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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)

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2012 calendar year, or tax year beginning 10/1/2012 and ending 9/30/2013; B Check if applicable; C Name of organization Croft House, Inc; D Employer identification number 57-0640593; E Telephone number; F Name and address of principal officer Bill Bernheim 483 Devonshire Circle, Aiken, SC 29803; G Gross receipts \$ 866,148; H(a) Is this a group return for affiliates? Yes [X] No; H(b) Are all affiliates included? Yes [] No; I Tax-exempt status [X] 501(c)(3) [] 501(c) () (insert no) [] 4947(a)(1) or [] 527; J Website; K Form of organization [X] Corporation [] Trust [] Association [] Other; L Year of formation 1976; M State of legal domicile SC

Part I Summary table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission or most significant activities; 2 Check this box; 3 Number of voting members of the governing body; 4 Number of independent voting members of the governing body; 5 Total number of individuals employed in calendar year 2012; 6 Total number of volunteers; 7a Total unrelated business revenue; 7b Net unrelated business taxable income; 8 Contributions and grants; 9 Program service revenue; 10 Investment income; 11 Other revenue; 12 Total revenue; 13 Grants and similar amounts paid; 14 Benefits paid to or for members; 15 Salaries, other compensation, employee benefits; 16a Professional fundraising fees; 16b Total fundraising expenses; 17 Other expenses; 18 Total expenses; 19 Revenue less expenses; 20 Total assets; 21 Total liabilities; 22 Net assets or fund balances.

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 W. Burkhardt, Date 7-18-2014, Type or print name and title Charles W. Burkhardt, President. Paid Preparer Use Only: Print/Type preparer's name Seth Strongin, Preparer's signature [Signature], Date 7/8/2014, Check self-employed [], PTIN P01344459, Firm's name Seth D Strongin, CPA P C, Firm's EIN 58-2351458, Firm's address 4780 Ashford Dunwoody Rd, Ste A-628, Atlanta, GA 30338, Phone no.

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

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CROFT HOUSE, INC
AIDEN, SC

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 938,749 including grants of \$ _____) (Revenue \$ 808,346)
Provided housing to elderly and disabled persons by operating an apartment community regulated by the U S Department of Housing and Urban Development under Section 223(f) of the National Housing Act

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

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

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

4e Total program service expenses ▶ 938,749

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and input fields for numerical values. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	13		
b	Enter the number of voting members included in line 1a, above, who are independent.		
	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

	Yes	No
10a		X
b		
10b		
11a	X	
b		
11b		
12a	X	
b	X	
12b	X	
c	X	
12c	X	
13	X	
14	X	
15		
a		
15a		
b		
15b		
16a		X
b		
16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. NHE, Inc P O Box 1184, Orangeburg, SC 29116 803-536-1056	

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (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) Bill Bernheim President	2.00	X		X				-0-	-0-	-0-
(2) Christopher Davies Vice President	2.00	X		X				-0-	-0-	-0-
(3) Tom Calhoun Treasurer	2.00	X		X				-0-	-0-	-0-
(4) Beatrice McGhee Secretary	2.00	X		X				-0-	-0-	-0-
(5) Mary Barnett Director	2.00	X						-0-	-0-	-0-
(6) Patricia James Director	2.00	X						-0-	-0-	-0-
(7) Charles Burhams Director	2.00	X						-0-	-0-	-0-
(8) Mackie J Walker Director	2.00	X						-0-	-0-	-0-
(9) Sheila Wagner Director	2.00	X						-0-	-0-	-0-
(10) Betty Thorngate Director	2.00	X						-0-	-0-	-0-
(11) Phyllis Pellarin Director	2.00	X						-0-	-0-	-0-
(12) Barbara Snyder Director	2.00	X						-0-	-0-	-0-
(13) E Owen Clary Director	2.00	X						-0-	-0-	-0-
(14)										

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

(A) Name and title	(B) Average hours per week (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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	57,658			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		57,658			
Program Service Revenue			Business Code				
	2a	Tenant rent payments	531110	209,106	209,106		
	b	Housing assistance payments	531110	488,994	488,994		
	c	Dietary and related services	531390	95,232	95,232		
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		793,332				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		144		144	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	Business Code				
11a	Laundry and vending	531110	3,869	3,869			
b	Cleaning and other charges	531110	2,722	2,722			
c	Cable TV	531110	8,423	8,423			
d	All other revenue						
e	Total. Add lines 11a-11d		15,014				
12	Total revenue. See instructions		866,148	808,346		144	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	147,989	147,989		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,567	15,567		
11 Fees for services (non-employees)				
a Management	36,666		36,666	
b Legal				
c Accounting	4,500		4,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	319	319		
13 Office expenses	15,771	15,771		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,469	1,469		
20 Interest	136,175	136,175		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	215,552	215,552		
23 Insurance	63,709	63,709		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Service coordinator	57,173	57,173		
b Utilities, cable TV and trash removal	112,947	112,947		
c Repairs and maintenance	70,179	70,179		
d Food service and related services	93,693	93,693		
e All other expenses Miscellaneous	8,206	8,206		
25 Total functional expenses. Add lines 1 through 24e	979,915	938,749	41,166	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	5,213	1	14,527	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	107	4	3,337	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	6,220	9	7,972	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,720,716		
	b	Less accumulated depreciation	10b	2,716,295	10c	1,004,421
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	362,854	15	366,552	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,531,760	16	1,396,809		
Liabilities	17	Accounts payable and accrued expenses	34,213	17	44,419	
	18	Grants payable		18		
	19	Deferred revenue	2,065	19	24	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	2,304,850	23	2,274,703	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	15,930	25	16,728	
	26	Total liabilities. Add lines 17 through 25	2,357,058	26	2,335,874	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	-825,298	27	-939,065	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	-825,298	33	-939,065		
34	Total liabilities and net assets/fund balances	1,531,760	34	1,396,809		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	866,148
2	Total expenses (must equal Part IX, column (A), line 25)	2	979,915
3	Revenue less expenses Subtract line 2 from line 1	3	-113,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-825,298
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-939,065

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Croft House, Inc

Employer identification number

57-0640593

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	55,378	53,538	56,366	27,851	57,658	250,791
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	740,704	765,174	782,849	801,333	808,346	3,898,406
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1 through 5	796,082	818,712	839,215	829,184	866,004	4,149,197
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						4,149,197

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	796,082	818,712	839,215	829,184	866,004	4,149,197
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,757	513	434	184	144	3,032
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,757	513	434	184	144	3,032
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	797,839	819,225	839,649	829,368	866,148	4,152,229

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.93%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.89%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.07%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.11%

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 ▶

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Croft House, Inc	Employer identification number 57-0640593
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a 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 |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		66,055		66,055
b Buildings		3,233,935	2,370,779	863,156
c Leasehold improvements				
d Equipment		145,949	121,906	24,043
e Other		274,777	223,610	51,167
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,004,421

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

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

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

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

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

(a) Description	(b) Book value
(1) Tenant security deposits	16,728
(2) Insurance escrow	39,312
(3) Replacement reserve	245,894
(4) Residual receipts reserve	228
(5) Deferred financing costs	64,390
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	366,552

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Tenant security deposits	16,728
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	16,728

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII *N/A*

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

1	Total revenue, gains, and other support per audited financial statements		1	866,148
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	866,148
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	866,148

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

1	Total expenses and losses per audited financial statements		1	979,915
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	979,915
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	979,915

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

Part XIII Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Croft House, Inc

57-0640593

Form 990 Part VI Section A Line 3 The organization has entered into a management agreement
with a management company for day-to-day management of the apartment community as is customary
for owners/operators of HUD-assisted rental communities

Form 990 Part VI Section B Line 11b The return is prepared by a certified public accounting
firm and provided to the management company for initial review and approval After any
questions and comments from the management company are addressed, the return is provided to
the board of directors for final review and approval After any questions and comments from
the board of directors are addressed, the return is provided to the designated board officer
for signature and filing

Form 990 Part VI Section B Line 12c Compliance is monitored at regularly scheduled meetings of
the board of directors and at other times, if needed

Form 990 Part VI Section C Line 19 Documents are maintained by the board of directors and
copies are provided upon request

Name of the organization

Employer identification number

Croft House, Inc

57-0640593

Area with horizontal dashed lines for supplemental information.

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

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	<u>213,260</u>	<u>213,260</u>		
2 Depletion				
3 Amortization	<u>2,292</u>	<u>2,292</u>		
4 Total	<u>215,552</u>	<u>215,552</u>		

CROFT HOUSE, INC
DEPRECIATION SCHEDULE
9/30/2013

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
Land 1 2 Acres	4/11/1977			50,000 00				50,000 00
Land	9/30/1983			6,805 00				6,805 00
Land	8/29/1991			9,250 00				9,250 00
				<u>66,055 00</u>				<u>66,055 00</u>
BUILDINGS								
Building	1/1/1979	40	SL	1,703,140 00	1,437,024 30	42,576 50	1,479,602 80	223,537 20
Vestibule	4/1/1989	15	SL	3,458 00	3,458 00		3,458 00	
Improvements	3/3/1998	10	SL	15,756 98	15,756 98		15,756 98	
EQUIPMENT-FIXED								
Automatic doors	11/30/1990	10	SL	6,072 00	6,072 00		6,072 00	
Automatic doors	2/15/1991	10	SL	7,285 00	7,285 00		7,285 00	
Equipment	9/30/1991	10	SL	942 90	942 90		942 90	
Building	2/28/1992	10	SL	795 00	795 00		795 00	
Equipment	2/28/1992	10	SL	807 45	807 45		807 45	
New cooling tower	10/25/1994	10	SL	13,510 00	13,510 00		13,510 00	
Water circulation pump	6/25/1996	10	SL	4,250 00	4,250 00		4,250 00	
Automatic doors	2/19/2001	10	SL	1,876 00	1,876 00		1,876 00	
Boiler	11/21/2002	10	SL	19,785 00	19,455 25	329 75	19,785 00	
Security cameras (front)	12/4/2003	10	SL	8,580 00	8,437 00	143 00	8,580 00	
Oven	4/15/2003	10	SL	7,886 50	7,492 18	394 33	7,886 50	
Walk-in cooler	4/12/2003	10	SL	3,332 32	3,165 70	166 62	3,332 32	
Heat pumps	9/24/2003	10	SL	6,160 72	5,544 65	616 07	6,160 72	
Fire protection system	10/15/2003	10	SL	35,363 88	31,827 49	3,536 39	35,363 88	
Security system (front)	4/7/2004	10	SL	5,582 14	4,744 82	558 21	5,303 03	279 11
Air compressors	8/9/2004	10	SL	1,568 10	1,280 62	156 81	1,437 43	130 68
Kitchen hood fire system	10/1/2004	10	SL	2,332 00	1,865 60	233 20	2,098 80	233 20
Trane 5 ton heat pump	2/25/2005	10	SL	9,855 90	7,474 06	985 59	8,459 65	1,396 25
Fire alarm system	3/31/2005	10	SL	1,143 53	857 65	114 35	972 00	171 53
Water line	9/29/2005	10	SL	4,300 60	3,010 42	430 06	3,440 48	860 12
5 HVAC units	1/24/2006	10	SL	9,546 60	6,364 40	954 66	7,319 06	2,227 54
Hobart commercial dishwasher	5/18/2006	10	SL	9,837 80	6,230 61	983 78	7,214 39	2,623 41
Maintenance room doors	2/15/2007	10	SL	1,235 00	689 54	123 50	813 04	421 96
Heat pumps	5/15/2007	10	SL	57,172 00	30,491 73	5,717 20	36,208 93	20,963 07
Gazebo/courtyard	5/15/2007	10	SL	15,265 00	8,141 33	1,526 50	9,667 83	5,597 17
Refrigerator (food service)	5/15/2007	10	SL	5,024 00	2,679 47	502 40	3,181 87	1,842 13
Resurface parking lot	2/15/2007	10	SL	42,490 00	23,723 58	4,249 00	27,972 58	14,517 42
Roof	2/15/2007	15	SL	103,023 00	38,347 45	6,868 20	45,215 65	57,807 35
Fencing	2/15/2007	10	SL	2,208 00	1,232 80	220 80	1,453 60	754 40
Doors and windows	6/15/2007	10	SL	108,410 00	56,915 25	10,841 00	67,756 25	40,653 75
Building exterior	6/15/2007	15	SL	69,602 00	24,360 70	4,640 13	29,000 83	40,601 17
Acoustic ceiling tile	2/15/2007	10	SL	25,976 00	14,503 27	2,597 60	17,100 87	8,875 13
Refurbish elevators	5/15/2007	10	SL	205,226 00	109,453 87	20,522 60	129,976 47	75,249 53
HVAC units	5/15/2007	10	SL	98,293 00	52,422 93	9,829 30	62,252 23	36,040 77
Water heaters	3/15/2007	10	SL	303,455 00	166,900 25	30,345 50	197,245 75	106,209 25
Monitoring board	5/15/2007	10	SL	6,307 00	3,363 73	630 70	3,994 43	2,312 57
Security system a/v	10/27/2006	10	SL	1,358 53	803 80	135 85	939 65	418 88
HVAC units	10/17/2006	10	SL	8,553 00	5,060 53	855 30	5,915 83	2,637 18
Water heater	9/5/2006	10	SL	278 35	167 01	27 84	194 85	83 51

CROFT HOUSE, INC
DEPRECIATION SCHEDULE
9/30/2013

DESCRIPTION

EQUIPMENT-FIXED (CONTINUED)

DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
1/28/2008	10	SL	10,230 00	4,774 00	1,023 00	5,797 00	4,433 00
5/21/2008	10	SL	2,918 00	1,264 47	291 80	1,556 27	1,361 73
6/6/2008	10	SL	3,991 56	1,729 68	399 16	2,128 83	1,862 73
7/19/2008	10	SL	10,640 00	4,433 33	1,064 00	5,497 33	5,142 67
7/23/2008	10	SL	26,967 69	11,236 54	2,696 77	13,933 31	13,034 38
9/26/2008	10	SL	5,028 00	2,011 20	502 80	2,514 00	2,514 00
1/15/2009	10	SL	5,100 00	1,912 50	510 00	2,422 50	2,677 50
2/25/2009	10	SL	4,494 68	1,610 59	449 47	2,060 06	2,434 62
7/30/2009	10	SL	906 80	287 15	90 68	377 83	528 97
9/23/2009	10	SL	1,123 50	337 05	112 35	449 40	674 10
9/28/2009	10	SL	20,913 74	6,274 12	2,091 37	8,365 50	12,548 24
5/24/2010	10	SL	2,553 15	595 74	255 32	851 05	1,702 10
6/28/2010	10	SL	1,235 00	277 88	123 50	401 38	833 63
8/31/2010	10	SL	2,037 28	424 43	203 73	628 16	1,409 12
9/1/2010	10	SL	34,841 86	7,258 72	3,484 19	10,742 91	24,098 95
4/25/2011	10	SL	1,425 24	201 91	142 52	344 43	1,080 81
6/16/2011	10	SL	12,522 83	1,565 35	1,252 28	2,817 64	9,705 19
9/13/2011	10	SL	4,572 00	476 25	457 20	933 45	3,638 55
10/12/2011	10	SL	19,950 00	1,995 00	1,995 00	3,990 00	15,960 00
1/12/2012	10	SL	35,403 68	2,655 28	3,540 37	6,195 64	29,208 04
1/17/2012	10	SL	1,654 18	110 28	165 42	275 70	1,378 48
4/2/2012	10	SL	11,666 00	583 30	1,166 60	1,749 90	9,916 10
6/7/2012	10	SL	1,092 41	36 41	109 24	145 65	946 76
8/3/2012	10	SL	4,420 00	73 67	442 00	515 67	3,904 33
9/13/2012	10	SL	28,368 48	118 20	2,836 85	2,955 05	25,413 43
10/19/2012	10	SL	12,073 00	1,106 69	1,106 69	1,106 69	10,966 31
2/12/2013	10	SL	20,000 00		1,333 33	1,333 33	18,666 67
8/29/2013	10	SL	10,761 61		89 68	89 68	10,671 93
			3,233,934 99	2,191,028 35	179,750 05	2,370,778 40	863,156 59

EQUIPMENT-PORTABLE

Ice machine and installation	10	SL	2,086 20	2,086 20	-	2,086 20	-
Misc equipment	5	SL	728 80	728 80	-	728 80	-
Refrigerator	5	SL	396 90	396 90	-	396 90	-
Refrigerator	5	SL	845 25	845 25	-	845 25	-
Refrigerator	5	SL	845 25	845 25	-	845 25	-
Moveable gates	5	SL	700 00	700 00	-	700 00	-
Appliances	5	SL	612 20	612 20	-	612 20	-
Appliances	5	SL	865 97	865 97	-	865 97	-
Faucets & appliances	5	SL	1,533 59	1,533 59	-	1,533 59	-
Appliances	5	SL	1,755 60	1,755 60	-	1,755 60	-
Refrigerators	5	SL	21,201 70	21,201 70	-	21,201 70	-
Appliances	5	SL	257 25	257 25	-	257 25	-
Refrigerator	5	SL	412 98	412 98	-	412 98	-
Appliances	5	SL	855 42	855 42	-	855 42	-
Stove	5	SL	355 10	355 10	-	355 10	-
Stove	5	SL	299 98	299 98	-	299 98	-

CROFT HOUSE, INC
DEPRECIATION SCHEDULE
9/30/2013

EQUIPMENT-PORTABLE (CONTINUED)

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
Stoves	4/1/2002	5	SL	606 32	606 32	-	606 32	-
Stoves	4/1/2003	5	SL	949 76	949 76	-	949 76	-
Slicer	11/25/2003	5	SL	920 00	920 00	-	920 00	-
Warmer, can opener, processor	11/25/2003	5	SL	1,449 63	1,449 63	-	1,449 63	-
Steamer	4/12/2003	5	SL	3,036 90	3,036 90	-	3,036 90	-
Proofer/holding cabinet	1/22/2003	5	SL	1,690 70	1,690 70	-	1,690 70	-
4 TVs and DVD player	9/1/2004	5	SL	1,908 84	1,908 84	-	1,908 84	-
Whirlpool washing machine	6/18/2006	5	SL	895 00	895 00	-	895 00	-
Ranges, hoods, cords	4/15/2007	5	SL	32,869 00	32,869 00	-	32,869 00	-
Washing machine - front load	10/30/2006	5	SL	873 09	873 09	-	873 09	-
Refrigerators	6/11/2007	5	SL	873 12	873 12	-	873 12	-
Coin dryer	12/21/2007	5	SL	957 65	909 77	47 88	957 65	-
Refrigerator	3/10/2008	5	SL	553 19	507 09	46 10	553 19	-
Dryer - 3rd floor	6/27/2008	5	SL	895 00	760 75	134 25	895 00	-
Washer and dryer	12/11/2008	5	SL	1,172 34	1,172 34	305 83	1,478 17	50 97
Washer - top loading	1/30/2009	5	SL	537 00	393 80	107 40	501 20	35 80
Washer - top mount	3/24/2010	5	SL	549 84	274 92	109 97	384 89	164 95
Washer	11/27/2010	5	SL	954 84	350 11	190 97	541 08	413 76
Refrigerators	4/1/2011	5	SL	1,496 40	448 92	299 28	748 20	748 20
Refrigerator	10/1/2012	5	SL	526 30		105 26	105 26	421 04
Refrigerator	8/6/2013	5	SL	537 00		17 90	17 90	519 10
Front load washing machine	8/28/2013	5	SL	1,322 21		22 04	22 04	1,300 17
				89,683.12	84,642.25	1,386.87	86,029.12	3,654.00
FURNITURE								
84 banquet stack chairs	9/21/2006	7	SL	16,277 00	13,951 71	2,325 29	16,277 00	-
24 round table bases	9/21/2006	7	SL	2,237 48	1,917 84	319 64	2,237 48	-
24 square table tops	9/21/2006	7	SL	3,650 00	3,128 57	521 43	3,650 00	-
Patio furniture	3/29/2010	7	SL	2,131 44	761 23	304 49	1,065 72	1,065 72
TV/DVD player	2/3/2011	7	SL	451 52	107 50	64 50	172 01	279 51
Conference table	9/6/2011	7	SL	2,487 75	385 01	355 39	740 40	1,747 35
12 guest chairs	9/6/2011	7	SL	1,784 76	276 21	254 97	531 18	1,253 58
Benches	10/1/2011	7	SL	2,166 20	309 46	309 46	618 91	1,547 29
Bookcases - library	6/3/2012	7	SL	8,900 00	423 81	1,271 43	1,695 24	7,204 76
Furniture for lobby	8/21/2013	7	SL	5,559 72		66 19	66 19	5,493 53
Furniture for lounge	9/3/2013	7	SL	3,905 50		46 49	46 49	3,859 01
40" TV for library	10/30/2012	7	SL	599 18		78 46	78 46	520 72
				50,150.55	21,261.35	5,917.74	27,179.09	22,971.46
FURNISHINGS								
Chain link fence	1/1/1980	10	SL	559 55	559 55	-	559 55	-
Drapes	4/15/1988	10	SL	154 50	154 50	-	154 50	-
Tilt skillet	9/28/1990	10	SL	3,667 65	3,667 65	-	3,667 65	-
Drapes	2/28/1992	7	SL	1,653 75	1,653 75	-	1,653 75	-
Drapes	5/5/1995	7	SL	8,860 32	8,860 32	-	8,860 32	-
Mini blinds	2/20/1996	7	SL	932 00	932 00	-	932 00	-
Carpeting (clubhouse)	6/8/1999	7	SL	11,647 71	11,647 71	-	11,647 71	-
Window treatments (clubhouse)	6/12/1999	7	SL	831 75	831 75	-	831 75	-
Stacking arm chairs	12/14/1998	7	SL	2,775 29	2,775 29	-	2,775 29	-
Beauty shop furniture	8/30/1999	7	SL	575 00	575 00	-	575 00	-
Computer- Neighborhood NW	9/9/1999	5	SL	748 00	748 00	-	748 00	-

CROFT HOUSE, INC
DEPRECIATION SCHEDULE
9/30/2013

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>FURNISHINGS (CONTINUED)</u>								
Replace carpet and vinyl	10/15/2003	7	SL	20,199.52	20,199.52	-	20,199.52	-
Artwork	11/10/2003	7	SL	3,564.78	3,564.78	-	3,564.78	-
Furniture for all common areas	12/7/2003	7	SL	20,024.52	20,024.52	-	20,024.52	-
Artwork	4/21/2004	7	SL	2,409.38	2,409.38	-	2,409.38	-
Cabinets & countertops	9/20/2006	7	SL	3,757.70	3,757.70	536.81	3,757.70	-
Cabinets, sinks, countertops	4/15/2007	7	SL	91,392.00	70,720.00	13,056.00	83,776.00	7,616.00
Bathroom vanities	3/15/2007	7	SL	18,881.00	14,835.07	2,697.29	17,532.36	1,348.64
Carpets and tile	11/1/2010	7	SL	1,239.34	339.34	177.05	516.39	722.95
Carpets and tile	4/15/2011	7	SL	3,733.77	800.09	533.40	1,333.49	2,400.28
Carpets and tile	7/22/2011	7	SL	13,298.13	2,216.36	1,899.73	4,116.09	9,182.04
Carpets and tile	7/29/2011	7	SL	7,663.40	1,277.23	1,094.77	2,372.00	5,291.40
				218,569.06	172,012.70	19,995.05	192,007.75	26,561.31

OFFICE FURNITURE & EQUIPMENT

Office Equipment	6/28/1992	10	SL	608.75	608.75	-	608.75	-
Sharp Typewriter	3/10/1988	10	SL	791.70	791.70	-	791.70	-
Laserjet & monitor	12/30/1998	5	SL	692.98	692.98	-	692.98	-
Desk, hutch, credenza, table	6/18/1999	7	SL	1,642.00	1,642.00	-	1,642.00	-
Chairs	8/25/1999	7	SL	941.85	941.85	-	941.85	-
Chairs, file cabinet, desk - Furniture	9/20/1999	7	SL	1,373.35	1,373.35	-	1,373.35	-
Furniture	4/1/2000	7	SL	389.28	389.28	-	389.28	-
Printer	5/1/2001	5	SL	681.58	681.58	-	681.58	-
Copier	11/14/2002	5	SL	3,863.70	3,863.70	-	3,863.70	-
Dell Latitude D520 computer	6/2/2006	5	SL	2,269.46	2,269.46	-	2,269.46	-
Chair - front desk	2/2/2007	7	SL	94.08	76.16	13.44	89.60	4.48
Wireless headset	7/13/2007	5	SL	288.89	288.89	-	288.89	-
Dell Latitude D520 computer	1/12/2007	5	SL	1,926.63	1,926.63	-	1,926.63	-
Two fireproof file cabinets	6/5/2009	7	SL	4,654.50	2,216.43	664.93	2,881.36	1,773.14
2 Dell desktops & 1 laptop computer	2/3/2010	5	SL	4,071.09	2,171.25	814.22	2,985.47	1,085.62
Copier	9/14/2010	5	SL	5,821.17	2,425.49	1,164.23	3,599.72	2,231.45
2 laptops (resident use)	7/15/2011	5	SL	2,268.37	567.09	453.67	1,020.77	1,247.60
Fireproof vertical file cabinet	7/25/2011	7	SL	5,339.30	889.88	762.76	1,652.64	3,686.66
Executive desk	9/28/2011	7	SL	2,648.25	378.32	378.32	756.64	1,891.61
Task Chairs	7/17/2012	7	SL	1,149.18	164.17	164.17	328.34	820.84
Fireking file cabinet - serv coord	8/14/2012	7	SL	2,669.65	381.38	381.38	762.76	1,906.89
Task Chairs	8/28/2012	7	SL	383.06	54.72	54.72	109.45	273.61
Executive desk	1/25/2013	7	SL	2,134.65	203.30	203.30	203.30	1,931.35
Filing cabinet	3/26/2013	7	SL	247.16	17.65	17.65	17.65	229.51
Scanner	5/6/2013	5	SL	475.00	39.58	39.58	39.58	435.42
Desk for admin assistant	9/4/2013	7	SL	2,173.17	25.87	25.87	25.87	2,147.30
				49,598.80	24,795.06	5,138.25	29,933.31	19,665.49

CROFT HOUSE, INC
DEPRECIATION SCHEDULE
9/30/2013

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>MAINTENANCE EQUIPMENT</u>								
Storage cabinet	1/20/1999	5	SL	775 78	775 78	-	775 78	-
Carpet cleaner	7/24/1999	5	SL	133 01	133 01	-	133 01	-
Table saw	6/1/2000	5	SL	312 98	312 98	-	312 98	-
Pressure washer	10/1/2000	5	SL	733 00	733 00	-	733 00	-
Sewage machine	6/1/2001	5	SL	401 76	401 76	-	401 76	-
Paint sprayer	9/2/2003	5	SL	1,227 87	1 227 87	-	1,227 87	-
Steamvac	7/2/2006	5	SL	295 00	295 00	-	295 00	-
Lawn mower & trimmer	3/7/2007	5	SL	570 42	570 42	-	570 42	-
Hedge trimmer	1/31/2007	5	SL	153 00	153 00	-	153 00	-
Thermax steam cleaner	7/15/2010	5	SL	2,063 93	928 77	412 79	1,341 55	722 38
				6,666 75	5,531 59	412 79	5,944 37	722 38
<u>MISC FIXED ASSETS</u>								
Treadmill - exercise room	7/28/2006	5	SL	1,605 88	1,605 88	-	1,605 88	-
Exercise bike	7/28/2006	5	SL	423 87	423 87	-	423 87	-
Flagpole	1/28/2009	10	SL	1,460 00	535 33	146 00	681 33	778 67
Mini shopping carts for laundry	5/19/2010	5	SL	2,567 36	1,198 10	513 47	1,711 57	855 79
				6,057 11	3,763 18	659 47	4,422 66	1,634 45
				3,720,715 38	2,503,034 48	213,260 22	2,716,294 70	1,004,420 68

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

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

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

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

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ N & H Enterprises, Inc

Telephone No ▶ (803) 536-1056 FAX No ▶ (803) 531-3048

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15/2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 10/1/2012, and ending 9/30/2013

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization Croft House, Inc	Employer identification number (EIN) or 57-0640593
	Number, street, and room or suite no. If a P O box, see instructions 356 York Street NE	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions Aiken SC 29801	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

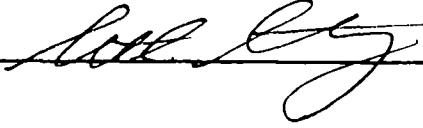
- The books are in the care of NHE, Inc
Telephone No 803-536-1056 FAX No (803) 531-3048
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this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

- I request an additional 3-month extension of time until 8/15/2014
- For calendar year _____, or other tax year beginning 10/1/2012, and ending 9/30/2013
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension The organization needs more time to obtain information necessary for filing a complete and accurate return

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

Signature and Verification must be completed for Part II only.

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

Signature  Title CPA

Date 5/14/14