 and 5                                                                                                                                                                                                               |     | .00 |     | %  |     | %  |     | %  |
| <b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?                                                                                          | X   |     |     |    |     |    |     |    |

**Part IV Arbitrage**

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

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

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**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 990-EZ 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

THE EPISCOPAL CHURCH HOME

Employer identification number  
57-0337132

FORM 990, PART I, DOING BUSINESS AS:

BISHOP GADSDEN RETIREMENT COMMUNITY

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WELL-BEING OF THOSE PERSONS, WHO BECAUSE OF AGE, PERSONAL CONDITIONS,  
HEALTH AND THEIR EXPRESS DESIRE, CHOSE TO RESIDE IN A RETIREMENT

COMMUNITY. BISHOP GADSDEN IS OPEN TO ALL MEN AND WOMEN WITHOUT REGARD  
TO RACE, CREED, RELIGION, SEXUAL PREFERENCE OR NATIONAL ORIGIN. BISHOP  
GADSDEN CLEARLY SETS FORTH ITS MANDATE IN ITS MISSION STATEMENT.

"BISHOP GADSDEN, A LIFE CARE RETIREMENT COMMUNITY, EMBRACES GOD'S CALL  
TO MINISTRY. WE AFFIRM POSITIVE LIVING FOR ALL WHO LIVE AND WORK HERE.  
WE SERVE WITH INTEGRITY. WE EXERCISE WISE STEWARDSHIP. WE REACH OUT  
WITH A GENEROUS SPIRIT."

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BISHOP GADSDEN'S RESIDENTS AND STAFF GRANTED \$36,663 TOWARDS OUTREACH.  
IN 2010, BISHOP GADSDEN'S RESIDENTS ASSOCIATION RAISED \$100,000 FOR  
THE BARRIER ISLAND FREE MEDICAL CLINIC, AN ORGANIZATION THAT PROVIDES  
FREE MEDICAL CARE FOR QUALIFIED LOW INCOME INDIVIDUALS LIVING ON THE  
BARRIER ISLANDS AROUND CHARLESTON. THESE INDIVIDUALS TYPICALLY ARE  
AFRICAN-AMERICANS WHO LIVE AT OR BELOW THE POVERTY LINE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TUITION REIMBURSEMENT PROGRAM

EXPENSES \$ 10,246. INCLUDING GRANTS OF \$ 10,246. REVENUE

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BEVERAGE LICENSING

Name of the organization

THE EPISCOPAL CHURCH HOME

Employer identification number

57-0337132

FORM 990, PART VI, SECTION B, LINE 12C: AT THE BEGINNING OF EACH BOARD YEAR, ALL MEMBERS OF THE BOARD OF TRUSTEES, ARE REQUIRED TO COMPLETE A "CONFLICT OF INTEREST" STATEMENT. AFTER THE STATEMENTS ARE TURNED IN, THEY ARE REVIEWED BY THE CHAIRMAN OF THE BOARD AND THE PRESIDENT/CEO WHO TAKE ACTION. EITHER THE BOARD MEMBER IS ASKED TO RESOLVE THE CONFLICT OR HE/SHE IS ASKED TO RECUSE HIM OR HERSELF FROM VOTING ON MATTERS WHERE A CONFLICT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE REVIEWS THE PRESIDENT/CEO'S COMPENSATION EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 19: THE CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST AND THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE ANNUAL REPORT.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

|                                              |            |
|----------------------------------------------|------------|
| NET UNREALIZED GAINS ON INVESTMENTS:         | 1,854,022. |
| TEMPORARITLY RESTRICTED UNREALIZED GAIN      | 151,477.   |
| CHANGE IN MARKET VALUE OF INTEREST RATE SWAP | 54,296.    |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | -257,325.  |
| TOTAL TO FORM 990, PART XI, LINE 5           | 1,802,470. |

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS USED HAS NOT CHANGED FROM THE PRIOR YEAR.

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