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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2012**  
**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:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: CONGREGATIONAL HOME INC  
 Doing Business As:  
 Number and street (or P O box if mail is not delivered to street address): 3150 LILLY RD  
 Room/suite:  
 City or town, state or country, and ZIP + 4: BROOKFIELD, WI 53005

**D** Employer identification number: 39-1167483

**E** Telephone number: (262) 781-0550

**F** Name and address of principal officer: CHARLES T NELSON, 3150 LILLY RD, BROOKFIELD, WI 53005

**G** Gross receipts \$ 14,847,775

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: WWW CONGREGATIONALHOME COM

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1973  
**M** State of legal domicile: WI

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities THE CONGREGATIONAL HOME IS AN EXTENSION OF THE MISSION OF FIRST CONGREGATIONAL CHURCH ITS PURPOSE IS TO CREATE AND MAINTAIN A CARING COMMUNITY FOR THE ELDERLY WHICH OFFERS HOUSING, HEALTH CARE AND OTHER SERVICES THE HOME DECLARES IT IMPORTANT TO RESPECT AND HONOR THE DIGNITY OF EACH INDIVIDUAL RESIDENT, TO MAINTAIN SUPERIOR QUALITY FACILITIES AND PROGRAMMING, TO CONSIDER SERVICES THAT CAN BE DELIVERED INTO THE COMMUNITY, AND TO MAINTAIN FINANCIAL STABILITY		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	252
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	110
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	38,409	120,225
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,325,753	11,092,313
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	441,468	323,386
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,805,630	11,538,178
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,318,642	7,474,168
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,986,784	3,252,083
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,305,426	10,726,251	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	500,204	811,927	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	21,697,838	23,296,221
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,763,928	2,145,429

**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: CHARLES T NELSON PRESIDENT  
 Date: 2013-05-03

**Paid Preparer Use Only**

Preparer's name: KATHRYN L BENNETT  
 Preparer's signature: \_\_\_\_\_  
 Date: 2013-05-10  
 Firm's name: KOMISAR BRADY & CO LLP  
 Firm's address: 135 SOUTH 84TH ST STE 200 MILWAUKEE, WI 53214  
 Firm's EIN: \_\_\_\_\_  
 Phone no: (414) 271-3966

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

THE CONGREGATIONAL HOME IS AN EXTENSION OF THE MISSION OF FIRST CONGREGATIONAL CHURCH ITS PURPOSE IS TO CREATE AND MAINTAIN A CARING COMMUNITY FOR THE ELDERLY WHICH OFFERS HOUSING, HEALTH CARE AND OTHER SERVICES THE HOME DECLARES IT IMPORTANT TO RESPECT AND HONOR THE DIGNITY OF EACH INDIVIDUAL RESIDENT, TO MAINTAIN SUPERIOR QUALITY FACILITIES AND PROGRAMMING, TO CONSIDER SERVICES THAT CAN BE DELIVERED INTO THE COMMUNITY, AND TO MAINTAIN FINANCIAL STABILITY

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 9,398,868 including grants of \$ ) (Revenue \$ )  
THE ORGANIZATION MAINTAINS A CARING COMMUNITY FOR ELDERLY PEOPLE, OFFERING HOUSING, HEALTH CARE, AND QUALITY OF LIFE SERVICES

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

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

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

**4e** Total program service expenses 9,398,868

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 34		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 252		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	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)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders. <b>11a</b>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>		
<b>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. <b>13b</b>		
<b>13c</b>	Enter the amount of reserves on hand. <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: WI
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 [X] 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: BETH FIELDS 3150 LILLY RD BROOKFIELD, WI (262) 781-0550

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

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

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN RUSS MODERATOR	1 00	X		X			0	0	0	
(2) LAURA PETRIE ANDERSON CHAIR	3 00	X		X			0	0	0	
(3) TOM GALFANO VICE CHAIR/T	3 00	X		X			0	0	0	
(4) JOHN DRAGISIC BOARD MEMBER	1 00	X		X			0	0	0	
(5) GRETCHEN HENRY BOARD MEMBER	1 00	X		X			0	0	0	
(6) HON THERESA M ESTNESS BOARD MEMBER	1 00	X					0	0	0	
(7) REBECCA A HAEFNER MD BOARD MEMBER	1 00	X					0	0	0	
(8) SHARON KOENINGS SECRETARY	1 00	X					0	0	0	
(9) MICHAEL D SIMMONS BOARD MEMBER	1 00	X					0	0	0	
(10) THOMAS S STACEY BOARD MEMBER	1 00	X					0	0	0	
(11) CAROL J WITTIG BOARD MEMBER	1 00	X					0	0	0	
(12) REV BARRY W SZYMANSKI BOARD MEMB/M	1 00	X					0	0	0	
(13) AMANDA KRAUSE BOARD MEMBER	1 00	X					0	0	0	
(14) CHRISTINA SEIDNER BOARD MEMBER	1 00	X					0	0	0	
(15) FR JAMES BRACKIN BOARD MEMBER	1 00	X					0	0	0	
(16) CHARLES T NELSON PRESIDENT	40 00				X		228,363	0	19,368	
(17) DARLETTE KLEINMANN NURSING	40 00					X	109,508	0	14,570	



**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		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> _____						
	<b>b</b>	Membership dues . . . . . <b>1b</b> _____						
	<b>c</b>	Fundraising events . . . . . <b>1c</b> _____						
	<b>d</b>	Related organizations . . . . . <b>1d</b> _____						
	<b>e</b>	Government grants (contributions) <b>1e</b> _____						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 120,225						
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>	120,225					
<b>Program Service Revenue</b>	<b>2a</b>	GROSS RECEIPTS _____	11,092,313	11,092,313				
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue _____						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>	11,092,313					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>	246,035			246,035		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>						
	<b>5</b>	Royalties . . . . . <b>▶</b>						
	<b>6a</b>	Gross rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . . <b>▶</b>						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	3,386,948				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	3,304,627	4,970		
			<b>c</b>	Gain or (loss)	82,321	-4,970		
	<b>d</b>	Net gain or (loss) . . . . . <b>▶</b>	77,351	77,351				
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> _____						
	<b>b</b>	Less direct expenses . . . . . <b>b</b> _____						
<b>c</b>	Net income or (loss) from fundraising events . . . . . <b>▶</b>							
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> _____							
<b>b</b>	Less direct expenses . . . . . <b>b</b> _____							
<b>c</b>	Net income or (loss) from gaming activities . . . . . <b>▶</b>							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b> _____							
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b> _____					
		<b>c</b>	Net income or (loss) from sales of inventory . . . . . <b>▶</b>					
	Miscellaneous Revenue	Business Code						
<b>11a</b>	EMPLOYEE LOAN _____		2,254			2,254		
<b>b</b>	_____							
<b>c</b>	_____							
<b>d</b>	All other revenue . . . . . _____							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		2,254					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>		11,538,178	11,169,664		248,289		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
<b>4</b>	Benefits paid to or for members.				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees.	247,731		247,731	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b>	Other salaries and wages.	5,854,498	5,349,071	505,427	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	123,127	118,125	5,002	
<b>9</b>	Other employee benefits.	806,506	716,396	90,110	
<b>10</b>	Payroll taxes.	442,306	388,950	53,356	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management.				
<b>b</b>	Legal.	802		802	
<b>c</b>	Accounting.	33,250		33,250	
<b>d</b>	Lobbying.				
<b>e</b>	Professional fundraising services. See Part IV, line 17.				
<b>f</b>	Investment management fees.				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	207,931	186,401	21,530	
<b>12</b>	Advertising and promotion.	95,288	46,626	48,662	
<b>13</b>	Office expenses.				
<b>14</b>	Information technology.				
<b>15</b>	Royalties.				
<b>16</b>	Occupancy.	407,016	386,665	20,351	
<b>17</b>	Travel.				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b>	Conferences, conventions, and meetings.	7,938	6,423	1,515	
<b>20</b>	Interest.				
<b>21</b>	Payments to affiliates.				
<b>22</b>	Depreciation, depletion, and amortization.	682,921	648,775	34,146	
<b>23</b>	Insurance.				
<b>24</b>	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.)				
<b>a</b>	SUPPLIES	756,906	720,378	36,528	
<b>b</b>	REPAIRS & MAINTENANCE	345,326	273,730	71,596	
<b>c</b>	FOOD SUPPLIES	316,399	316,399		
<b>d</b>	CHARITY CARE	153,430	153,430		
<b>e</b>	All other expenses	244,876	87,499	157,377	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e.	10,726,251	9,398,868	1,327,383	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	454,118	<b>1</b>	721,152
	<b>2</b> Savings and temporary cash investments . . . . .	974,548	<b>2</b>	948,103
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	610,345	<b>4</b>	1,492,328
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	42,682	<b>8</b>	35,457
	<b>9</b> Prepaid expenses and deferred charges . . . . .	71,957	<b>9</b>	85,359
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 21,743,578		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 11,685,475	10,482,120	<b>10c</b> 10,058,103
	<b>11</b> Investments—publicly traded securities . . . . .	9,062,068	<b>11</b>	9,955,719
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	21,697,838	<b>16</b>	23,296,221	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	549,871	<b>17</b>	641,884
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	1,214,057	<b>25</b>	1,503,545
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,763,928	<b>26</b>	2,145,429
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	15,171,502	<b>27</b>	15,879,526
	<b>28</b> Temporarily restricted net assets . . . . .	3,956,003	<b>28</b>	4,461,507
	<b>29</b> Permanently restricted net assets . . . . .	806,405	<b>29</b>	809,759
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	19,933,910	<b>33</b>	21,150,792	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	21,697,838	<b>34</b>	23,296,221	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,538,178
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,726,251
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	811,927
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	19,933,910
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	516,220
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-111,265
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	21,150,792

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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		No
<b>2b</b>	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	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	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**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.

Name of the organization  
CONGREGATIONAL HOME INC

Employer identification number

39-1167483

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

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

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

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶						

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

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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	228,915	117,837	313,687	38,409	120,225	819,073
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,249,813	8,984,987	9,296,291	10,325,753	11,092,313	48,949,157
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	9,478,728	9,102,824	9,609,978	10,364,162	11,212,538	49,768,230
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	24,602	25,187				49,789
<b>c</b> Add lines 7a and 7b	24,602	25,187				49,789
<b>8 Public support</b> (Subtract line 7c from line 6 )						49,718,441

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	9,478,728	9,102,824	9,609,978	10,364,162	11,212,538	49,768,230
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	272,473	275,974	107,621	183,379	246,035	1,085,482
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	272,473	275,974	107,621	183,379	246,035	1,085,482
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					1,254	1,254
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	9,751,201	9,378,798	9,717,599	10,547,541	11,459,827	50,854,966
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97.770 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	97.490 %

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	2.000 %
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	<b>18</b>	2.000 %

- 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).

<b>Facts And Circumstances Test</b>
-------------------------------------

<b>Explanation</b>

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization CONGREGATIONAL HOME INC

Employer identification number 39-1167483

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes (land for public use, natural habitat, open space, historic structure), questions about monitoring, expenses, and reporting requirements.

Table titled 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

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

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

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

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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
<b>1a</b> Land . . . . .		781,044		781,044
<b>b</b> Buildings . . . . .		15,439,796	7,397,574	8,042,222
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		4,988,374	3,861,586	1,126,788
<b>e</b> Other . . . . .		534,364	426,315	108,049
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				10,058,103



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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	12,059,368
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	516,220
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	4,970
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	521,190
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	11,538,178
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	11,538,178

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	10,842,486
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	111,265
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	4,970
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	116,235
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	10,726,251
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	10,726,251

**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
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	LOSS ON SALE OF ASSETS 4,970
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	LOSS ON SALE OF ASSETS 4,970
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIII	PER FORM INSTRUCTIONS, THE LOSSES ON SALES OF ASSETS THAT ARE SHOWN ON THE FINANCIAL STATEMENTS AS EXPENSES ARE SHOWN ON P 9 OF THE TAX RETURN AS AN OFFSET TO REVENUE

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONGREGATIONAL HOME INC

Employer identification number

39-1167483

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</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</p>	<b>1b</b>									
<p><b>2</b> 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?</p>	<b>2</b>									
<p><b>3</b> 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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	No								
<p><b>c</b> 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</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> 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</p>										
<p><b>a</b> The organization?</p>	<b>5a</b>	Yes								
<p><b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>	<b>5b</b>	No								
<p><b>6</b> 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</p>										
<p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>	<b>6b</b>	No								
<p><b>7</b> 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</p>	<b>7</b>	No								
<p><b>8</b> 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</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**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) CHARLES T NELSON PRESIDENT	(i) (ii)	210,675	17,688		11,106	8,262	247,731	

**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
COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION	SCHEDULE J, PAGE 1, PART I, LINE 5A	THE BONUS POOL IS PROVIDED IF OPERATING REVENUE IS EQUAL TO OR GREATER THAN THE BUDGETED AMOUNT AND IF NET INCOME FROM OPERATIONS EXCEEDS THE BUDGET THE MAXIMUM BONUS POOL IS LIMITED TO 0 008 OF REVENUE IF NET OPERATING INCOME EXCEEDS BUDGET BY 100% THE COO RECEIVES 20% OF THE AVAILABLE BUDGET POOL THE REMAINING 80% OF THE AVAILABLE BONUS POOL IS DISTRIBUTED TO 9 DEPARTMENT HEADS BASED ON MERIT

**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.**

**2012**

**Open to Public Inspection**

Name of the organization  
CONGREGATIONAL HOME INC

**Employer identification number**

39-1167483

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE CONGREGATIONAL HOME IS AN EXTENSION OF THE MISSION OF FIRST CONGREGATIONAL CHURCH ITS PURPOSE IS TO CREATE AND MAINTAIN A CARING COMMUNITY FOR THE ELDERLY WHICH OFFERS HOUSING, HEALTH CARE AND OTHER SERVICES THE HOME DECLARES IT IMPORTANT TO RESPECT AND HONOR THE DIGNITY OF EACH INDIVIDUAL RESIDENT, TO MAINTAIN SUPERIOR QUALITY FACILITIES AND PROGRAMMING, TO CONSIDER SERVICES THAT CAN BE DELIVERED INTO THE COMMUNITY, AND TO MAINTAIN FINANCIAL STABILITY
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED BY THE BOARD OF DIRECTORS IF THE BOARD REASONABLY BELIEVES THAT A DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE EITHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUNDING AN ACTUAL OR POSSIBLE CONFLICT AS REQUIRED, THE DIRECTOR OR OFFICER WILL BE GIVEN AN OPPORTUNITY TO EXPAIN SUCH ALLEGED FAILURE TO DICLOSE AFTER HEARING THE RESPONSE THE BOARD WILL CONDUCT SUCH ADDITIONAL INVESTIGATION AS MAY BE APPROPRIATE IF THE BOARD DETERMINES THAT THE DIRECTOR OR OFFICER HAS FAILED THE REQUIREMENTS TO DISCLOSE, THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD HAS A COMPENSATION COMMITTEE THAT REVIEWS AND APPROVES THE COMPENSATION FOR THE PRESIDENT
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE BOARD MAKES COPIES OF ITS AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	LOSS ON SALE OF ASSETS 4,970 LOSS ON SALE OF ASSETS -4,970

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No 1545-0172  
**2012**  
 Attachment  
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return CONGREGATIONAL HOME INC	Business or activity to which this form relates	Identifying number  39-1167483
----------------------------------------------------	-------------------------------------------------	--------------------------------------

**Part I Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	656,935
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		14,300	3 0	HY	S/L	2,440
b 5-year property		64,807	5 0	HY	S/L	9,753
c 7-year property		29,120	7 0	HY	S/L	3,230
d 10-year property		128,254	10 0	HY	S/L	10,490
e 15-year property		1,307	15 0	HY	S/L	73
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	682,921
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? Yes No
24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first)
(b) Date placed in service
(c) Business/investment use percentage
(d) Cost or other basis
(e) Basis for depreciation (business/investment use only)
(f) Recovery period
(g) Method/Convention
(h) Depreciation/deduction
(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)
43 Amortization of costs that began before your 2012 tax year
44 Total. Add amounts in column (f) See the instructions for where to report

**CONGREGATIONAL HOME INV AGY - MAIN**

**Account Number:**  
**Statement Period:**

**61-0693-00-4**  
**01/01/12 - 12/31/12**

**Sale Activity**

	Date	Proceeds	Realized Gain/Loss
<b>Common Stocks</b>			
Artisan Mid Cap Value Fund - Inv #1464			
Long Term Capital Gains Dist of \$ 894 Per Sh on 9,108 Sh	12/21/12	8,143.81	8,143.81
FMI Large Cap Fund #133			
Long Term Capital Gains Dist of \$ .071 Per Sh on 22,711 Sh	01/03/12	1,632.27	1,632.27
Long Term Capital Gains Dist of \$ .118 Per Sh on 26,394 Sh	11/02/12	3,132.78	3,132.78
Goldman Sachs Small Cap Value Fd Inst #651			
Sold 687 285 Shs 07/12/12 @ 43 65	07/13/12	30,000.00	12,144.34
Long Term Capital Gains Dist of \$ 2 170 Per Sh on 4,359 Sh	12/07/12	9,462.39	9,462.39
Harbor Fd Intl Fd Inst #2011			
Sold 369.686 Shs 07/12/12 @ 54 1	07/13/12	20,000.00	-4,646.96
BMO Small-Cap Growth Fund Cl Y # 612			
Sold 575 044 Shs 07/12/12 @ 17 39	07/13/12	10,000.00	1,575.61
Long Term Capital Gains Dist of \$ 1 308 Per Sh on 10,959 Sh	12/06/12	14,342.24	14,342.24
Scout International Fund #29			
Sold 700.525 Shs 07/12/12 @ 28.55	07/13/12	20,000.00	-1,569.17
Vanguard Mid Cap Index Fd Cl I #864			
Sold 968 992 Shs 07/12/12 @ 20.64	07/13/12	20,000.00	6,692.82
Wells Fargo Advantage Discovery Cl Adm #3703			
Sold 787 711 Shs 07/12/12 @ 25 39	07/13/12	20,000.00	1,189.46
Long Term Capital Gains Dist of \$ 1 454 Per Sh on 7,408 Sh	12/11/12	10,773.36	10,773.36
<b>Fixed Income</b>			
AT&T Inc Glbl NT			
0 875% Dtd 02/13/2012 Due 02/13/2015			
Callable			
Sold 30000 06/12/12	06/14/12	29,888.40	-90.30
To US Bancorp Investments Inc @ 99 628			

**CONGREGATIONAL HOME INV AGY - MAIN**

**Account Number:**  
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**61-0693-00-4**  
**01/01/12 - 12/31/12**

Sale Activity			
	Date	Proceeds	Realized Gain/Loss
AT&T Inc Gbl NT 3.00% Dtd 02/13/2012 Due 02/15/2022 Callable Sold 50000 07/19/12 To BNY Capital Markets Inc @ 105.394	07/24/12	52,697.00	2,482.29
Abbey Natl Treas Svcs PLC Gtd NT 4.00% Dtd 04/27/2011 Due 04/27/2016 Sold 55000 07/16/12 To SG Americas Securities, LLC @ 99.452	07/19/12	54,698.60	-279.40
Agilent Technologies Inc Sr NT 4.45% Dtd 09/14/2009 Due 09/14/2012 Callable Recd Proceeds on Maturity of 45,000 Par Value	09/14/12	45,000.00	40.05
Amvescap PLC Sr NT 5.375% Dtd 02/27/2003 Due 02/27/2013 Full Call @ 101.077 on 12/10/2012 45,000 Par Value	12/10/12	45,484.65	484.65
Invesco PLC New Sr NT 5.375% Dtd 12/14/2004 Due 12/15/2014 Callable Full Call @ 109.852 on 12/10/2012 35,000 Par Value	12/10/12	37,320.12	4,121.92
Astrazeneca PLC Sr NT 1.95% Dtd 09/18/2012 Due 09/18/2019 Callable Sold 35000 10/24/12 To US Bancorp Investments Inc. @ 101.814	10/29/12	35,634.90	678.30
Bank Amer Fdg Corp 5.65% Dtd 05/02/2008 Due 05/01/2018 Sold 45000 08/10/12 To UBS Securities LLC @ 110.807	08/15/12	49,863.15	4,647.93
Bear Stearns Coml Mtg Secs Tr 2007 PWR17 Mtg Passthr CTF Cl A M 5.915% Dtd 09/01/2007 Due 06/11/2050 IPD10 Sold 40000 01/27/12 To RBS Securities Inc. Original Face Value 40,000 @ 103.7734375	02/01/12	41,509.37	1,984.37

**CONGREGATIONAL HOME INV AGY - MAIN**Account Number:  
Statement Period:61-0693-00-4  
01/01/12 - 12/31/12**Sale Activity**

	Date	Proceeds	Realized Gain/Loss
Becton Dickinson & Co NT 1.75% Dtd 11/08/2011 Due 11/08/2016 Callable Sold 30000 07/09/12 To Keybanc Capital Mkts Inc (McDon @ 103 1	07/12/12	30,930 00	939 90
Ecolab Inc NT 4 35% Dtd 12/08/2011 Due 12/08/2021 Callable Sold 45000 11/06/12 To Barclays Capital Inc Fixed Inc @ 112 726	11/09/12	50,726 70	2,104.69
Federal Home Ln Mtg Corp Partn Gold Group #J03500 6 000% Dtd 09/01/06 Due 10/01/2021 IPD14 Prin Pmt for December 2011	01/17/12	148 59	
Prin Pmt for January 2012	02/15/12	179 03	
Prin Pmt for February 2012	03/15/12	144 44	
Prin Pmt for March 2012	04/16/12	150 03	
Prin Pmt for April 2012	05/15/12	642 90	
Prin Pmt for May 2012	06/15/12	148 52	
Prin Pmt for June 2012	07/16/12	147 76	
Prin Pmt for July 2012	08/15/12	148.31	
Prin Pmt for August 2012	09/17/12	694.14	
Prin Pmt for September 2012	10/15/12	144 27	
Prin Pmt for October 2012	11/15/12	150 55	
Prin Pmt for November 2012	12/17/12	148 90	
Federal Home Ln Mtg Corp Partn Gold Group #C46769 7 000% Dtd 01/01/01 Due 01/01/2031 IPD14 Prin Pmt for December 2011	01/17/12	0 71	
Prin Pmt for January 2012	02/15/12	0 71	
Prin Pmt for February 2012	03/15/12	0 72	
Prin Pmt for March 2012	04/16/12	0 72	
Prin Pmt for April 2012	05/15/12	0 72	
Prin Pmt for May 2012	06/15/12	0 73	
Prin Pmt for June 2012	07/16/12	0 74	
Prin Pmt for July 2012	08/15/12	0 74	
Prin Pmt for August 2012	09/17/12	0 75	
Prin Pmt for September 2012	10/15/12	0 75	
Prin Pmt for October 2012	11/15/12	0 76	
Prin Pmt for November 2012	12/17/12	0 76	
Fluor Corp New Sr NT 3 375% Dtd 09/13/2011 Due 09/15/2021 Callable Sold 45000 05/16/12 To Jefferies & Co Bonds Direct Div @ 104 175	05/21/12	46,878 75	2,275 20

**CONGREGATIONAL HOME INV AGY - MAIN**

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**61-0693-00-4**  
**01/01/12 - 12/31/12**

Sale Activity			
	Date	Proceeds	Realized Gain/Loss
Kraft Foods Inc NT FIt Var Rate Dtd 01/10/2012 Due 07/10/2013 Non-Callable Full Call @ 100 on 09/24/2012 30,000 Par Value	09/24/12	30,000 00	
Lehman Brothers Hldgs Inc Medium Term Nts Tranche # Tr 00700 5.25% Dtd 01/12/2007 Due 02/06/2012 (In Default) Sold 35000 03/20/12 To Barclays Capital Inc Fixed Inc @ 28.5	03/23/12	9,975 00	-25,142.60
Midamerican Energy Hldgs Co New Sr NT 5 875% Dtd 10/04/2002 Due 10/01/2012 Callable Recd Proceeds on Maturity of 40,000 Par Value	10/01/12	40,000.00	
National Rural Utils Coop Fin Coll Tr Bd 1 00% Dtd 02/02/2012 Due 02/02/2015 Callable Sold 35000 06/12/12 To US Bancorp Investments Inc @ 100.475	06/15/12	35,166 25	277.55
Pepsico Inc Sr NT 1 25% Dtd 08/13/2012 Due 08/13/2017 Callable Sold 45000 10/23/12 To RBC Cap Mkts (Dain Rauscher) @ 100 985	10/26/12	45,443 25	675.45
Procter & Gamble Co NT 1.45% Dtd 08/15/2011 Due 08/15/2016 Callable Sold 45000 11/30/12 To RBC Cap Mkts (Dain Rauscher) @ 102.498	12/05/12	46,124.10	1,485.90
Puerto Rico Comwlth Govt Dev B Govt Devel Bank Senior N 2011 B Taxable 3 67% Dtd 05/26/2011 Due 05/01/2014 Callable Sold 45000 09/18/12 To Citigroup Global Markets Inc @ 101 964	09/21/12	45,883.80	883 80

**CONGREGATIONAL HOME INV AGY - MAIN**

**Account Number:**  
**Statement Period:**

**61-0693-00-4**  
**01/01/12 - 12/31/12**

**Sale Activity**

	<b>Date</b>	<b>Proceeds</b>	<b>Realized Gain/Loss</b>
Regional Transn Auth III GO Working Cash Nts 2010 C Taxable 2.843% Dtd 07/28/2010 Due 07/01/2012 Non-Callable Recd Proceeds on Maturity of 30,000 Par Value	07/02/12	30,000.00	
Stryker Corp Sr NT 2.00% Dtd 09/16/2011 Due 09/30/2016 Callable Sold 30000 01/26/12 To Citigroup Global Markets Inc @ 102 961	01/31/12	30,888.30	944 10
Telefonica Emisiones S A U Gtd Sr NT 5.462% Dtd 02/16/2011 Due 02/16/2021 Callable Reversed on 08/20/2012 Recd Proceeds on Maturity of 45,000 Par Value	08/20/12	45,000.00	-486.89
To Reverse Entry of 08/20/12 Recd Proceeds on Maturity of 45,000 Par Value	08/20/12	-45,000 00	486 89
Sold 45000 10/04/12 To Chase Secs @ 100.05	10/10/12	45,022.50	-343.78
Total Cap Cda LTD Gtd NT 1.625% Dtd 01/28/2011 Due 01/28/2014 Callable Sold 40000 07/24/12 To BNY Capital Markets Inc @ 101 746	07/27/12	40,698.40	780 00
Transocean Inc Sr NT 5.05% Dtd 12/05/2011 Due 12/15/2016 Callable Sold 30000 02/27/12 To Bank of Amer Secs LLC @ 108.857	03/01/12	32,657.10	2,685.30
US Treasury Note 2.125% Dtd 08/15/2011 Due 08/15/2021 Sold 60000 01/13/12 To HSBC Securities Inc @ 102.65975625	01/17/12	61,595.85	826.35
Sold 45000 04/09/12 To HSBC Securities Inc @ 101.4761625	04/10/12	45,664.27	451.07

**CONGREGATIONAL HOME INV AGY - MAIN**

**Account Number:  
Statement Period:**

**61-0693-00-4  
01/01/12 - 12/31/12**

**Sale Activity**

	<b>Date</b>	<b>Proceeds</b>	<b>Realized Gain/Loss</b>
US Treasury Note 2.00% Dtd 02/15/2012 Due 02/15/2022 Sold 60000 05/18/12 To HSBC Securities Inc @ 102.671475	05/21/12	61,602.89	1,523.63
US Treasury Note 1.75% Dtd 05/15/2012 Due 05/15/2022 Sold 60000 06/01/12 To Bnp Paribas Securities Bonds @ 102.44100625	06/04/12	61,464.60	1,228.55
Sold 45000 07/11/12 To Barclays Capital Inc Fixed Inc @ 102.31600625	07/12/12	46,042.20	646.91
US Treasury Note 1.625% Dtd 08/15/2012 Due 08/15/2022 Sold 60000 09/13/12 To Bnp Paribas Securities Bonds @ 98.62069375	09/14/12	59,172.42	135.46
Verizon Communications Inc NT 3.50% Dtd 11/03/2011 Due 11/01/2021 Callable Sold 30000 05/03/12 To Banc of Amer Secs LLC Montgomer @ 105.375	05/08/12	31,612.50	1,850.10
Viacom Inc New Sr NT 3.50% Dtd 03/31/2011 Due 04/01/2017 Callable Sold 45000 09/11/12 To Wachovia Securities Capital Mar @ 108.783	09/13/12	48,952.35	4,339.80
<b>Cash &amp; Equivalent</b>			
BMO Prime Money Market CI Y #200 Sales (53) 01/01/12 To 12/31/12	12/31/12	1,590,810.85	
<b>Total Sales</b>		<b>\$ 3,386,947.75</b>	<b>\$ 82,320.53</b>