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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

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

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

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

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

4a (Code. ) (Expenses \$ 897,095 including grants of \$ ) (Revenue \$ 801,333 )  
Provided housing to elderly and disabled persons by operating an apartment community regulated by the U.S. Department of Housing and Urban Development under Section 223(f) of the National Housing Act

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

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

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

4e Total program service expenses ▶ 897,095

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 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
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
	<b>1a</b> 4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> -0-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> -0-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>N/A</b> <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
	<b>2b</b>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	<b>3a</b>		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	<b>4a</b>		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	<b>4b</b>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	<b>6a</b>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>N/A</b>		
	<b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C? <b>N/A</b>		
	<b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>N/A</b>		
	<b>8</b>		
9	<b>Sponsoring organizations maintaining donor advised funds.</b> <b>N/A</b>		
a	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
11	<b>Section 501(c)(12) organizations.</b> Enter.		
a	Gross income from members or shareholders		
	<b>11a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	<b>11b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	<b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	<b>12b</b>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
	<b>13a</b>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	<b>13b</b>		
c	Enter the amount of reserves on hand		
	<b>13c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
	<b>14a</b>		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	<b>14b</b>		

**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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its 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	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	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	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
15a	a The organization's CEO, Executive Director, or top management official. N/A		
15b	b Other officers or key employees of the organization N/A		
15c	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 N & H Enterprises, Inc 803-536-1056  
 P O Box 1184, Orangeburg, SC 29116

**Part 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) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bill Bernheim President	2 00	X		X				-0-	-0-	-0-
(2) Christopher Davies Vice President	2 00	X		X				-0-	-0-	-0-
(3) Tom Calhoun Treasurer	2 00	X		X				-0-	-0-	-0-
(4) Beatrice McGhee Secretary	2 00	X		X				-0-	-0-	-0-
(5) Mary Barnett Director	2.00	X						-0-	-0-	-0-
(6) Patricia James Director	2 00	X						-0-	-0-	-0-
(7) Charles Burhans Director	2 00	X						-0-	-0-	-0-
(8) Mackie J Walker Director	2 00	X						-0-	-0-	-0-
(9) Sheila Wagner Director	2 00	X						-0-	-0-	-0-
(10) Betty Thorngate Director	2 00	X						-0-	-0-	-0-
(11) Phyllis Pellarn Director	2 00	X						-0-	-0-	-0-
(12) Scott Murphy Director	2 00	X						-0-	-0-	-0-
(13) E Owen Clary Director	2 00	X						-0-	-0-	-0-
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	27,851			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f.	\$				
	<b>h Total.</b> Add lines 1a-1f		27,851			
Program Service Revenue	Business Code					
	2a Tenant rent payments	531110	188,027	188,027		
	b Housing assistance payments	531110	506,436	506,436		
	c Dietary and related services	531390	94,686	94,686		
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		789,149			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		184		184	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a Laundry and vending	531110	3,200	3,200			
b Cleaning and other charges	531110	1,323	1,323			
c Cable T.V.	531110	7,661	7,661			
d All other revenue						
e Total. Add lines 11a-11d		12,184				
<b>12 Total revenue.</b> See instructions		829,368	801,333		184	

**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)

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	156,337	156,337		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,850	15,850		
11 Fees for services (non-employees)				
a Management	36,496		36,496	
b Legal				
c Accounting	4,300		4,300	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	1,400	1,400		
12 Advertising and promotion	682	682		
13 Office expenses	15,432	15,432		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	973	973		
20 Interest	137,922	137,922		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	214,210	214,210		
23 Insurance	58,532	58,532		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Service coordinator	29,072	29,072		
b Utilities, cable TV and trash removal	108,005	108,005		
c Repairs and maintenance	66,578	66,578		
d Food service and related services	85,038	85,038		
e All other expenses Miscellaneous	7,064	7,064		
25 Total functional expenses. Add lines 1 through 24e	937,891	897,095	40,796	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	3,233	1	5,213
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	628	4	107
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,044	9	6,220
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,660,401		
	b	Less accumulated depreciation	10b 2,503,035	1,251,462	10c 1,157,366
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	411,519	15	362,854
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,674,886	16	1,531,760	
Liabilities	17	Accounts payable and accrued expenses	42,701	17	34,213
	18	Grants payable		18	
	19	Deferred revenue	1,159	19	2,065
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,333,261	23	2,304,850
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	14,540	25	15,930
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,391,661	26	2,357,058
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-716,775	27	-825,298
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	-716,775	33	-825,298	
34	<b>Total liabilities and net assets/fund balances</b>	1,674,886	34	1,531,760	

**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	829,368
2	Total expenses (must equal Part IX, column (A), line 25)	2	937,891
3	Revenue less expenses Subtract line 2 from line 1	3	-108,523
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-716,775
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	-825,298

**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	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

Croft House, Inc.

Employer identification number

57-0640593

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

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

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 stop here ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2011.</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 stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33 1/3% support test—2010.</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 stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2011.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2010.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	59,113	55,378	53,538	56,366	27,851	252,246
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	718,250	740,704	765,174	782,849	801,333	3,808,310
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	777,363	796,082	818,712	839,215	829,184	4,060,556
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						4,060,556

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	777,363	796,082	818,712	839,215	829,184	4,060,556
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,611	1,757	513	434	184	4,499
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,611	1,757	513	434	184	4,499
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	778,974	797,839	819,225	839,649	829,368	4,065,055

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

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.89%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.78%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.11%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.22%

19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions).

Area with horizontal dashed lines for supplemental information.

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

Croft House, Inc

Employer identification number

57-0640593

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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).

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

Protection of natural habitat  Preservation of a certified historic structure

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 ▶ \$

**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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ .....
  - b Permanent endowment ▶ .....
  - c Temporarily restricted endowment ▶ .....
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		66,055		66,055
b Buildings		3,191,100	2,191,029	1,000,071
c Leasehold improvements				
d Equipment		138,534	114,969	23,565
e Other		264,712	197,037	67,675
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,157,366

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total</b> (Column (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) Tenant security deposits	15,930
(2) Insurance escrow	21,069
(3) Replacement reserve	258,945
(4) Residual receipts reserve	228
(5) Deferred financing costs	66,682
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	362,854

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Tenant security deposits	15,930
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	15,930

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). N/A

**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	829,368
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	937,891
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-108,523
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-108,523

**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	829,368
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	829,368
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	829,368

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

1	Total expenses and losses per audited financial statements	1	937,891
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	937,891
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	937,891

**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

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

Area with horizontal dashed lines for supplemental information.



Name of the organization

Employer identification number

Croft House, Inc

57-0640593

Area with horizontal dashed lines for supplemental information.

**Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	1 <u>211,918</u>	<u>211,918</u>		
2 Depletion	2			
3 Amortization	3 <u>2,292</u>	<u>2,292</u>		
4 Total	4 <u>214,210</u>	<u>214,210</u>		

CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2012

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
Land 1.2 Acres	4/11/1977			50,000.00				50,000.00
Land	9/30/1983			6,805.00				6,805.00
Land	8/29/1991			9,250.00				9,250.00
				66,055.00				66,055.00
<b>BUILDINGS</b>								
Building	1/1/1979	40	SL	1,703,140.00	1,394,448.80	42,578.50	1,437,024.30	266,115.70
Vestibule	4/1/1989	15	SL	3,458.00	3,458.00	-	3,458.00	-
Improvements	3/3/1998	10	SL	15,756.98	15,756.98	-	15,756.98	-
<b>EQUIPMENT-FIXED</b>								
Automatic doors	11/30/1990	10	SL	6,072.00	6,072.00	-	6,072.00	-
Automatic doors	2/15/1991	10	SL	7,285.00	7,285.00	-	7,285.00	-
Equipment	9/30/1991	10	SL	942.90	942.90	-	942.90	-
Building	2/28/1992	10	SL	795.00	795.00	-	795.00	-
Equipment	2/28/1992	10	SL	807.45	807.45	-	807.45	-
New cooling tower	10/25/1994	10	SL	13,510.00	13,510.00	-	13,510.00	-
Water circulation pump	6/25/1996	10	SL	4,250.00	4,250.00	-	4,250.00	-
Automatic doors	2/19/2001	10	SL	1,876.00	1,876.00	-	1,876.00	-
Boiler	11/21/2002	10	SL	19,785.00	17,476.75	-	19,455.25	-
Security cameras (front)	12/4/2003	10	SL	8,580.00	7,579.00	858.00	8,437.00	329.75
Oven	4/15/2003	10	SL	7,886.50	6,703.53	788.65	7,492.18	394.33
Walk-in cooler	4/12/2003	10	SL	3,332.32	2,832.47	333.23	3,165.70	166.62
Heat pumps	9/24/2003	10	SL	6,160.72	4,928.58	616.07	5,544.65	616.07
Fire protection system	10/15/2003	10	SL	35,363.88	28,291.10	3,536.39	31,827.49	3,536.39
Security system (front)	4/7/2004	10	SL	5,582.14	4,186.61	558.21	4,744.82	837.32
Air compressors	8/9/2004	10	SL	1,568.10	1,123.81	156.81	1,280.62	287.49
Kitchen hood fire system	10/1/2004	10	SL	2,332.40	1,632.40	233.20	1,865.60	466.40
Trane 5 ton heat pump	2/25/2005	10	SL	9,855.90	6,488.47	985.59	7,474.06	2,381.84
Fire alarm system	3/31/2005	10	SL	1,143.53	743.29	114.35	857.65	285.88
Water line	9/29/2005	10	SL	4,300.60	2,580.36	430.06	3,010.42	1,290.18
5 HVAC units	1/24/2006	10	SL	9,546.60	5,409.74	954.66	6,364.40	3,182.20
Hobart commercial dishwasher	5/18/2006	10	SL	9,837.80	5,246.83	983.78	6,230.61	3,607.19
Maintenance room doors	2/15/2007	10	SL	1,235.00	566.04	123.50	689.54	545.46
Heat pumps	5/15/2007	10	SL	57,172.00	24,774.53	5,717.20	30,491.73	26,680.27
Gazebo/courtyard	5/15/2007	10	SL	15,265.00	6,614.83	1,526.50	8,141.33	7,123.67
Refrigerator (food service)	5/15/2007	10	SL	5,024.00	2,177.07	502.40	2,679.47	2,344.53
Resurface parking lot	2/15/2007	10	SL	42,490.00	19,474.58	4,249.00	23,723.58	18,766.42
Roof	2/15/2007	15	SL	103,023.00	31,479.25	6,868.20	38,347.45	64,675.55
Fencing	2/15/2007	10	SL	2,208.00	1,012.00	220.80	1,232.80	975.20
Doors and windows	6/15/2007	10	SL	108,410.00	46,074.25	10,841.00	56,915.25	51,494.75
Building exterior	6/15/2007	15	SL	69,602.00	19,720.57	4,640.13	24,360.70	45,241.30
Acoustic ceiling tile	2/15/2007	10	SL	25,976.00	11,905.67	2,597.60	14,503.27	11,472.73
Refrurbish elevators	5/15/2007	10	SL	205,226.00	88,931.27	20,522.60	109,453.87	95,772.13
HVAC units	5/15/2007	10	SL	98,293.00	42,593.63	9,829.30	52,422.93	45,870.07
Water heaters	3/15/2007	10	SL	303,455.00	136,554.75	30,345.50	166,900.25	136,554.75
Monitoring board	5/15/2007	10	SL	6,307.00	2,733.03	630.70	3,363.73	2,943.27
Security system a/v	10/27/2006	10	SL	1,358.53	667.94	135.85	803.80	554.73
HVAC units	10/17/2006	10	SL	8,553.00	4,205.23	855.53	5,060.53	3,492.48
Water heater	9/5/2006	10	SL	278.95	139.18	27.84	167.01	111.34

CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2012

DESCRIPTION

EQUIPMENT-FIXED (CONTINUED)

DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
1/28/2008	10	SL	10,230 00	3,751 00	1,023 00	4,774 00	5,456 00
5/21/2008	10	SL	2,918 00	972 67	291 80	1,264 47	1,653 53
6/6/2008	10	SL	3,991 56	1,330 52	399 16	1,729 68	2,261 88
7/19/2008	10	SL	10,640 00	3,369 33	1,064 00	4,433 33	6,206 67
7/23/2008	10	SL	26,967 69	8,539 77	2,696 77	11,236 54	15,731 15
9/26/2008	10	SL	5,028 00	1,506 40	502 80	2,011 20	3,016 80
1/15/2009	10	SL	5,100 00	1,402 50	510 00	1,912 50	3,187 50
2/25/2009	10	SL	4,494 68	1,161 13	449 47	1,610 59	2,884 09
7/30/2009	10	SL	906 80	196 47	90 68	287 15	619 65
9/23/2009	10	SL	1,123 50	224 70	112 35	337 05	786 45
9/28/2009	10	SL	20,913 74	4,182 75	2,091 37	6,274 12	14,639 62
5/24/2010	10	SL	2,553 15	340 42	255 32	595 74	1,957 42
6/28/2010	10	SL	1,235 00	154 38	123 50	277 88	957 13
8/31/2010	10	SL	2,037 28	220 71	203 73	424 43	1,612 85
9/1/2010	10	SL	34,841 86	3,774 53	3,484 19	7,258 72	27,583 14
4/25/2011	10	SL	1,425 24	59 39	142 52	201 91	1,223 33
6/16/2011	10	SL	12,522 83	313 07	1,252 28	1,565 35	10,957 48
9/13/2011	10	SL	19,950 00	19 05	1,995 00	476 25	17,955 00
10/12/2011	10	SL	35,403 68		2,655 28	2,655 28	32,748 40
1/17/2012	10	SL	1,654 18		110 28	110 28	1,543 90
4/2/2012	10	SL	11,666 00		583 30	583 30	11,082 70
6/7/2012	10	SL	1,092 41		36 41	36 41	1,056 00
8/3/2012	10	SL	4,420 00		73 67	73 67	4,346 33
9/13/2012	10	SL	28,368 48		118 20	118 20	28,250 28
			3,191,100 38	2,015,566 65	175,461 70	2,191,028 35	1,000,072 03

EQUIPMENT-PORABLE

Ice machine and installation	4/14/1989	SL	2,086 20	2,086 20	-	2,086 20	-
Misc equipment	9/1/1989	SL	728 80	728 80	-	728 80	-
Refrigerator	5/25/1991	SL	396 90	396 90	-	396 90	-
Refrigerator	10/1/1992	SL	845 25	845 25	-	845 25	-
Refrigerator	2/9/1993	SL	845 25	845 25	-	845 25	-
Moveable gates	2/9/1993	SL	700 00	700 00	-	700 00	-
Appliances	11/12/1993	SL	612 20	612 20	-	612 20	-
Appliances	8/23/1994	SL	865 97	865 97	-	865 97	-
Faucets & appliances	3/2/1995	SL	1,533 59	1,533 59	-	1,533 59	-
Appliances	3/25/1996	SL	1,755 60	1,755 60	-	1,755 60	-
Refrigerators	7/16/1997	SL	21,201 70	21,201 70	-	21,201 70	-
Appliances	2/18/1997	SL	257 25	257 25	-	257 25	-
Refrigerator	4/8/1999	SL	412 98	412 98	-	412 98	-
Appliances	10/1/2001	SL	855 42	855 42	-	855 42	-
Stove	1/15/2002	SL	355 10	355 10	-	355 10	-
Stove	2/22/2002	SL	299 98	299 98	-	299 98	-
Stoves	4/1/2002	SL	606 32	606 32	-	606 32	-
Stoves	4/1/2003	SL	949 76	949 76	-	949 76	-
Slicer	11/25/2003	SL	920 00	920 00	-	920 00	-
Warmer, can opener, processor	11/25/2003	SL	1,449 63	1,449 63	-	1,449 63	-
Steamer	4/12/2003	SL	3,036 90	3,036 90	-	3,036 90	-
Proofing/holding cabinet	1/22/2003	SL	1,690 70	1,690 70	-	1,690 70	-

CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2012

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>EQUIPMENT-PORTABLE (CONTINUED)</u>								
4 TVs and DVD player	9/1/2004	5	SL	1,908 84	1,908 84	-	1,908 84	-
Whirlpool washing machine	6/18/2006	5	SL	895 00	895 00	-	895 00	-
Ranges, hoods, cords	4/15/2007	5	SL	32,869 00	29,034 28	3,834 72	32,869 00	-
Washing machine - front load	10/30/2006	5	SL	873 09	858 54	14 55	873 09	-
Refrigerators	6/11/2007	5	SL	873 12	756 70	116 42	873 12	-
Coin dryer	12/21/2007	5	SL	957 65	718 24	191 53	909 77	47 88
Refrigerator	3/10/2008	5	SL	553 19	396 45	110 64	507 09	46 10
Dryer - 3rd floor	6/27/2008	5	SL	895 00	581 75	179 00	760 75	134 25
Washer and dryer	12/11/2008	5	SL	1,529 14	866 51	305 83	1,172 34	356 80
Washer - top loading	1/30/2009	5	SL	537 00	286 40	107 40	393 80	143 20
Washer - top mount	3/24/2010	5	SL	549 84	164 95	109 97	274 92	274 92
Washer	11/27/2010	5	SL	954 84	159 14	190 97	350 11	604 73
Refrigerators	4/1/2011	5	SL	1,496 40	149 64	299 28	448 92	1,047 48
				87,297 61	79,181 95	5,460 30	84,642 25	2,655 36
<u>FURNITURE</u>								
94 banquet slack chairs	9/21/2006	7	SL	16,277 00	11,626 43	2,325 29	13,951 71	2,325 29
24 round table bases	9/21/2006	7	SL	2,237 48	1,598 20	319 64	1,917 84	319 64
24 square table tops	9/21/2006	7	SL	3,650 00	2,607 14	521 43	3,128 57	521 43
Patio furniture	3/29/2010	7	SL	2,131 44	456 74	304 49	761 23	1,370 21
TV/DVD player	2/3/2011	7	SL	451 52	43 00	64 50	107 50	344 02
Conference table	9/6/2011	7	SL	2,487 75	29 62	355 39	385 01	2,102 74
12 guest chairs	9/6/2011	7	SL	1,784 76	21 25	254 97	276 21	1,508 55
Benches	10/1/2011	7	SL	2,166 20		309 46	309 46	1,856 74
Bookcases - library	6/3/2012	7	SL	8,900 00		423 81	423 81	8,476 19
				40,086 15	16,382 37	4,878 97	21,261 35	18,824 80
<u>FURNISHINGS</u>								
Chain link fence	1/1/1980	10	SL	559 55	559 55	-	559 55	-
Drapes	4/15/1988	10	SL	154 50	154 50	-	154 50	-
Tilt skillet	9/28/1990	10	SL	3,667 65	3,667 65	-	3,667 65	-
Drapes	2/28/1992	7	SL	1,653 75	1,653 75	-	1,653 75	-
Drapes	5/5/1995	7	SL	8,860 32	8,860 32	-	8,860 32	-
Mini blinds	2/20/1996	7	SL	932 00	932 00	-	932 00	-
Carpeting (clubhouse)	6/8/1999	7	SL	11,647 71	11,647 71	-	11,647 71	-
Window treatments (clubhouse)	6/12/1999	7	SL	831 75	831 75	-	831 75	-
Stacking arm chairs	12/14/1998	7	SL	2,775 29	2,775 29	-	2,775 29	-
Beauty shop furniture	8/30/1999	7	SL	575 00	575 00	-	575 00	-
Computer - Neighborhood NW	9/9/1999	5	SL	748 00	748 00	-	748 00	-
Replace carpet and vinyl	10/15/2003	7	SL	20,199 52	20,199 52	-	20,199 52	-
Artwork	11/10/2003	7	SL	3,564 78	3,564 78	-	3,564 78	-
Furniture for all common areas	12/7/2003	7	SL	20,024 52	20,024 52	-	20,024 52	-
Artwork	4/21/2004	7	SL	2,409 38	2,409 38	-	2,409 38	-
Cabinets & countertops	9/20/2006	7	SL	3,757 70	2,684 07	536 81	3,220 89	536 81
Bathroom vanities	4/15/2007	7	SL	91,392 00	57,664 00	13,056 00	70,720 00	20,672 00
Carpets and tile	3/15/2007	7	SL	18,881 00	12,137 79	2,697 29	14,835 07	4,045 93
Carpets and tile	11/1/2010	7	SL	1,239 34	162 29	177 05	339 34	900 00
Carpets and tile	4/15/2011	7	SL	3,733 77	266 70	533 40	800 09	2,933 68
Carpets and tile	7/22/2011	7	SL	13,298 13	316 62	1,899 73	2,216 36	11,081 78
Carpets and tile	7/29/2011	7	SL	7,663 40	182 46	1,094 77	1,277 23	6,386 17
				218,569 06	152,017 65	19,995 05	172,012 70	46,556 36

CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2012

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>OFFICE FURNITURE &amp; EQUIPMENT</u>								
Office Equipment	6/28/1992	10	SL	608 75	608 75	-	608 75	-
Sharp Typewriter	3/10/1988	10	SL	791 70	791 70	-	791 70	-
Laserjet & monitor	12/30/1998	5	SL	692 98	692 98	-	692 98	-
Desk, hutch, credenza, table	6/18/1999	7	SL	1,642 00	1,642 00	-	1,642 00	-
Chairs	8/25/1999	7	SL	941 85	941 85	-	941 85	-
Chairs, file cabinet, desk	9/20/1999	7	SL	1,373 35	1,373 35	-	1,373 35	-
Furniture	4/1/2000	7	SL	389 28	389 28	-	389 28	-
Printer	5/1/2001	5	SL	681 58	681 58	-	681 58	-
Copier	11/14/2002	5	SL	3,863 70	3,863 70	-	3,863 70	-
Dell Latitude D520 computer	6/2/2006	5	SL	2,269 46	2,269 46	-	2,269 46	-
Chair - front desk	2/2/2007	7	SL	94 08	62 72	13 44	76 16	17 92
Wireless headset	7/13/2007	5	SL	288 89	245 56	43 33	288 89	-
Dell Latitude D520 computer	1/12/2007	5	SL	1,926 63	1,830 30	96 33	1,926 63	-
Two fireproof file cabinets	6/5/2009	7	SL	4,654 50	1,551 50	664 93	2,216 43	2,438 07
2 Dell desktops & 1 laptop computer	2/3/2010	5	SL	4,071 09	1,357 03	814 22	2,171 25	1,899 84
Copier	9/14/2010	5	SL	5,821 17	1,261 25	1,164 23	2,425 49	3,395 68
2 laptops (resident use)	7/15/2011	5	SL	2,268 37	113 42	453 67	567 09	1,701 28
Fireproof vertical file cabinet	7/25/2011	7	SL	5,339 30	127 13	762 76	889 88	4,449 42
Executive desk	9/28/2011	7	SL	2,648 25	-	378 32	378 32	2,269 93
Task chairs	7/17/2012	7	SL	1,149 18	-	164 17	164 17	985 01
Fireking file cabinet - serv coord	8/14/2012	7	SL	2,669 65	-	381 38	381 38	2,288 27
Task chairs	8/28/2012	7	SL	383 06	-	54 72	54 72	328 34
				44,568 82	19,803 55	4,991 51	24,795 06	19,773 76

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>MAINTENANCE EQUIPMENT</u>								
Storage cabinet	1/20/1999	5	SL	775 78	775 78	-	775 78	-
Carpet cleaner	7/24/1999	5	SL	133 01	133 01	-	133 01	-
Table saw	6/1/2000	5	SL	312 98	312 98	-	312 98	-
Pressure washer	10/1/2000	5	SL	733 00	733 00	-	733 00	-
Sewage machine	6/1/2001	5	SL	401 76	401 76	-	401 76	-
Paint sprayer	9/2/2003	5	SL	1,227 87	1,227 87	-	1,227 87	-
Steamvac	7/2/2006	5	SL	295 00	295 00	-	295 00	-
Lawn mower & trimmer	3/7/2007	5	SL	570 42	522 89	47 54	570 42	-
Hedge trimmer	1/31/2007	5	SL	153 00	142 80	10 20	153 00	-
Thermax steam cleaner	7/15/2010	5	SL	2,063 93	515 98	412 79	928 77	1,135 16
				6,666 75	5,061 07	470 52	5,531 59	1,135 16

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>MISC FIXED ASSETS</u>								
Treadmill - exercise room	7/28/2006	5	SL	1,605 88	1,605 88	-	1,605 88	-
Exercise bike	7/28/2006	5	SL	423 87	423 87	-	423 87	-
Flagpole	1/28/2009	10	SL	1,460 00	389 33	146 00	535 33	924 67
Mim shopping carts for laundry	5/19/2010	5	SL	2,567 36	684 63	513 47	1,198 10	1,369 26
				6,057 11	3,103 71	659 47	3,763 18	2,293 93
				3,660,400 88	2,291,116 96	211,917 52	2,503,034 48	1,157,366 40

**Application for Extension of Time To File an Exempt Organization Return**

(Rev. January 2012)

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only   
 All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

<b>Type or print</b> File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions Croft House, Inc	Employer identification number (EIN) or <input checked="" type="checkbox"/> 57-0640593
	Number, street, and room or suite no. If a P O box, see instructions 356 York Street NE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions Aiken SC 29801	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or

▶  tax year beginning 10/1/2011, and ending 9/30/2012

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	-0-

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization <b>Croft House, Inc</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>57-0640593</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>356 York Street NE</b>	Social security number (SSN) <input type="checkbox"/>
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Aiken SC 29801</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

- I request an additional 3-month extension of time until 8/15/2013
- For calendar year \_\_\_\_\_, or other tax year beginning 10/1/2011, and ending 9/30/2012
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension The organization needs more time to obtain information necessary for filing a complete and accurate return

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

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  **CPA** Date  **4/26/13**