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Form 990

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

| | | | |
|--|---|------------|--|
| B Check if applicable | C Name of organization Heritage Day Health Centers | | D Employer identification number 31-1358042 |
| <input type="checkbox"/> Address change | Doing Business As SEE SCHEDULE O | | |
| <input type="checkbox"/> Name change | | | |
| <input type="checkbox"/> Initial return | Number and street (or P O box if mail is not delivered to street address) | Room/suite | |
| <input type="checkbox"/> Terminated | 2335 North Bank Drive Suite | | |
| <input type="checkbox"/> Amended return | City or town, state or country, and ZIP + 4 Columbus, OH 43220 | | |
| <input type="checkbox"/> Application pending | | | G Gross receipts \$ 6,558,923 |

| | |
|---|--|
| F Name and address of principal officer Joseph Kuyoth 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|

| | |
|---|---|
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) |
|---|---|

| | |
|---|------------------------------------|
| J Website: ► www.nationalchurchresidences.org | H(c) Group exemption number ► 5048 |
|---|------------------------------------|

| | | |
|---|--------------------------|------------------------------|
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | L Year of formation 1992 | M State of legal domicile OH |
|---|--------------------------|------------------------------|

Part I Summary

| | | |
|--|----|--------|
| 1 Briefly describe the organization's mission or most significant activities PROVIDE COMPREHENSIVE ADULT DAY SERVICES TO ADULTS WITH COGNITIVE AND PHYSICAL IMPAIRMENTS | | |
| 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 7 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 204 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 232 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 39,520 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 36,816 |

| | | |
|---|--------------------|----------------------|
| 8 Contributions and grants (Part VIII, line 1h) | Prior Year 594,360 | Current Year 827,773 |
| 9 Program service revenue (Part VIII, line 2g) | 4,872,981 | 5,439,178 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,162 | 28,851 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 83,605 | 126,874 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,553,108 | 6,422,676 |

| | | |
|--|-----------|-----------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,764,282 | 3,866,131 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 156,577 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,347,012 | 2,705,251 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,111,294 | 6,571,382 |
| 19 Revenue less expenses Subtract line 18 from line 12 | -558,186 | -148,706 |

| | | |
|--|-------------------------------------|-----------------------|
| 20 Total assets (Part X, line 16) | Beginning of Current Year 5,867,174 | End of Year 6,317,660 |
| 21 Total liabilities (Part X, line 26) | 3,818,449 | 4,417,641 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 2,048,725 | 1,900,019 |

Part II Signature Block

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

| | | |
|-----------|---|--------------------|
| Sign Here | ***** Signature of officer JUDITH NADERHOFF Treasurer Type or print name and title | 2013-11-15 Date |
|-----------|---|--------------------|

| | | | | | |
|------------------------|--|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name Stanley J Olejarski CPA | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ► Howard Wershbaile & Co | | | Firm's EIN ► | |
| | Firm's address ► 23240 Chagrin Blvd Suite 700 Cleveland, OH 441225450 | | | Phone no (216) 831-1200 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

HERITAGE DAY HEALTH CENTERS PROVIDE COMPREHENSIVE ADULT DAY SERVICES TO ADULTS WITH COGNITIVE AND PHYSICAL IMPAIRMENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule C

Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or 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 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 \$ 5,443,898 including grants of \$) (Revenue \$ 5,439,178)

PROVISION OF DAY SERVICES WHICH INCLUDES HEALTH MONITORING, EDUCATION AND MEDICATION ADMINISTRATION, PERSONAL CARE, THERAPEUTIC ACTIVITIES AND SOCIAL SERVICES INCLUDING REFERRAL, COUNSELING AND CAREGIVER SUPPORT

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

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

4d Other program services (Describe in Schedule Q)

(Expenses \$**1,000,000**) including grants of \$**1,000,000**) (Revenue \$**1,000,000**)

4e Total program service expenses 5 443 898

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?
- 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
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
- 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
- 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
 - 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
 - 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 XI
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 12b 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 and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 14b 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
- 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
- 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
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

| | Yes | No |
|-----|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |
| 4 | | No |
| 5 | | No |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | | No |
| 11a | Yes | |
| 11b | | No |
| 11c | | No |
| 11d | | No |
| 11e | | No |
| 11f | | No |
| 12a | | No |
| 12b | Yes | |
| 13 | | No |
| 14a | | No |
| 14b | | No |
| 15 | | No |
| 16 | | No |
| 17 | | No |
| 18 | | No |
| 19 | | No |
| 20a | | No |
| 20b | | |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|-----|---|-----|-----|----|
| 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? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 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? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | Yes | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | 28a | | No |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28c | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 29 | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 30 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 31 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 32 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 33 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 34 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 35a | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35b | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 37 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 38 | Yes | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | | | |

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 | 1a | 10 | |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 204 | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No | |
| b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | 7a | No | |
| 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? | 7b | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | No | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7e | No | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | No | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7h | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 8 | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 9a | | |
| 9 Sponsoring organizations maintaining donor advised funds. | 9b | | |
| a Did the organization make any taxable distributions under section 4966? | | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | |
| 10 Section 501(c)(7) organizations. Enter | 10a | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10b | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 Section 501(c)(12) organizations. Enter | 11a | | |
| a Gross income from members or shareholders | 11b | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13b | | |
| 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 | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|--|-----------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 7 | |
| 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 | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | 7 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 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? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | 8a | Yes | |
| a The governing body? | 8b | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 9 | | No |
| 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 | | | |

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OH
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 JOSEPH KASBERG 2335 NORTH BANK DRIVE COLUMBUS, OH (614) 451-2151

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

Employees, and independent contractors
Check if Schedule O contains a response to any question in this Part VI

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

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 **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Part VIII Statement of Revenue

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

| | | (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 17,741 | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d 7,600 | | | |
| | e Government grants (contributions) | 1e 243,334 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 559,098 | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 102,362 | | |
| | h Total. Add lines 1a-1f | | 827,773 | | |
| Program Service Revenue | 2a GRANTS & SERVICE CONTR | Business Code 623990 | 4,853,638 | 4,853,638 | |
| | b CLIENT FEES | 623990 | 585,540 | 585,540 | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | | | | |
| | g Total. Add lines 2a-2f | | 5,439,178 | | |
| | 3 Investment income (including dividends, interest, and other similar amounts) | | 89 | | 89 |
| 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| 5 Royalties | | 0 | | | |
| 6a Gross rents | (i) Real 226,756 | | | | |
| b Less rental expenses | (ii) Personal 99,882 | | | | |
| c Rental income or (loss) | 126,874 | 0 | | | |
| d Net rental income or (loss) | | 126,874 | 39,520 | 87,354 | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities 65,127 | | | | |
| b Less cost or other basis and sales expenses | (ii) Other 36,365 | | | | |
| c Gain or (loss) | 28,762 | | | | |
| d Net gain or (loss) | | 28,762 | | 28,762 | |
| 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 | | 0 | | | |
| 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 | | 0 | | | |
| 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 | | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | |
| 11a | | | | | |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 0 | | | |
| 12 Total revenue. See Instructions | | 6,422,676 | 5,439,178 | 39,520 | 116,205 |

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)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-------------------------------|---|--|---|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 98,984 | 82,810 | 14,257 | 1,917 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 2,961,397 | 2,472,707 | 401,702 | 86,988 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 515,889 | 443,023 | 55,973 | 16,893 |
| 10 Payroll taxes | 289,861 | 280,050 | 2,440 | 7,371 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 339,667 | | 339,667 | 0 |
| b Legal | 8,415 | | 8,415 | |
| c Accounting | 19,850 | | 19,850 | |
| d Lobbying | 0 | | | |
| e Professional fundraising services See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 59,683 | 24,337 | | 35,346 |
| 12 Advertising and promotion | 53,977 | 29,088 | 23,888 | 1,001 |
| 13 Office expenses | 36,229 | 22,778 | 13,451 | |
| 14 Information technology | 14,620 | 14,620 | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 182,401 | 182,401 | | |
| 17 Travel | 30,600 | 13,669 | 16,931 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 252,095 | 250,954 | 1,141 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 291,368 | 267,375 | 23,993 | |
| 23 Insurance | 81,723 | 80,618 | 1,105 | |
| 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 TRANSPORTATION | 405,101 | 405,101 | | |
| b REPAIRS AND MAINTENANCE | 390,386 | 387,273 | 3,113 | |
| c PATIENT MEALS | 404,742 | 404,424 | 318 | |
| d PROGRAM SUPPLIES AND DRUGS | 83,375 | 81,915 | 1,460 | |
| e All other expenses | 51,019 | 755 | 43,203 | 7,061 |
| 25 Total functional expenses. Add lines 1 through 24e | 6,571,382 | 5,443,898 | 970,907 | 156,577 |
| 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 SheetCheck if Schedule O contains a response to any question in this Part X

| | | (A) Beginning of year | (B) End of year | |
|------------------------------------|--|---------------------------------|---------------------------|-----------|
| Assets | | | | |
| 1 | Cash—non-interest-bearing | 280,956 | 1 | 576,918 |
| 2 | Savings and temporary cash investments | 0 | 2 | 0 |
| 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| 4 | Accounts receivable, net | 832,931 | 4 | 1,025,873 |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| 6 | Loans and other 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) Complete Part II of Schedule L | 0 | 6 | 0 |
| 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| 8 | Inventories for sale or use | 0 | 8 | 0 |
| 9 | Prepaid expenses and deferred charges | 53,106 | 9 | 32,615 |
| 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 7,073,962 | |
| b | Less accumulated depreciation | 10b | 2,561,896 | 4,603,161 |
| | | | 10c | 4,512,066 |
| 11 | Investments—publicly traded securities | 0 | 11 | 0 |
| 12 | Investments—other securities See Part IV, line 11 | 0 | 12 | 0 |
| 13 | Investments—program-related See Part IV, line 11 | 0 | 13 | 0 |
| 14 | Intangible assets | 0 | 14 | 0 |
| 15 | Other assets See Part IV, line 11 | 97,020 | 15 | 170,188 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 5,867,174 | 16 | 6,317,660 |
| Liabilities | | | | |
| 17 | Accounts payable and accrued expenses | 593,040 | 17 | 548,567 |
| 18 | Grants payable | 0 | 18 | 0 |
| 19 | Deferred revenue | 0 | 19 | 0 |
| 20 | Tax-exempt bond liabilities | 3,170,000 | 20 | 3,148,415 |
| 21 | Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | 0 |
| 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0 | 22 | 0 |
| 23 | Secured mortgages and notes payable to unrelated third parties | 48,086 | 23 | 720,659 |
| 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| 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 | 7,323 | 25 | 0 |
| 26 | Total liabilities. Add lines 17 through 25 | 3,818,449 | 26 | 4,417,641 |
| Net Assets or Fund Balances | | | | |
| | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 1,766,150 | 27 | 1,416,264 |
| 28 | Temporarily restricted net assets | 282,575 | 28 | 483,755 |
| 29 | Permanently restricted net assets | 0 | 29 | 0 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | 30 | | |
| 31 | Paid-in or capital surplus, or land, building or equipment fund | 31 | | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | 32 | | |
| 33 | Total net assets or fund balances | 2,048,725 | 33 | 1,900,019 |
| 34 | Total liabilities and net assets/fund balances | 5,867,174 | 34 | 6,317,660 |

Part XI Reconciliation of Net AssetsCheck 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 | 6,422,676 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,571,382 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -148,706 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,048,725 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,900,019 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

| | Yes | No |
|---|-----|-----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | No |
| 2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | Yes |
| 2c 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 | 2c | Yes |
| 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? 3b 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 | 3a | No |
| | 3b | |

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization
Heritage Day Health Centers**Employer identification number**

31-1358042

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

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

- 1 A church, convention of churches, or association of churches 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
- e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- f 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)
- g 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
- h 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?
- i Provide the following information about the supported organization(s)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | (v) Did you notify the organization in col (i) of your support? | (vi) Is the organization in col (i) organized in the U S ? | (vii) Amount of monetary support |
|---|-----------------|---|---|--|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 3,759,348 | 4,822,951 | 4,929,911 | 5,467,341 | 6,266,951 | 25,246,502 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 3,759,348 | 4,822,951 | 4,929,911 | 5,467,341 | 6,266,951 | 25,246,502 |
| 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) | | | | | | 0 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 25,246,502 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 3,759,348 | 4,822,951 | 4,929,911 | 5,467,341 | 6,266,951 | 25,246,502 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 63,327 | 235,181 | 216,876 | 210,272 | 226,845 | 952,501 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | 0 |
| 11 Total support (Add lines 7 through 10) | | | | | | 26,199,003 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|----------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 96 364 % |
| 15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 | 96 510 % |
| 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | ►✓ |
| b 33 1/3% support test—2011. 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 | | ►□ |
| 17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ►□ |
| b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ►□ |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | ►□ |

Part III Support Schedule for Organizations Described in 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|-----|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | 0 % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2012. 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—2011. 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).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2012****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization
Heritage Day Health Centers**Employer identification number**

31-1358042

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

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

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

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

| | |
|---|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply) | <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 | |
| a Total number of conservation easements | Held at the End of the Year |
| b Total acreage restricted by conservation easements | 2a |
| c Number of conservation easements on a certified historic structure included in (a) | 2b |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2c |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____ | 2d |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 In Part XIII, 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 XIII, 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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> Preservation for future generations | |

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

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 XIII and complete the following table

| | 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 XIII. Check here if the explanation has been provided in Part XIII

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

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

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

4 Describe in Part XIII 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 | | 612,333 | | | 612,333 |
| b Buildings | | 3,481,285 | 906,281 | | 2,575,004 |
| c Leasehold improvements | | 1,312,797 | 442,670 | | 870,127 |
| d Equipment | | 690,011 | 508,572 | | 181,439 |
| e Other | | 977,536 | 704,373 | | 273,163 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | | 4,512,066 |

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 | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (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 |
|--|----------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (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 |
|--|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ► | |

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

| (a) Description of liability | (b) Book value | |
|--|----------------|--|
| 1 Federal income taxes | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► | | |

2. Fin 48 (ASC 740) Footnote In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 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 | |

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

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

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

2012**Open to Public Inspection**Name of the organization
Heritage Day Health Centers**Employer identification number**

31-1358042

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 in 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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 | | No |
| 4b | Yes | |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 9 | | |

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (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 as deferred in prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JOSEPH B KUYOTH JR PRESIDENT | (i) 0 (ii) 195,541 | 0 65,000 | 0 1,933 | 0 31,166 | 0 2,367 | 0 296,007 | 0 |
| (2) JUDITH NADERHOFF Secretary/Treasurer | (i) 0 (ii) 163,281 | 0 34,418 | 0 146 | 0 30,539 | 0 12,425 | 0 240,809 | 0 |
| (3) JOSEPH KASBERG VICE PRESIDENT | (i) 0 (ii) 214,341 | 0 27,000 | 0 41,113 | 0 25,666 | 0 9,408 | 0 317,528 | 0 |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|---|----------------------------|---|
| PROCEDURES USED TO ESTABLISH COMPENSATION | SCHEDULE J, PART I, LINE 3 | NATIONAL CHURCH RESIDENCES, A RELATED ORGANIZATION, ESTABLISHES THE TOP MANAGEMENT OFFICIALS' COMPENSATION. THE FOLLOWING METHODS WERE USED BY NATIONAL CHURCH RESIDENCES TO ESTABLISH COMPENSATION LEVELS: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. |
| PARTICIPATION IN 457(f) PLAN | PART I, LINE 4B | JOSEPH R KASBERG \$36,089 |

**Schedule K
(Form 990)****2012**Open to Public
Inspection**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 VI.

► Attach to Form 990.

► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
Heritage Day Health CentersEmployer identification number
31-1358042**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) Pool financing | |
|------------------------|----------------|-------------|-----------------|-----------------|------------------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A FRANKLIN COUNTY OHIO | 31-6400067 | | 04-30-2012 | 3,339,000 | FRANKLIN COUNTY ADJUSTABLE RATE | | X | | X | | X |

Part II Proceeds

| 1 | Amount of bonds retired | A | | B | | C | | D | | |
|----|--|---------|----|-----------|-----|-----------|-----|----|-----|----|
| | | 190,585 | | 0 | | 3,339,000 | | 0 | | |
| 2 | Amount of bonds legally defeased | | | 0 | | | | | | |
| 3 | Total proceeds of issue | | | 3,339,000 | | | | | | |
| 4 | Gross proceeds in reserve funds | | | 0 | | | | | | |
| 5 | Capitalized interest from proceeds | | | 0 | | | | | | |
| 6 | Proceeds in refunding escrows | | | 513,271 | | | | | | |
| 7 | Issuance costs from proceeds | | | 66,780 | | | | | | |
| 8 | Credit enhancement from proceeds | | | 0 | | | | | | |
| 9 | Working capital expenditures from proceeds | | | 0 | | | | | | |
| 10 | Capital expenditures from proceeds | | | 2,758,949 | | | | | | |
| 11 | Other spent proceeds | | | 0 | | | | | | |
| 12 | Other unspent proceeds | | | 0 | | | | | | |
| 13 | Year of substantial completion | | | 2014 | | | | | | |
| 14 | Were the bonds issued as part of a current refunding issue? | Yes | No | | Yes | No | Yes | No | Yes | No |
| 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? | A | | B | | C | | D | |
|---|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | | |
|---|-----|----|-----|----|-----|----|-----|----|---|
| | Yes | No | Yes | No | Yes | No | Yes | No | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ► | | | 0 % | | | % | | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ► | | | % | | | % | | | % |
| 6 Total of lines 4 and 5 | | | % | | | % | | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | | |
| 8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | % | | | % | | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | X | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | X | | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | | | | | |
| b Exception to rebate? | | X | | | | | | |
| c No rebate due? | X | | | | | | | |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | 0 | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was a hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | 0 | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | | | | | | |

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| 1 | PART IV, LINE 2C | REBATE COMPUTATION WAS PERFORMED IN 2012 |

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
►Attach to Form 990.Name of the organization
Heritage Day Health Centers

Employer identification number

31-1358042

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | X | 2 | 102,362 | FAIR MARKET VALUE |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (_____) | | | | |
| 26 Other ► (_____) | | | | |
| 27 Other ► (_____) | | | | |
| 28 Other ► (_____) | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | 29 | |

| | Yes | No |
|---|-----|-----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | No |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | Yes |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | No |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule M (Form 990) (2012)

2012

Open to Public
Inspection**SCHEDULE O**
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

Name of the organization
Heritage Day Health Centers**Employer identification number**

31-1358042

| Identifier | Return Reference | Explanation |
|---|------------------|--|
| PAGE 6, PART VI, SECTION A, LINE 6 | | THE SOLE MEMBER OF THE CORPORATION SHALL, AT ALL TIMES, BE NATIONAL CHURCH RESIDENCES |
| PAGE 6, PART VI, SECTION A, LINE 7A | | MEMBERS OR TRUSTEES SHALL HAVE THE APPROVAL OF THE BOARD OF TRUSTEES OF NATIONAL CHURCH RESIDENCES |
| PAGE 6, PART VI, SECTION A, LINE 7B | | NATIONAL CHURCH RESIDENCES IS REQUIRED TO APPROVE THE SELECTION OF THE BOARD OF TRUSTEES |
| PAGE 6, PART VI, Section B, LINE 11 | | THE 990 RETURN IS MADE AVAILABLE TO THE BOARD PRIOR TO FILING AN OFFICER REVIEWS THE 990 RETURN PRIOR TO SIGNATURE |
| PAGE 6, PART VI, SECTION B, LINE 12C | | ANY DIRECTOR, EXECUTIVE OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS IS COVERED UNDER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANY PERSON COVERED UNDER THIS POLICY MUST DISCLOSE THE EXISTENCE OF A CONFLICT AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF BOARD COMMITTEES ALL DIRECTORS AND OFFICERS SHALL ALSO REVIEW AND SIGN THE CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS, IDENTIFYING FAMILY MEMBERS, POSSIBLE RELATED BUSINESSES, AND INVESTMENTS AND PROMPTLY REPORT ANY CHANGES TO THE CHAIRPERSON THAT OCCUR THROUGHOUT THE YEAR IF A CONFLICT EXISTS, PARTICIPATION AND VOTING RIGHT RESTRICTIONS ARE IMPOSED |
| PAGE 6, PART VI, SECTION B, LINE 15 | | FOLLOWING AN ESTABLISHED EXECUTIVE COMPENSATION POLICY, THE HUMAN RESOURCE COMMITTEE REVIEWS AND APPROVES SALARIES OF ALL OFFICERS AND REPORTS TO THE EXECUTIVE COMMITTEE ON THEIR ACTION THE COMMITTEES BASE THE SALARY DECISIONS ON SURVEY DATA FROM COMPARABLE ORGANIZATIONS, USE OF AN INDEPENDENT COMPENSATION CONSULTANT AND ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE THE COMPENSATION POLICY REVIEW WAS LAST PERFORMED IN 2012 |
| PAGE 6, PART VI, SECTION C, LINE 19 | | GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST AND THROUGH A SECURED WEBSITE |
| PAGE 12, PART XII, LINE 2C | | The organization has an audit committee which oversees the audit of the financial statements and is involved in selection of the independent accountant which completes the audit. This process has not changed from the prior year |
| SCHEDULE R, PART II | | THE RELATED TAX EXEMPT ORGANIZATIONS ARE ALL MEMBERS OF GROUP EXEMPTION # 5048 |
| PAGE 1, Item C | | THE ORGANIZATION CONDUCTS BUSINESS UNDER THE NAME National Church Residences Center for Senior Health |

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Heritage Day Health Centers

Employer identification number

31-135804

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

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

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

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

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

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

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

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

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

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

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

 - p** Reimbursement paid to related organization(s) for expenses
 - q** Reimbursement paid by related organization(s) for expenses

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

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

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

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|----------------------------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

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

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

Software ID:
Software Version:
EIN: 31-1358042
Name: Heritage Day Health Centers

Schedule R (Form 990) 2012

Page 5

Part VII Supplemental Information

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

| Identifier | | Return Reference | | Explanation | | | | | | | |
|---|-------------------------|---|--|---|---------------------------------|--|---|----|---|--|--------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 | (j) General or Managing Partner? | (k) Percentage ownership |
| | | | | | | | Yes | No | | | |
| ABBEY CHURCH VILLAGE LP 6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 31-1416957 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % |
| AVONDALE WOODS SENIOR HOUSING LP 5215 AVERY RD DUBLIN, OH 43016 26-4260580 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % |
| BATTERY PARK SENIOR HOUSING LP 1 BATTLE SQ ASHEVILLE, NC 288012712 26-0069390 | RENTAL ACTIVITY | NC | NA | N/A | 0 | 0 | | | | No | 0 % |
| BAPTIST GARDENS HOUSING LP 1901 MYRTLE DR SW ATLANTA, GA 30311 27-2962768 | RENTAL ACTIVITY | GA | NA | N/A | 0 | 0 | | | | No | 0 % |
| BLESSING COURT SENIOR HOUSING LP 3100 BLESSING CT BEDFORD, TX 760215009 45-3175449 | RENTAL ACTIVITY | TX | NA | N/A | 0 | 0 | | | | No | 0 % |
| BRISTOL COURT APARTMENTS LP 600 E FIFTH ST WAVERLY, OH 456901566 20-2470977 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % |
| CAPITOL HEIGHTS SENIOR HOUSING LP 505 SUFFOLK AVE CAPITOL HEIGHTS, MD 207433000 20-8599370 | RENTAL ACTIVITY | MD | NA | N/A | 0 | 0 | | | | No | 0 % |
| CHANTRY PLACE HOUSING LP 5500 MILLERSFIELD DR COLUMBUS, OH 432327764 20-1872900 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % |
| CHATEAU GARDENS HOUSING LLC 912 MARTIN AVE FOND DU LAC, WI 549356336 71-0955814 | RENTAL ACTIVITY | WI | NA | N/A | 0 | 0 | | | | No | 0 % |
| CLARA PARK VILLAGE APARTMENTS LP 4805 CLARA ST CUDAHY, CA 902015200 20-2869540 | RENTAL ACTIVITY | CA | NA | N/A | 0 | 0 | | | | No | 0 % |
| COEUR D'ALENE SENIOR HOUSING LP 7712 N HEARTLAND DR COEUR DALENE, ID 838158906 31-1639271 | RENTAL ACTIVITY | ID | NA | N/A | 0 | 0 | | | | No | 0 % |
| COLORADO PLAZA SENIOR HOUSING LP 420 COLORADO ST MANHATTAN, KS 665020659 31-1714217 | RENTAL ACTIVITY | KS | NA | N/A | 0 | 0 | | | | No | 0 % |
| COMBINED LOCKS SENIOR HOUSING LP 334 WALLACE ST COMBINED LOCKS, WI 54113 20-5556388 | RENTAL ACTIVITY | WI | NA | N/A | 0 | 0 | | | | No | 0 % |
| COUNTRY RIDGE APARTMENTS LP 5656 FARMHOUSE LN HILLIARD, OH 430267846 31-1504074 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % |
| COURTYARD AT WILLOW WOODS LP 1500 LINCOLN AVE TOMAH, WI 546602463 20-3678605 | RENTAL ACTIVITY | WI | NA | N/A | 0 | 0 | | | | No | 0 % |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 | (j) General or Managing Partner? | (k) Percentage ownership | |
|--|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|---|-------------------------------------|-----------------------------|-----|
| | | | | | | | Yes | No | | | | |
| CYPRESS SUNRISE VILLAGE APARTMENTS LP 9151 GRINDLAY ST CYPRESS, CA 906303088 20-2869574 | RENTAL ACTIVITY | CA | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| DELOWE & MYRTLE SENIOR HOUSING LP 1881 MYRTLE DR SW ATLANTA, GA 30311 26-2082332 | RENTAL ACTIVITY | GA | NA | N/A | 0 | 0 | | | | | No | 0 % |
| DUBLIN HOUSE SENIOR HOUSING LP 1425 CENTRAL AVE MIDDLETOWN, OH 450444180 20-4064054 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | | No | 0 % |
| EAST VALLEY SENIOR HOUSING LP 16010 EAST VALLEYWAY AVE VERADALE, WA 990378937 91-2033951 | RENTAL ACTIVITY | WA | NA | N/A | 0 | 0 | | | | | No | 0 % |
| EDEN PLACE SENIOR HOUSING LP 1220 JEFFERSON AVE SEGUIN, TX 781555934 74-3017793 | RENTAL ACTIVITY | TX | NA | N/A | 0 | 0 | | | | | No | 0 % |
| ELIZABETH SENIOR HOUSING LP 122 SEVENTH ST ELIZABETH, NJ 072012822 20-2862379 | RENTAL ACTIVITY | NJ | NA | N/A | 0 | 0 | | | | | No | 0 % |
| HARBOURVIEW SENIOR HOUSING LP 115 FRANKLIN ST SANDUSKY, OH 448702806 20-2471589 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | | No | 0 % |
| HARVARD ELDERLY LP 6900 HARVARD AVE CLEVELAND, OH 441055016 34-1863728 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | | No | 0 % |
| HAYDEN SENIOR HOUSING LP 88 W SARGENT DR HAYDEN, ID 838358882 46-0493154 | RENTAL ACTIVITY | ID | NA | N/A | 0 | 0 | | | | | No | 0 % |
| HEARTLAND SENIOR HOUSING LP 7745 N HEARTLAND DR COEUR DALENE, ID 838158904 54-2064319 | RENTAL ACTIVITY | ID | NA | N/A | 0 | 0 | | | | | No | 0 % |
| HERITAGE PLACE AT TRAILS EDGE LP 2620 EAST STATE BLVD FORT WAYNE, IN 468054730 20-1469685 | RENTAL ACTIVITY | IN | NA | N/A | 0 | 0 | | | | | No | 0 % |
| HILLTOP II SENIOR HOUSING LP 3630 MOORES TRAIL RD COLUMBUS, OH 432284345 52-2367292 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | | No | 0 % |
| HILLTOP SENIOR HOUSING LP 300 OVERSTREET WAY COLUMBUS, OH 432284335 31-1592983 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | | No | 0 % |
| JAYCEE FAIRGROUNDS VILLAGE SENIOR HOUSIN 1355 FAIRGROUNDS RD ST CHARLES, MO 633012383 27-5281382 | RENTAL ACTIVITY | MO | NA | N/A | 0 | 0 | | | | | No | 0 % |
| KIRBY MANOR SENIOR LP 11500 DETROIT AVE CLEVELAND, OH 44102 87-0704525 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | | No | 0 % |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 | (j) General or Managing Partner? | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|---|-------------------------------------|-----------------------------|
| | | | | | | | Yes | No | | | |
| KIWANIS VILLAGE SENIOR HOUSING LP 1200 CROY DR FINDLAY, OH 458406707 20-4063620 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % |
| LAKESIDE APARTMENTS HOUSING LP 2590 FRANCISCO BLVD PACIFICA, CA 940442732 02-0668710 | RENTAL ACTIVITY | CA | NA | N/A | 0 | 0 | | | | No | 0 % |
| LAKESIDE TOWERS OF STERLING HEIGHTS LP 15000 SHORELINE DR STERLING HEIGHTS, MI 483132275 45-2797185 | RENTAL ACTIVITY | MI | NA | N/A | 0 | 0 | | | | No | 0 % |
| LAKEWOOD CHRISTIAN MANOR LP 2141 SPRINGDALE RD W ATLANTA, GA 303156100 31-1647433 | RENTAL ACTIVITY | GA | NA | N/A | 0 | 0 | | | | No | 0 % |
| LEONARDTOWN SENIOR HOUSING LP 22810 DORSEY ST LEONARDTOWN, MD 206503831 20-8599565 | RENTAL ACTIVITY | MD | NA | N/A | 0 | 0 | | | | No | 0 % |
| LINCOLN GARDENS II SENIOR HOUSING LP 110 STURBRIDGE RD COLUMBUS, OH 432284424 26-4310827 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % |
| MADISON HEIGHTS WIN LTD DIVIDEND HOUSING 27777 DEQUINDRE RD MADISON HEIGHTS, MI 48071 20-3638189 | RENTAL ACTIVITY | MI | NA | N/A | 0 | 0 | | | | No | 0 % |
| MAGNOLIA ACRES SENIOR HOUSING LP 108 DEBORAH DR ANGLETON, TX 775154165 45-3176201 | RENTAL ACTIVITY | TX | NA | N/A | 0 | 0 | | | | No | 0 % |
| MANSFIELD WOODS LP 382 WOODRIDGE DR MANSFIELD, OH 449062103 31-1592987 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % |
| MEADOWVIEW SENIOR HOUSING LP 338 W MAIN ST MT STERLING, OH 431431291 20-2471060 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % |
| MEMORIAL TOWERS LP 1405 SOUTH 7TH AVE PHEONIX, AZ 85007 30-0230394 | RENTAL ACTIVITY | AZ | NA | N/A | 0 | 0 | | | | No | 0 % |
| MT BALDY SENIOR HOUSING LP 839 KOOTENAI CUT OFF RD PONDERAY, ID 838529804 74-3085816 | RENTAL ACTIVITY | ID | NA | N/A | 0 | 0 | | | | No | 0 % |
| NATIONAL CHURCH RESIDENCES OF RIVER CT 147 N RIVER CT MOUNT CLEMENS, MI 48043 90-0959661 | RENTAL ACTIVITY | MI | NA | N/A | 0 | 0 | | | | No | 0 % |
| PARK PLACE TOWERS OF HARPER WOODS LP 19460 PARK DR HARPER WOODS, MI 482252375 45-2797239 | RENTAL ACTIVITY | MI | NA | N/A | 0 | 0 | | | | No | 0 % |
| PARKVIEW PLACE SENIOR HOUSING LP 1110 AVENUE N ST HUNTSVILLE, TX 77340 36-4725509 | RENTAL ACTIVITY | TX | NA | N/A | 0 | 0 | | | | No | 0 % |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 | (j) General or Managing Partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|---|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| PRESBYTERIAN HOMES OF PASCO NPR LP 5852 SEA FOREST DR NEWPORT RICHEY, FL 346522049 59-3283881 | RENTAL ACTIVITY | FL | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| RENAISSANCE II SENIOR HOUSING LP 419 N ST CLAIR ST TOLEDO, OH 436041562 26-2062189 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| RIVERCREST SENIOR HOUSING ASSOC LP 7210 WILLIAMS RD NIAGARA FALLS, NY 143043735 20-2518262 | RENTAL ACTIVITY | NY | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| RIVERSIDE DEVELOPMENT LDHALP 159 S GROVE RD YPSILANTI, MI 48198 38-2723325 | RENTAL ACTIVITY | MI | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| ROMULUS WIN LTD DIVIDEND HOUSING ASSOC 36500 BIBBINS ST ROMULUS, MI 48174 42-1674512 | RENTAL ACTIVITY | MI | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| ROOSEVELT TOWNE APARTMENTS LLC 711 N EUCLID AVE ST LOUIS, MO 631081632 13-4242467 | RENTAL ACTIVITY | MO | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| SAN ANTONIO SENIOR HOUSING LP 3503 CAMINO REAL SAN ANTONIO, TX 782383401 31-1592980 | RENTAL ACTIVITY | TX | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| SANTIAGO FAJARDO VILLAGE LP 1 CALLE 5-1 ADM OFFICE FAJARDO, PR 007384849 20-2907605 | RENTAL ACTIVITY | PR | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| SOLBERG WIN LTD DIVIDEND HOUSING ASSOC 27787 DEQUINDRE RD MADISON HEIGHTS, MI 48071 42-1674495 | RENTAL ACTIVITY | MI | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| SOUTHWOOD GARDENS ADULT COMM LP 3550 CEDAR CREEK RD SHREVEPORT, LA 711182326 31-1484717 | RENTAL ACTIVITY | LA | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| SPRAGUE SENIOR HOUSING LP 14303 E SPRAGUE AVE SPOKANE, WA 992163121 91-2123013 | RENTAL ACTIVITY | WA | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| SUMMERFIELD VILLAGE APART LP 2624 TRACTION AVE SACRAMENTO, CA 958152485 20-2869621 | RENTAL ACTIVITY | CA | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| THE COMMONS AT BUCKINGHAM HOUSING LP 328 BUCKINGHAM ST COLUMBUS, OH 43215 26-0223422 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| THE COMMONS AT GRANT LTD 398 S GRANT AVE COLUMBUS, OH 432155549 31-1797406 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |
| THE COMMONS AT LIVINGSTON HOUSING LP 3349 EAST LIVINGSTON AVE COLUMBUS, OH 43227 26-4416286 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | Yes | No | 0 % |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership | | | | | | | | | | | | |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|---|-------------------------------------|-----|-----------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 | (j) General or Managing Partner? | | (k) Percentage ownership |
| | | | | | | | Yes | No | | Yes | No | |
| THE COMMONS AT THIRD HOUSING LP 1280 NORTON AVE COLUMBUS, OH 43212 27-2125068 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % | |
| TRINITY MANOR SENIOR HOUSING LP 301 CLARK ST MIDDLETOWN, OH 450428158 26-0072500 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % | |
| TRINITY TOWERS LP 2611 SPRINGDALE RD SW ATLANTA, GA 303157137 52-2405847 | RENTAL ACTIVITY | GA | NA | N/A | 0 | 0 | | | | No | 0 % | |
| TSCHIRLEY SENIOR HOUSING II LP 107 S TSCHIRLEY RD GREENACRES, WA 990169317 81-0636765 | RENTAL ACTIVITY | WA | NA | N/A | 0 | 0 | | | | No | 0 % | |
| TSCHIRLEY SENIOR HOUSING LP 111 S TSCHIRLEY RD GREENACRES, WA 990169342 91-2177168 | RENTAL ACTIVITY | WA | NA | N/A | 0 | 0 | | | | No | 0 % | |
| VANDERBILT SENIOR HOUSING LP 75 HAYWOOD ST ASHEVILLE, NC 288012846 20-2635801 | RENTAL ACTIVITY | NC | NA | N/A | 0 | 0 | | | | No | 0 % | |
| VIEWPOINT SENIOR HOUSING LP 215 EAST SHORELINE DR SANDUSKY, OH 44870 20-2471408 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % | |
| VILLA ESPERANZA APARTMENTS LP SE ADMIN BOX 111 ST 35 BLOQ 24-16 CAROLINA, PR 00983 20-2907561 | RENTAL ACTIVITY | PR | NA | N/A | 0 | 0 | | | | No | 0 % | |
| VILLA PROVIDENCIA APARTMENTS LP SE 350 CARR 837 GUAYNABO, PR 009696238 20-2907579 | RENTAL ACTIVITY | PR | NA | N/A | 0 | 0 | | | | No | 0 % | |
| VISION CENTER II LP 3400 VISION CENTER CT COLUMBUS, OH 432272262 31-1364056 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % | |
| WAGGONER SENIOR HOUSING LP 831 ACORN GROVE DR BLACKLICK, OH 430045044 31-1812222 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % | |
| WARREN ELDERLY HOMES II LP 1330 BLAKELY CIRCLE SW WARREN, OH 444853875 34-1885076 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % | |
| WARREN ELDERLY HOMES LP 1330 BLAKELY CIRCLE SW WARREN, OH 444853875 31-1501031 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % | |
| WAYNE WIN LTD DIVIDEND HOUSING ASSOC LP 35200 SIMS WAYNE, MI 48184 42-1674508 | RENTAL ACTIVITY | MI | NA | N/A | 0 | 0 | | | | No | 0 % | |
| WESTERVILLE SENIOR HOUSING II LLC 622 S SUNBURY RD WESTERVILLE, OH 43081 20-2489049 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | 0 % | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 | (j) General or Managing Partner? | | (k) Percentage ownership |
|--|-------------------------|---|--|---|---------------------------------|--|---|----|---|--|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| WESTERVILLE SENIOR HOUSING LP 630 S SUNBURY RD WESTERVILLE, OH 430819344 45-0470538 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | | 0 % |
| WHITE BIRCH I HOUSING LP 9239 N 75TH UNIT 1 MILWAUKEE, WI 53223 76-0752024 | RENTAL ACTIVITY | WI | NA | N/A | 0 | 0 | | | | No | | 0 % |
| WHITE BIRCH II HOUSING LP 9239 N 75TH UNIT 1 MILWAUKEE, WI 532232065 76-0752031 | RENTAL ACTIVITY | WI | NA | N/A | 0 | 0 | | | | No | | 0 % |
| WHITEHALL SENIOR HOUSING LP 851 COUNTRY CLUB RD WHITEHALL, OH 432132442 31-1592973 | RENTAL ACTIVITY | OH | NA | N/A | 0 | 0 | | | | No | | 0 % |
| WYSONG VILLAGE APARTMENTS LP 111 N CHAPEL AVE ALHAMBRA, CA 918013565 20-2869668 | RENTAL ACTIVITY | CA | NA | N/A | 0 | 0 | | | | No | | 0 % |
| SUPERIOR ARBORETUM SENIOR HOUSING LP 199 GRAY DR SUPERIOR, AZ 852734633 26-2084830 | RENTAL ACTIVITY | AZ | NA | N/A | 0 | 0 | | | | No | | 0 % |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|--|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| ABBEY CHURCH ROAD INC 6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 31-1416121 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| CHANTRY PLACE HOUSING INC 5500 MILLERSFIELD DR COLUMBUS, OH 432327764 20-1891592 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| COUNTRY RIDGE APARTMENTS INC 5656 FARMHOUSE LN HILLIARD, OH 430267846 31-1504166 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| HARVARD SCHOOL INC 6900 HARVARD AVE CLEVELAND, OH 441055016 31-1740172 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| HILLTOP II SENIOR HOUSING INC 3630 MOORES TRAIL RD COLUMBUS, OH 432284345 02-0633437 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| HILLTOP SENIOR HOUSING INC 300 OVERSTREET WAY COLUMBUS, OH 432284335 31-1592982 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| MANSFIELD WOODS INC 382 WOODRIDGE DR MANSFIELD, OH 449062103 31-1592986 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| NCR OF WARREN SENIOR HOUSING II INC 1330 BLAKELY CIRCLE SW WARREN, OH 444853875 31-1721646 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| NCR OF WARREN SENIOR HOUSING INC 1330 BLAKELY CIRCLE SW WARREN, OH 444853875 31-1743897 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| RIVERCREST SENIOR HOUSING LLC 7210 WILLIAMS RD NIAGRA FALLS, NY 143043735 61-1462286 | RENTAL ACTIVITY | NY | NA | C CORP | 0 | 0 | 0 % | | No |
| ROOSEVELT TOWNE HOUSING INC 711 N EUCLID AVE ST LOUIS, MO 631081632 54-2086755 | RENTAL ACTIVITY | MO | NA | C CORP | 0 | 0 | 0 % | | No |
| SAN ANTONIO SENIOR HOUSING INC 3503 CAMINO REAL SAN ANTONIO, TX 782383401 31-1592978 | RENTAL ACTIVITY | TX | NA | C CORP | 0 | 0 | 0 % | | No |
| ST GEORGE HOUSING FOR SENIORS INC 16400 DIX-TOLEDO HWY SOUTHGATE, MI 48195 20-0509633 | RENTAL ACTIVITY | MI | NA | C CORP | 0 | 0 | 0 % | | No |
| VISION CENTER II INC 3400 VISION CENTER CT COLUMBUS, OH 432272262 31-1363226 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| WAGGONER WOODS INC 751 CHESTNUT GROVE DR BLACKLICK, OH 430045024 31-1808113 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|--|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| WESTERVILLE SENIOR HOUSING INC 630 S SUNBURY RD WESTERVILLE, OH 430819344 73-1631614 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| WHITEHALL SENIOR HOUSING INC 851 COUNTRY CLUB RD WHITEHALL, OH 432132442 31-1592976 | RENTAL ACTIVITY | OH | NA | C CORP | 0 | 0 | 0 % | | No |
| WINGATE MANAGEMENT CORP 29777 TELEGRAPH RD STE 2611 SOUTHFIELD, MI 48034 38-2060029 | MANAGEMENT | MI | NA | S CORP | 0 | 0 | 0 % | | No |

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