



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury
Internal Revenue ServiceEXTENSION GRANTED UNTIL NOVEMBER 17, 2014
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1345-0047

2013

Open to Public
Inspection

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning

and ending

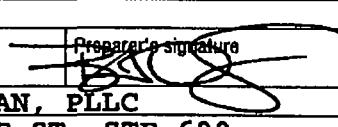
B Check if applicable.	C Name of organization CHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION		D Employer identification number 31-1413825
<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application for pending	E Telephone number 513-931-5000		
F Number and street (or P.O. box if mail is not delivered to street address) 8097 HAMILTON AVENUE		Room/suite	G Gross receipts \$ 131,674.
H City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45231		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Name and address of principal officer: LARRY MONROE SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) 4947(a)(1) or <input type="checkbox"/> 527		H(c) If "No," attach a list. (see instructions)	
J Website: ► WWW.CHRISTIANBENEVOLENT.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: 1994 M State of legal domicile: OH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
Expenses	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5
	6 Total number of volunteers (estimate if necessary) 6
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
	b Net unrelated business taxable income from Form 990-T, line 34 7b
RECEIVED	
DEBEN	
20 NOV 2014	
Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 96,245.	24,289.
9 Program service revenue (Part VIII, line 2g) 0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,703.	107,385.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.	0.
12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12) 118,948.	131,674.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.	0.
16a Professional fundraising fees. (Part IX, column (A), line 11e) 0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ► 0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18,750.	23,225.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,750.	23,225.
19 Revenue less expenses. Subtract line 18 from line 12 100,198.	108,449.
Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) 648,817.	753,856.
21 Total liabilities (Part X, line 26) 76,069.	72,659.
22 Net assets or fund balances. Subtract line 21 from line 20 572,748.	681,197.

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 <i>Larry Monroe</i>	Date <i>11/17/14</i>
Paid	Print/Type preparer's name BERNIE OSTROWSKI	Preparer's signature 
Preparer	Firm's name ► PLANTE & MORAN, PLLC	Date <i>11/17/14</i>
Use Only	Firm's address ► 65 EAST STATE ST, STE 600 COLUMBUS, OH 43215	Check <input type="checkbox"/> self-employed PTIN P00366367
		Firm's EIN ► 38-1357951
		Phone no. 614 849-3000

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

 Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

10

CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION

Form 990 (2013)

31-1413825 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: **SERVING WITH EXCELLENCE REFLECTING JESUS' COMPASSION**

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. Yes No

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 \$ 0. Including grants of \$ 0.) (Revenue \$ 0.)
CHARITABLE GIFT ANNUITY DISTRIBUTIONS

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 ►

832002
10-28-13

Form 990 (2013)

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

Form 990 (2013)

31-1413825 Page 3

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 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? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 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>	10 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. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 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> c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11a X	
12 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>	11b X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	11c X	
12b 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>	11d X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	12a X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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> 	12b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	13 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	14a X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	14b X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	15 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	16 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	17 X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	18 X	
	19 X	
	20a X	
	20b	

Form 990 (2013)

332003
10-28-13

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

Form 990 (2013)

31-1413825 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	23	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 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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	25b	X
26 Did the organization report any amount on Part X, line 6, 8, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	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	27	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	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	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	32	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	33	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	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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	35b	X
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	36	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	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

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

Form 990 (2013)

382004
10-29-13

CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION

Form 990 (2013)

31-1413825 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	b	
7	Organizations that may receive deductible contributions under section 170(c).	7	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	d	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	9	
a	Did the organization make any taxable distributions under section 4966?	a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	b	
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	a	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b	10b
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from members or shareholders	a	11a
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
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?	a	13a
Note. See the instructions for additional information the organization must report on Schedule O.			
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
c	Enter the amount of reserves on hand	c	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	14b

Form 990 (2013)

332005
10-29-13

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

Form 990 (2013)

31-1413825 Page 6

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 or note to any line in this Part VI X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	26
1b Enter the number of voting members included in line 1a, above, who are independent	1b	26
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	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?	7a	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?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	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	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► OH
18 Section 6104 requires an organization to make its 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: ► KIM DOSS - (513) 800-1674
8097 HAMILTON AVENUE, CINCINNATI, OH 45231

332006 10-29-13

Form 990 (2013)

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

Form 990 (2013)

31-1413825 Page 7

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

Check if Schedule O contains a response or note to any line 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 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	Institutional trustee	Officer	Key employee	Highest compensated employee other than officer	Former			
(1) DALE COATES <u>CHAIR</u>	1.00 2.00	X		X				0.	0.	0.
(2) NANCY A. BOWERS <u>VICE CHAIR/DIRECTOR</u>	1.00 0.00	X		X				0.	0.	0.
(3) FLOYD MYERS <u>TREASURER/DIRECTOR: 1/1/13 5/22/13</u>	1.00 0.00	X		X				0.	0.	0.
(4) NORA KELLY <u>SECRETARY/DIRECTOR</u>	1.00 0.00	X		X				0.	0.	0.
(5) DAMON F. REID <u>TREASURER/DIRECTOR: 5/23/13 12/31/13</u>	1.00 0.00	X		X				0.	0.	0.
(6) JON UNDERWOOD <u>DIRECTOR</u>	1.00 0.00	X						0.	0.	0.
(7) ROSALIE IRELAND-EICK <u>DIRECTOR</u>	1.00 0.00	X						0.	0.	0.
(8) PHYLLIS J. SANDERS <u>DIRECTOR</u>	1.00 1.00	X						0.	0.	0.
(9) SAM STONE <u>DIRECTOR</u>	1.00 0.00	X						0.	0.	0.
(10) MARK SAMS <u>DIRECTOR</u>	1.00 4.00	X						0.	0.	0.
(11) MILDRED MERKEL <u>DIRECTOR</u>	1.00 1.00	X						0.	0.	0.
(12) ALAN WEBER <u>DIRECTOR</u>	1.00 0.00	X						0.	0.	0.
(13) AILENE BELL <u>DIRECTOR</u>	1.00 0.00	X						0.	0.	0.
(14) RAY S. JONES <u>DIRECTOR</u>	1.00 0.00	X						0.	0.	0.
(15) WILLIAM LOTT <u>DIRECTOR</u>	1.00 0.00	X						0.	0.	0.
(16) ROBERT STEVENS <u>DIRECTOR</u>	1.00 1.00	X						0.	0.	0.
(17) SCOTT VAN DYKE <u>DIRECTOR</u>	1.00 2.00	X						0.	0.	0.

332007 10-28-13

Form 990 (2013)

CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION

Form 990 (2013)

31-1413825 Page 8

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 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	Individual trustee or director	Officer	Key employee	Highest compensated employee	Former		
(18) RUSSELL LIEB DIRECTOR	1.00 0.00	X					0.	0.	0.
(19) HANNUM TAYLOR DIRECTOR	1.00 0.00	X					0.	0.	0.
(20) JOHN LARGE DIRECTOR	1.00 0.00	X					0.	0.	0.
(21) MARK D. SPARKS DIRECTOR	1.00 0.00	X					0.	0.	0.
(22) KYLE TRUESDELL DIRECTOR	1.00 0.00	X					0.	0.	0.
(23) WILLIAM N. BAUGUS DIRECTOR	1.00 0.00	X					0.	0.	0.
(24) SHANE DOUGLASS DIRECTOR	1.00 0.00	X					0.	0.	0.
(25) DOUGLAS NOLAN DIRECTOR	1.00 0.00	X					0.	0.	0.
(26) BARBARA E. ROBINSON DIRECTOR	1.00 0.00	X					0.	0.	0.
1b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	320,784.	22,158.
d Total (add lines 1b and 1c)							0.	320,784.	22,158.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	NONE	(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 ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

592008
10-29-13

Form 990 (2013)

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

Form 990

31-1413825

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

20000

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

Form 990 (2013)

31-1413825 Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,289.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ►		24,289.			
Program Service Revenue	Business Code					
	2 a	1a				
	b	1b				
	c	1c				
	d	1d				
	e	1e				
	f All other program service revenue	1f				
	g Total. Add lines 2a-2f ►					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	3	107,385.		107,385.	
	4 Income from investment of tax-exempt bond proceeds	4				
	5 Royalties	5				
	6 a Gross rents	6a (i) Real	(ii) Personal			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)	6d				
	7 a Gross amount from sales of assets other than inventory	7a (i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c					
d Net gain or (loss)	7d					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a a	b				
b Less: direct expenses	8b a	b				
c Net income or (loss) from fundraising events	8c					
9 a Gross income from gaming activities. See Part IV, line 19	9a a	b				
b Less: direct expenses	9b a	b				
c Net income or (loss) from gaming activities	9c					
10 a Gross sales of inventory, less returns and allowances	10a a	b				
b Less: cost of goods sold	10b a	b				
c Net income or (loss) from sales of inventory	10c					
Miscellaneous Revenue	Business Code					
11 a	11a					
b	11b					
c	11c					
d All other revenue	11d					
e Total. Add lines 11a-11d ►		131,674.	0.	0.	107,385.	
12 Total revenue. See instructions. ►						

332009
10-29-13

10

Form 990 (2013)

L2521117 795491 61071-2

2013.04030 CHRISTIAN BENEVOLENT ASSOCI 61071-21

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

Form 990 (2013)

31-1413825 Page 10

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 or note to any line 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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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 Sch O.)				
12 Advertising and promotion				
13 Office expenses	8,665.		8,665.	
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				
20 Interest	14,560.		14,560.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24a. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	23,225.	0.	23,225.	0.
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 if following SOP 98-2 (ASC 958-720)

332010 10-28-13

Form 990 (2013)

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

Form 990 (2013)

31-1413825 Page 11

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	8,107.	1 7,466.
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	154.	4 0.
	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 instr). Complete Part II of Sch L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments - publicly traded securities	640,556.	11 746,390.
	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	15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	648,817.	16 753,856.
Liabilities	17 Accounts payable and accrued expenses	1,218.	17 1,219.
	18 Grants payable	18	
	19 Deferred revenue	19	
	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	23	
	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	74,851.	25 71,440.
	26 Total liabilities. Add lines 17 through 25	76,069.	26 72,659.
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	572,748.	27 681,197.
	28 Temporarily restricted net assets	0.	28 0.
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	572,748.	33 681,197.
	34 Total liabilities and net assets/fund balances	648,817.	34 753,856.

Form 990 (2013)

CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION

Form 990 (2013)

31-1413825 Page 12

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	131,674.
2 Total expenses (must equal Part IX, column (A), line 25)	2	23,225.
3 Revenue less expenses. Subtract line 2 from line 1	3	108,449.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	572,748.
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	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	681,197.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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?	2a	X
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		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?	3a	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	3b	

Form 990 (2013)

332012
10-29-13

L2521117 795491 61071-2

13
2013.04030 CHRISTIAN BENEVOLENT ASSOCI 61071-21

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization **CHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION** Employer identification number **31-1413825**

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)		X
11g(ii)		X
11g(iii)		X

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	
CBA-GREATER CINCINNATI	31-0675610	7	X		X		X		0.
Total	1								0.

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

Schedule A (Form 990 or 990-EZ) 2013

332021
08-28-13

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$6,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7b from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2013. 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 - 2012. 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		

CHRISTIAN BENEVOLENT ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION

31-1413825 Page 4

Part IV

Supplemental Information. 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).

SCHEDULE A, PART 1, LINE 11(H):

EXPLANATION: CHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION FOR THE AGING
HOLDS INVESTMENTS FOR THE BENEFIT OF THE SUPPORTED ORGANIZATION, CHRISTIAN
BENEVOLENT ASSOCIATION OF GREATER CINCINNATI.

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.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization **CHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION** Employer identification number **31-1413825**

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

Schedule D (Form 990) 2013

31-1413825 Page 2

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):

<p>a <input type="checkbox"/> Public exhibition</p> <p>b <input type="checkbox"/> Scholarly research</p> <p>c <input type="checkbox"/> Preservation for future generations</p>	<p>d <input type="checkbox"/> Loan or exchange programs</p> <p>e <input type="checkbox"/> Other _____</p>
--	---

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

<p>(i) unrelated organizations</p> <p>(ii) related organizations</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 0.

Schedule D (Form 990) 2013

332082
09-25-13

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

Schedule D (Form 990) 2013

31-1413825 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY LIABILITY	71,440.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► **71,440.**

2. Liability for uncertain tax positions. 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

Schedule D (Form 990) 2013

332053
09-25-13

CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION

Schedule D (Form 990) 2013

31-1413825 Page 4

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII | Supplemental Information.

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 X, LINE 2:

EXPLANATION: NO PROVISION HAS BEEN MADE FOR INCOME TAXES SINCE THE ASSOCIATION AND ITS CONTROLLED NOT-FOR-PROFIT ENTITIES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND ARE CLASSIFIED AS OTHER THAN PRIVATE FOUNDATIONS BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ASSOCIATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ASSOCIATION IS NOT CURRENTLY UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE OR ANY STATE OR LOCAL TAX AUTHORITIES. THE ASSOCIATION'S FEDERAL TAX RETURNS FOR THE YEARS ENDED PRIOR TO DECEMBER

332054
09-25-13

Schedule D (Form 990) 2013

31, 2010 ARE NO LONGER SUBJECT TO EXAMINATION.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization **CHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION** Employer identification number **31-1413825**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		
c Participate in, or receive payment from, an equity-based compensation arrangement?		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		
b Any related organization?		
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		
b Any related organization?		
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2013

332111
08-13-13

CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION

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 10 and from related organizations, described in the instructions, on row 11.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VI, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

FORM 990 SCHEDULE J, PART I, LINE 3

EXPLANATION: THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION,

CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER CINCINNATI, INC., DETERMINES

THE CEO'S COMPENSATION THROUGH THE USE OF A COMPENSATION COMMITTEE,

FORM 990 OF OTHER ORGANIZATIONS, A COMPENSATION SURVEY OR STUDY, AND

APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION**

OMB No. 1545-0047

2013

Open to Public
Inspection

Employer identification number
31-1413825

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

TO PERFORM THE FUNDRAISING FUNCTIONS OF AND PROVIDE FINANCIAL SUPPORT
FOR THE BENEFIT OF CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER
CINCINNATI.

FORM 990, PART VI, SECTION A, LINE 3:

EXPLANATION: THE MANAGEMENT SERVICES WERE PROVIDED BY MIDWEST CHRISTIAN
VILLAGES FROM JANUARY 1, 2013 UNTIL MARCH 31, 2013 AT WHICH TIME THE
CONTRACT EXPIRED AND A RELATED PARTY ASSUMED THE RESPONSIBILITY FOR THE
REST OF THE YEAR. MIDWEST CHRISTIAN VILLAGES PROVIDES AN EXECUTIVE DIRECTOR
FOR THE CAMPUS, AS WELL AS OPERATIONS, ACCOUNTING, BILLING, AND OTHER
SUPPORT.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE RELATED TAX-EXEMPT ORGANIZATION, CHRISTIAN BENEVOLENT
ASSOCIATION OF GREATER CINCINNATI, INC. ("CBA"), IS THE SOLE MEMBER OF THE
ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: CBA, THE MEMBER OF THE FILING ORGANIZATION, HAS THE RIGHT TO
ELECT OR APPOINT ONE OF MORE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY,
WHETHER PERIODICALLY, OR AS VACANCIES ARISE, OR OTHERWISE.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: CBA, THE MEMBER OF THE FILING ORGANIZATION, HAS THE RIGHT TO
APPROVE OR RATIFY DECISIONS OF THE ORGANIZATION'S GOVERNING BODY SUCH AS

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

332211
08-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization	CHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION	Employer identification number 31-1413825
--------------------------	--	--

APPROVAL OF THE GOVERNING BODY'S DECISION TO DISSOLVE THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: WITH THE EXCEPTION OF THE DEVELOPMENT COMMITTEE, INDIVIDUAL COMMITTEES DO NOT CONTEMPORANEOUSLY DOCUMENT MEETINGS HELD OR WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR. ACTIONS OF THE ANNUAL NOMINATING COMMITTEE ARE DOCUMENTED IN THE GOVERNING BODY'S MINUTES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE CONTROLLER AND COO REVIEW THE FORM 990 AND THEN WILL PROVIDE ELECTRONIC COPIES OF THE FORM 990 TO ALL BOARD MEMBERS PRIOR TO FILING. MAJOR POINTS OF THE FORM ARE ADDRESSED WITH THE BOARD EITHER VIA EMAIL OR AT THE CLOSEST BOARD MEETING DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: OFFICERS AND DIRECTORS REVIEW AND SIGN THE CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. IT IS THE RESPONSIBILITY OF OFFICERS AND DIRECTORS TO DISCLOSE THE EXISTENCE OF A CONFLICT AND SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF THE CONFLICT IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THOSE WITH CONFLICTS ARE SUBJECT TO VOTING AND PARTICIPATION RESTRICTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION, CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER CINCINNATI, INC., DETERMINES THE CEO'S COMPENSATION THROUGH USE OF REVIEW BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DECISION. THE PROCESS WAS

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization	CHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION	Employer identification number 31-1413825
--------------------------	--	--

LAST COMPLETED IN 2013.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Part II

Identification of Related Tax-Exempt Organizations during the tax year.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(15) controlled entity?
CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER CINCINNATI - 31-0675610. 8097 HAMILTON AVENUE, CINCINNATI, OH 45231	MANAGEMENT/SUPPORT SERVICES FOR RELATED TAX-EXEMPT RETIREMENT	OHIO	501(C)(3)	LINE 7 N/A	CHRISTIAN BENEVOLENT	X
MASON CHRISTIAN VILLAGE, INC. - 31-1173965 411 WESTERN ROW ROAD MASON, OH 45040	RETIREMENT SERVICES	OHIO	501(C)(3)	LINE 9	ASSOCIATION OF CHRISTIAN BENEVOLENT	X
WT. HEALTHY CHRISTIAN HOME, INC. - 31-0714767. 8097 HAMILTON AVENUE, CINCINNATI, OH 45231	RETIREMENT SERVICES	OHIO	501(C)(3)	LINE 9	ASSOCIATION OF CHRISTIAN BENEVOLENT	X
WT. HEALTHY CARE FACILITIES, INC. - 31-1173965. 411 WESTERN ROW ROAD, MASON, OH 45040	RETIREMENT SERVICES	OHIO	501(C)(3)	LINE 9	ASSOCIATION OF CHRISTIAN BENEVOLENT	X

For Paperwork Reduction Act Notice, see the Instructions for Form 890.

SEE PART VII FOR CONTINUATIONS 29

Schedule A (Form 990) 2013

CHRISTIAN BENEVOLENT FOUNDATION ASSOCIATION

31-1413825 Page 2

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 8890, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.**

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a <input checked="" type="checkbox"/>	2
b Gift, grant, or capital contribution to related organization(s)	1b <input checked="" type="checkbox"/>	3
c Gift, grant, or capital contribution from related organization(s)	1c <input checked="" type="checkbox"/>	4
d Loans or loan guarantees to or for related organization(s)	1d <input checked="" type="checkbox"/>	5
e Loans or loan guarantees by related organization(s)	1e <input checked="" type="checkbox"/>	6
f Dividends from related organization(s)	1f <input checked="" type="checkbox"/>	7
g Sale of assets to related organization(s)	1g <input checked="" type="checkbox"/>	8
h Purchase of assets from related organization(s)	1h <input checked="" type="checkbox"/>	9
i Exchange of assets with related organization(s)	1i <input checked="" type="checkbox"/>	10
j Lease of facilities, equipment, or other assets to related organization(s)	1j <input checked="" type="checkbox"/>	11
k Lease of facilities, equipment, or other assets from related organization(s)	1k <input checked="" type="checkbox"/>	12
l Performance of services or membership or fundraising solicitations for related organization(s)	1l <input checked="" type="checkbox"/>	13
m Performance of services or membership or fundraising solicitations by related organization(s)	1m <input checked="" type="checkbox"/>	14
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n <input checked="" type="checkbox"/>	15
o Sharing of paid employees with related organization(s)	1o <input checked="" type="checkbox"/>	16
p Reimbursement paid to related organization(s) for expenses	1p <input checked="" type="checkbox"/>	17
q Reimbursement paid by related organization(s) for expenses	1q <input checked="" type="checkbox"/>	18
r Other transfer of cash or property to related organization(s)	1r <input checked="" type="checkbox"/>	19
s Other transfer of cash or property from related organization(s)	1s <input checked="" type="checkbox"/>	20

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NONE		0.	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part N, line 37.**

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are in partnership, jointly and severally and otherwise with another entity?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disposition of assets between partners?	(i) Code V-1(B), amount in box 20 of Schedule K-1 (Form 1065)	(j) General or Percentage ownership by partner?	(k) Yes No

Schedule R (Form 990) 2013

CHRISTIAN BENEVOLENT ASSOCIATION
FOUNDATION

Schedule R (Form 990) 2013

31-1413825 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II. IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER CINCINNATI

PRIMARY ACTIVITY: MANAGEMENT/SUPPORT SERVICES FOR RELATED TAX-EXEMPT

RETIREMENT COMMUNITIES

NAME OF RELATED ORGANIZATION:

MASON CHRISTIAN VILLAGE, INC.

**DIRECT CONTROLLING ENTITY: CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER
CINCINNATI, INC.**

NAME OF RELATED ORGANIZATION:

MT. HEALTHY CHRISTIAN HOME, INC.

**DIRECT CONTROLLING ENTITY: CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER
CINCINNATI, INC.**

NAME OF RELATED ORGANIZATION:

MCV HEALTH CARE FACILITIES, INC.

**DIRECT CONTROLLING ENTITY: CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER
CINCINNATI, INC.**



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/11/2013	201316200437	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

TAFT STETTINUS & HOLLISTER LLP
LINDA S. DAVIS
65 E. STATE ST, 10TH FLR
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted
872275

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

201316200437

Effective Date: 06/10/2013



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 11th day of June, A.D.
2013.

Ohio Secretary of State



Form 541 Prescribed by:
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryOfState.gov
Forms@OhioSecretaryOfState.gov

Mail this form to one of the following:

Regular Filing (not express)
P.O. Box 13219
Columbus, OH 43219

Express Filing (Two-business day processing
does not incur an additional \$160.00)
P.O. Box 13219
Columbus, OH 43219

**Certificate of Amendment
(Nonprofit, Domestic Corporation)**
Filing Fee: \$50

Check the appropriate box:

Amendment to existing Articles of Incorporation by Members pursuant to Ohio Revised Code section 1702.38(C) (128-AMD)

Amended and Restated Articles by Members pursuant to Ohio Revised Code section 1702.38(D) or by Directors pursuant to Ohio Revised Code section 1702.38(E) (126-AR/AM) - The following articles supersede the existing articles and all amendments thereto.

Complete the following information:

Name of Corporation: **Christian Benevolent Association Foundation For the Aging, Inc.**

Charter Number: **872278**

2013 JUN 10 PM 3:50
CLIENT SERVICE CENTER

RECEIVED
ATTORNEY OF STATE

A copy of the resolution of amendment must be attached to this document.

Note: If amended and restated articles were adopted, amended articles must set forth all provisions required in original articles other than with respect to the initial directors pursuant to Ohio Revised Code section 1702.38(A). In the case of adoption of the resolution by the directors, a statement of the basis for such adoption shall be provided.

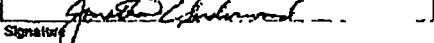
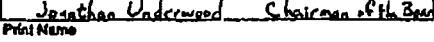
<p>Required Must be signed by an authorized officer of the Corporation pursuant to the Ohio Revised Code section 1702.38(G).</p> <p>If authorized representative is an individual, then they must sign in the "Signature" box and print their name in the "Print Name" box.</p> <p>If authorized representative is a business entity, not an individual, then please print the business name in the "Signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.</p>	<p> Signature</p> <p><input type="text"/> By (If applicable)</p> <p> Jonathan Underwood, Chairman of the Board Print Name</p> <p><input type="text"/> Signature</p> <p><input type="text"/> By (If applicable)</p> <p><input type="text"/> Print Name</p>
---	---

Exhibit A

**ACTION BY CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER CINCINNATI,
INC., AS THE SOLE MEMBER
OF
CHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION FOR THE AGING, INC.
(such Foundation hereafter to be known as Christian Benevolent Association
Foundation)**

Pursuant to Sections 1702.28 and 1702.38(C) of the Ohio Revised Code, the CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER CINCINNATI, ("Member"), an Ohio nonprofit corporation, acting as the sole member of Christian Benevolent Association Foundation for the Aging, Inc., an Ohio nonprofit corporation (the "Foundation"), adopted and authorized at a duly called meeting of the Board of Directors of the Member, at which a quorum was present held on May 21, 2013, the following resolution and action:

RESOLVED, that the name of Christian Benevolent Association Foundation for the Aging, Inc. be, and it hereby is, changed to "Christian Benevolent Association Foundation" and the Amendment to the Articles of Incorporation of the Christian Benevolent Association Foundation for the Aging, Inc. in the form attached hereto as Exhibit A, as conformed to the Ohio Secretary of State's filing requirements, is hereby approved and shall be filed with the Ohio Secretary of State to amend the current Articles of Incorporation of the Christian Benevolent Association Foundation for the Aging, Inc. to change its name to the "Christian Benevolent Association Foundation".

Exhibit A

AMENDMENT TO ARTICLES OF INCORPORATION OFCHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION FOR THE AGING, INC.

FIRST. The name of the corporation shall be Christian Benevolent Association Foundation.

Effective as of May 21, 2013.

CHRISTIAN BENEVOLENT ASSOCIATION OF GREATER CINCINNATI, INC.

By: Larry Monroe
Printed Name: LARRY MONROE
Title: CEO

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

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 File by the due date for filing your return. See Instructions	Name of exempt organization or other filer, see instructions. CHRISTIAN BENEVOLENT ASSOCIATION FOUNDATION	Employer identification number (EIN) or 31-1413825
	Number, street, and room or suite no. If a P.O. box, see instructions. 8097 HAMILTON AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45231	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

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 (other than individual)	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.

KIM DOSS

- The books are in the care of ► **8097 HAMILTON AVENUE - CINCINNATI, OH 45231**
Telephone No. ► **(513) 800-1674** Fax No. ►
- 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 **NOVEMBER 15, 2014**.
- For calendar year **2013**, or other tax year beginning , and ending .
- 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
ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 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	\$	0.
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	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature ► *Larry Clever*

Title ► **CEO**

Date ► **11/17/14**

Form 8868 (Rev. 1-2014)