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Department of the Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

OMB No 1545-0047

Open to Public

			I ► Information about Form 990 and its instructions is at <u>www.IRS.go</u>	00/10/11/990			
A Fo	the 2		ndar year, or tax year beginning 07-01-2013 , 2013, and ending 06-3	0-2014			
B Che	ck ıf a	pplicable	C Name of organization NATIONAL CHURCH RESIDENCES FOUNDATION		D Emplo	yer ide	ntification number
☐ Add	ress ch	hange _	Doing Business As		20-23	30866	5
┌ Nar	ne chai	inge	Doing business As				
┌ Initi	al retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/su	ııte	E Teleph	one num	pher
Г Теп	minated	ed	2335 NORTH BANK DRIVE				
┌ Ame	ended i	return	City or town, state or province, country, and ZIP or foreign postal code		(614)	273-3	3531
_		n pending	COLUMBUS, OH 43220		C Cross		± 20 660 721
, ,,,,,	neation	in penaling	F Name and address of principal officer				\$ 29,669,721
			THO MAS SLEMMER		this a group bordinates?		n for
			2335 NORTH BANK DRIVE				,,
			COLUMBUS,OH 43220		e all subord	ınates	☐ Yes ☐ No
T Tax	-exem	npt status	▼ 501(c)(3)	1	:luded? "No." attach	n a list	(see instructions)
		<u>. </u>		1			
	ebsite	e: F WWV	/NATIONALCHURCHRESIDENCES ORG	H(c) G	roup exemp	tion nu	mber ► 5048
K Forn	n of org	ganization	Corporation Trust Association Other 🕨	L Year o	f formation 20	005 M	State of legal domicile OH
Pa	rt I	Sumn	nary				
			scribe the organization's mission or most significant activities				
]	TO DEVE	LOP AND MANAGE HOUSING AND PROVIDE SERVICES TO INDI	VIDUALS \	<u> VITH LIMIT</u>	EDIN	COMES
)ce	-						
lei	-						
Governance	2 (Check this	s box দ if the organization discontinued its operations or disposed	of more tha	n 25% of its	net as	ssets
9						1	I
2 6			voting members of the governing body (Part VI, line 1a)			3	13
tles			independent voting members of the governing body (Part VI, line 1b			4	13
Activities &			ber of individuals employed in calendar year 2013 (Part V, line 2a)			5	0
Ac			ber of volunteers (estimate if necessary)			6	13
			lated business revenue from Part VIII, column (C), line 12			7a	0
	D	ivet uillela	iteu business taxable income nom Form 990-1, inie 34		rior Year	7b 	Current Year
	8	Contrib	utions and grants (Part VIII, line 1h)	F	14,328,	601	12,124,969
ē	9		n service revenue (Part VIII, line 2g)		14,320,	0)1	12,124,309
	_	i iogiun	r service revenue (r are viii, inic 2g)		2 107	197	4,321,591
ģ.	10	Investo	pentincome (Part VIII column (A) lines 3 4 and 7d)		2.197.		.,,
Revenue	10 11		nent income (Part VIII, column (A), lines 3, 4, and 7d)		2,197, -24,		-24,601
Rayer	11	Otherre	nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), lin		-24,	637	
Rever		Other re Total re 12) .	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), lin		-24, 16,501,	637 251	16,421,959
Rever	11 12 13	Other re Total re 12) . Grants	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e	-24,	637 251	16,421,959
Rever	11 12 13 14	Other re Total re 12) . Grants a Benefits	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), lin and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4)	e	-24, 16,501,	637 251	16,421,959 2,267,736
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	11 12 13 14	Other re Total re 12) . Grants : Benefits Salaries 5-10) Profess	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e)	e	-24, 16,501,	637 251 972 0	16,421,959 2,267,736 0
Expenses Rever	11 12 13 14 15	Other re Total re 12) . Grants : Benefits Salaries 5-10) Profess Total fund	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), lines lional fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) 218,591	e	-24, 16,501, 1,688,	637 251 972 0 0	16,421,959 2,267,736 0 0
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Firm's name PLANTE & MORAN PLLC

Firm's address ► 65 EAST STATE STREET SUITE 600

COLUMBUS, OH 43215

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

Paid

Preparer

Use Only

Firm's EIN 🕨 38-1357951

Phone no (614) 849-3000

✓ Yes No

Par	Statement of Progr Check if Schedule O cont		mplishments ote to any line in this Part II	I	٦
1	Briefly describe the organizatio	n's mission			
NON	E				
2	Did the organization undertake a	any complement are are		which were not listed on	
2	the prior Form 990 or 990-EZ? If "Yes," describe these new sei				┌ Yes ┌ No
3	Did the organization cease cond		ficant changes in how it con	ducts any program	
3	services?				┌ Yes ┌ No
4	-				
_	Describe the organization's progexpenses Section 501(c)(3) and the total expenses, and revenue	d 501(c)(4) organiza	tions are required to report t	the amount of grants and allocati	
4a	(Code) (Expe	enses \$ 2,566,	742 including grants of \$	2,267,736) (Revenue \$	0)
	CHRISTIAN COMMITMENT TO SERVE OF THE PARENT COMPANY OF NATIONAL CORPORATION ITS PRIMARY FUNCTI RESIDENCES AS OF 2014, THE PAREN COMMUNITIES IN 28 STATES AND PUI (SKILLED NURSING, ASSISTED LIVING SEVERAL OF THE NATION'S LEADING SEVERAL OF THE NATION'S LEADING SEVERAL OF THE NATION'S LEADING OARE AT AFFORDABLE PRICES IN COINCERN FOR LOW- AND MODERATE EXPANDING OUR SERVICES IN THE ARESOURCES NECESSARY TO SUPPORTATION OF SERVICES IN THE ARESOURCES NECESSARY TO SUPPORTATION OF THE NATIONAL PRICES OF THE PARENOURCES NECESSARY TO SUPPORTATION OF THE PARENOURCES	DIDER ADULTS' HOUSING, CHURCH RESIDENCES IN ON IS TO PROVIDE CHARI IT COMPANY OF NATIONAL ERTO RICO, SERVING MOF, HOME HEALTH AND ADUIT OF NATIONAL AND HEAN (NAHMA), THE LEADING MUNITIES OF CARING PECH BEGAN IN 1961 WHILE IS-INCOME SENIORS, PERSORES OF ASSISTED LIVING, IT THESE FACILITIES WE A	SOCIAL, AND HUMAN NEEDS NAT 2005 TO SEPARATE OUT THE PHIL TY CARE FOR THE RESIDENTS OF CHURCH RESIDENCES OWNS/MARE THAN 25,000 RESIDENTS IN ALL T DAYCARE) IN OHIO NATIONAL LTH CARE ADVOCACY ORGANIZATION AGE OHIO THE MISSION OF NATION OUR MINISTRY IS NATION OUR MINISTRY HAS BEEN TARGET ONS WITH DISABILITIES, AND LOW NURSING HOMES, FULL-SERVICE LSO PLAN THOUGHTFUL GROWTH	PARENT COMPANY OF NATIONAL CHUR IONAL CHURCH RESIDENCES FOUNDAT ANTHROPIC FUNCTION OF THAT OHIO COMMUNITIES OWNED AND OPERATED NAGES 300+ AFFORDABLE SENIOR AND DITION, NCR OPERATES TWENTY-ONE CHURCH RESIDENCES SUPPORTS AND IONAL CHURCH RESIDENCES IS TO PROVINAL CHURCH RESIDENCES IS TO PROVINAL IN SCOPE AND ORIGINATES FROM A ED PRIMARILY TOWARD OLDER ADULTS AND MODERATE-INCOME FAMILIES WARTIREMENT COMMUNITIES, AND TO THE AREA OF AFFORDABLE FAMILY IN THE AREA OF AFFORDABLE FAMILY ON THE RESOURCES, WE ARE EQUALLY COMMUNITIES.	ION WAS SPUN OFF FROM NOT-FOR-PROFIT BY NATIONAL CHURCH FAMILY HOUSING HEALTHCARE ENTITIES S AFFILIATED WITH IE NATIONAL AFFORDABLE IDE QUALITY HOUSING AN CHRISTIAN COMMITMENT, WE HAVE SPECIAL FE ARE COMMITTED TO THE DEVELOPMENT OF HOUSING WHILE WE ARE
4b	(Code) (Expe	enses \$	ıncludıng grants of \$) (Revenue \$)
4 c	(Code) (Expe	enses \$	including grants of \$) (Revenue \$)
4d	Other program services (Desc				
	(Expenses \$	ıncludıng gran	ts of \$) (Revenue \$)

art IV	Checklist of	Required	Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, 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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2013)

	Check if Schedule O contains a response or note to any line in this Part V			.г
	· · · · · · · · · · · · · · · · · · ·		Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 36			
)	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
1	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			
	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		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		l _N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		N
	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	1. 165, to fine 50 of 50, and the organization meriorin 0000-1	5c	<u> </u>	L
	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and converse provided to the payor?	7a		N
	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e 7f		N N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			IN
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	I	ı

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

Check if Schedule O contains a response or note to any line in this Part	Ι														.IV
--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ле Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	Did the organization have local chapters, branches, or affiliates?	10a 10b		Νο
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year $\frac{1}{2}$

►STEVEN A VAN CAMP 2335 NORTH BANK DRIVE

COLUMBUS, OH 43220 (614) 451-2151

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) PAUL BLOOMFIELD	50	,,							0	
DIRECTOR	1 50	X						0	0	C
(2) ALLEN RUPIPER	50	Ţ,,						_		_
DIRECTOR	2 00	Х						0	0	C
(3) LARRY BELLMAN	50									
DIRECTOR	1 50	Х						0	0	C
(4) DONALD RUSSELL	50									
DIRECTOR	2 00	Х						0	0	C
(5) JAMES SAVAGE	50									
		х						0	0	C
DIRECTOR (6) CYNTHIA GERST	1 50 50									
		x						0	0	C
DIRECTOR (7) ELEANOR ALVAREZ	1 50				_	-				
	50	х						0	0	C
DIRECTOR	1 50									
(8) JEFFREY COPELAND	50	l x						0	0	C
DIRECTOR	1 50									
(9) LYNN GREENSTEIN	50	×						0	0	C
DIRECTOR	1 50							Ŭ	Ŭ	
(10) MIKE FLOWERS	50							0	0	O
DIRECTOR	1 50	X							0	
(11) PETER VOGEL	50	ν,						_		
DIRECTOR	1 50	X						0	0	C
(12) FLOYD JONES	50									
BOARD CHAIR THRU DEC 2013	1 50	X		Х				0	0	C
(13) STEPHEN RISH	50				\vdash	 				
BOARD CHAIR		х		Х				0	0	C
(14) STEVEN A VAN CAMP	1 50					 				
•				Х				0	20,977	1,481
CFO/VP/SECRETARY (15) JOSEPH R KASBERG	39 00									
` '				х				0	347,771	44,991
SVP/SECRETARY/CFO (16) JEFFREY S WOLF	39 00				\vdash					
•	28 00			х				0	242,540	33,480
VICE PRESIDENT/COO	12 00									
(17) THOMAS W SLEMMER	1 00			x				0	595,079	32,329

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot	not box thar	checl c, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	on d is	compensati from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- (W- 2/109 MISC) MISC)		-	organiz	lated	
(18) DOUGLAS K VESEY	1 00			х				0	150	F27		37,711	
VICE PRESIDENT/TREASURER	39 00												
1b Sub-Total			•	•		<u> </u>							
d Total (add lines 1b and 1c)				٠.		►		0	1,356,89	04		149,992	
2 Total number of individuals (including b \$100,000 of reportable compensation to				ed al	bove	e) who	rec	eived more than					
3 Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>	•						r hig	ghest compensate	d employee	3	Yes	No No	
4 For any individual listed on line 1a, is the organization and related organizations of individual									om the	4	Yes		
5 Did any person listed on line 1a receive services rendered to the organization?									ndıvıdual for	5		No	
Section B. Independent Contracto													
1 Complete this table for your five highes compensation from the organization Re											tax year		
	(A) usiness address							Description	(B) on of services		(C) Compen		
										1			
2 Total number of independent contractors \$100,000 of compensation from the orga		not lim	ıted t	o th	nose	listed	dab	ove) who received	more than	1			

Part V	4 + + 1	Statement o		oca ar nota ta any lir	no in this Dort VIII			_
	1a	Federated cam	ule O contains a respor	ise or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts								
ons, Gifts, Grants Similar Amounts	b	·	les 1b					
s, G Am	C	Fundraising eve	ents 1c	159,213				
Gifts, nilar An	d	Related organiz	zations 1d	10,545,255				
s, C imil	e	Government grants	s (contributions) 1e	84,905				
Contributions, and Other Sim	f	sımılar amounts no		1,335,596				
ţi Ot	g	Noncash contribution 1a-1f \$	ons included in lines					
Cont and	h	Total. Add lines	s 1a-1f	📦	12,124,969			
				Business Code				
Program Serwce Revenue	2a							
еле	ь	-						
e F	c							
Y VI	d							
જ	e							
ra L	f	All other progra	am service revenue					
⊀૦ી		-						
<u>н</u>	g		s 2a – 2f					
	3		ome (including dividend ar amounts)		2,308,422			2,308,422
	4		stment of tax-exempt bond p	l l				
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inco	me or (loss)					i
	_	Weet remaining	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	15,148,543	(II) o ciro:				
	b	than inventory Less cost or other basis and sales expenses	13,135,374					
	С	Gain or (loss)	2,013,169					
	d	Net gain or (los	s)		2,013,169			2,013,169
Other Revenue	8a	events (not inc \$159	; <u>,213</u> s reported on line 1c)	87,787				
<u>‡</u>	Ь		penses b	112,388	_			
o	c 9a	Gross income f	(loss) from fundraising of from gaming activities ne 19	events 🛌	-24,601			-24,601
		Less direct ex	a penses b					
		Net income or (Gross sales of returns and allo		vities				
	ь		a oods sold b					
	С		(loss) from sales of inve	entory Þ-				
		Miscellaneous	s Revenue	Business Code				
	11a	_						
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions	🕨				
				-1	16,421,959	0	C	4,296,990

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u>.</u>
	ot include amounts reported on lines 6b, o, 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	2,267,736	2,267,736		
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)				
а	Management				
ь	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 Schedule O)				
12	Advertising and promotion	116,491	116,491		
13	Office expenses				
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				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	FUNDRAISING EXPENSES	218,591	0		218,591
b	GIFT ANNUITIES	182,515	182,515		
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,785,333	2,566,742	0	218,591
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)				

				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		Beginning of year	1	Liid oi yeai
	2	Savings and temporary cash investments		4,325,672		2,114,451
	3	Pledges and grants receivable, net		1,020,012	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, direkey employees, and highest compensated employees Complete Schedule L	ectors, trustees, Part II of		-	
Assets	6	Loans and other receivables from other disqualified persons (as a section 4958(f)(1)), persons described in section 4958(c)(3)(B) employers and sponsoring organizations of section 501(c)(9) vol employees' beneficiary organizations (see instructions) Complete Schedule L	, and contributing untary		5	
Š	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			
	Ь	Less accumulated depreciation	10b	7	10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		65,758,477		88,070,715
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,548,457	15	14,829,601
	16	Total assets. Add lines 1 through 15 (must equal line 34)		83,632,606	16	105,014,767
	17	Accounts payable and accrued expenses		10,051,514	17	10,486,061
	18	Grants payable		450,000	18	45,000
	19	Deferred revenue		·	19	<u> </u>
	20	Tax-exempt bond liabilities			20	
. e.	21	Escrow or custodial account liability Complete Part IV of Schedu			21	
Liabilities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie	s, trustees,			
둉		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 and other liabilities not included on lines 17-24) Complete Part	X of Schedule	10.1.10		
		D		421,449	25	392,026
	26	Total liabilities. Add lines 17 through 25		10,922,963	26	10,923,087
ъ Ф		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and complete			
ဋ	27	Unrestricted net assets		68,063,156	27	89,050,101
<u> </u>	28	Temporarily restricted net assets		4,646,487	28	5,041,579
<u>.</u>	29	Permanently restricted net assets			29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
ρĎ	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
Assets	32	Retained earnings, endowment, accumulated income, or other fun			32	
ž Š	33	Total net assets or fund balances		72,709,643		94,091,680
Ź	34	Total liabilities and net assets/fund balances		83,632,606	-	105,014,767

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				r
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,4	421,959
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,7	785,333
3	Revenue less expenses Subtract line 2 from line 1	3		13,6	536,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		72,	709,643
5	Net unrealized gains (losses) on investments	5		7,7	745,411
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		94,0	091,680
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. দ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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DLN: 93493037009015

OMB No 1545-0047

Darletta Ol

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

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

2013

Open to Public Inspection

Name	of	the	org	anizat	tion	
NOTTAL	AL (CHUE	RCH	RESIDE	ENCES	FOUNDATIO

Employer identification number

20-2308665

The o	rganıza	ion is not a privat	te foundation becaus	eitis (Forl	lines 1 throu	ıgh 11, checl	only one b	ox)				
1	Γ A	church, convent	ion of churches, or a	ssociation of	f churches d	escribed in s	ection 170(b)(1)(A)(i).				
2	Γ A	school described	d in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)						
3	Γ A	hospital or a coo	perative hospital se	rvice organiz	zatıon descr	ıbed ın sectic	n 170(b)(1)(A)(iii).				
4	Γ A	medical research	h organization opera	ted ın conjun	iction with a	hospital des	crıbed ın se	ction 170(b)(1)(A)(iii). Ente	r the	
_		ospital's name, ci										_
5			erated for the benefi	_	or universi	ty owned or c	perated by	a government	al unit	describe	edin	
_	_		(A)(iv). (Complete P					43/43/				
6		•	· local government or	_								
7 8	d	described in section 170(b)(1)(A)(vi). (Complete Part II)										
9	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross					S						
	r	eceipts from activ	rities related to its e	xempt functi	ons—subjec	t to certaın e	xceptions,	and (2) no mo	re thar	331/3%	of	
	ıt	s support from gr	oss investment inco	me and unre	lated busine	ss taxable ır	come (less	section 511	tax) fro	m busın	esses	
	a	cquired by the org	ganızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	rt III)				
10	Γ A	n organization or	ganized and operated	d exclusively	to test for p	public safety	See sect io	n 509(a)(4).				
11	0	ne or more public ne box that descri	ganized and operated ly supported organiz ibes the type of supp b Type II c	ations descr oorting organ	ibed in sect ization and o	ion 509(a)(1 complete line) or section s 11e throu	509(a)(2) So ugh 11h	ee sect	ion 509(a)(3).	Check
e	0		ox, I certify that the ion managers and ot									
f		_	received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III sup	porting	organı	zatio <u>n,</u>
g		heck this box	2006, has the organ	ızatıon accer	oted any dift	or contributi	on from any	ofthe				J
9		ollowing persons?			, , , , , , , , , , , , , , , , , , ,		,					
	(i) A person who d	irectly or indirectly o	controls, eith	ier alone or t	together with	persons de	scribed in (ii)			Yes	No
	a	nd (III) below, the	governing body of th	ne supported	organızatıoı	n?				11g(i)		No
	(ii) A famıly memb	er of a person descr	ıbed ın (ı) ab	ove?					11g(ii)		No
			lled entity of a perso							11g(iii)		No
h	Р	rovide the following	ng information about	the supporte	ed organızat	ion(s)						
(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(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 col (i) organization in col (i) organized in the U S?					(1	(vii) A mount of monetary support		
			instructions))	Yes	No	Yes	No	Yes	No			
CHUR	ATIONAL CH DENCES	310651750	9		No	Yes		Yes				88,500
Total												88,500

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts 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	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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

Cale	ndar 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						
2	include any "unusual grants ") 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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	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						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

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

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
		Facts And Circumstances Test					
Retu	ırn Reference	Explanation					
		Schodulo A / Form 0	000 er 000 E7) 201				

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493037009015

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

ial Revenue Service	is instructions is at www.irs.gov/rorm.sso.	Inspection
ame of the organization ATIONAL CHURCH RESIDENCES FOUNDATION		Employer identification number 20-2308665
organizations Maintaining Do	onor Advised Funds or Other Similar Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
_	nor advisors in writing that the assets held in do t to the organization's exclusive legal control?	onor advised Yes No
	ors, and donor advisors in writing that grant fund the benefit of the donor or donor advisor, or for	
rt II Conservation Easements. Con	mplete if the organization answered "Yes"	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held l Preservation of land for public use (e g , r Protection of natural habitat	recreation or education)	an historically important land area a certified historic structure
Preservation of open space		
Complete lines 2a through 2d if the organiza easement on the last day of the tax year	tion held a qualified conservation contribution ir	n the form of a conservation
casement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation eas	sements	2b
Number of conservation easements on a cert	tified historic structure included in (a)	2c
Number of conservation easements included historic structure listed in the National Regis		2d
Number of conservation easements modified	, transferred, released, extinguished, or termina	ited by the organization during
the tax year 🛌		
Number of states where property subject to a	conservation easement is located 🛌	
	egarding the periodic monitoring, inspection, ha	
Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation eas	ements during the year
Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation easemer	nts during the year
▶ \$, , , , , , , , , , , , , , , , , , , ,	,
'	on line 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(ı)
	eports conservation easements in its revenue a text of the footnote to the organization's financi on easements	
	Hections of Art, Historical Treasures wered "Yes" to Form 990, Part IV, line 8.	, or Other Similar Assets.
If the organization elected, as permitted und works of art, historical treasures, or other sir	er SFAS 116 (ASC 958), not to report in its rev milar assets held for public exhibition, educatior footnote to its financial statements that describ	n, or research in furtherance of public
If the organization elected, as permitted und	er SFAS 116 (ASC 958), to report in its revenu milar assets held for public exhibition, educatior	e statement and balance sheet
(i) Revenues included in Form 990, Part VII	I, line 1	▶ \$
(ii) Assets included in Form 990, Part X		▶ \$
If the organization received or held works of	art, historical treasures, or other similar assets der SFAS 116 (ASC 958) relating to these item	for financial gain, provide the
Revenues included in Form 990, Part VIII, li	ine 1	► \$
Assets included in Form 990, Part X		<u></u>
ASSES MEIGGE III I OIIII 550, Fait A		F 4

Par	Tit Organizations Maintaining Co	llections of Art,	Histoi	<u>'ical</u>	Treasur	es, or O	<u>ther</u>	Similar	Asse	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, checl	k any c	of the follo	wing that a	re a	sıgnıfıcant	use of	ıts	
а	Public exhibition		d 「	Loa	n or exch	ange progi	ams				
b	Scholarly research		е Г	Oth	ner						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey furt	her the or	ganızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit							ılar	_		_
	assets to be sold to raise funds rather than t	<u>`</u>						" -		Yes	No
Par	Part IV, line 9, or reported an ar					answere	a "Ye	es" to For	m 990	',	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	liary for	contri	butions or	r other ass	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing	table		_					
						-			Amou	ınt	
C	Beginning balance					-	1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the 6	explana	tion ha	s been pr	ovided in f	oart >	(III			Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b) Prio	r year	b (c) Tw	o years back	(d)⊺	hree years b	ack (e)Four ye	ears back
1a	Beginning of year balance						-				
b	Contributions						_				
С	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 cur	rent year end balance	e (line 1	g, colu	ımn (a)) h	eld as					
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment -										
С	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organizat	tion that	are h	eld and ad	dministere	d for t	:he			
	organization by									Yes	No
	(i) unrelated organizations			•			•		3a(i)		
L	(ii) related organizations								3a(ii)	 	
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second of the second of the second or the second of the seco						•		3b		
	t VI Land, Buildings, and Equipme				on answ	ered 'Ves	' to	Form 990	Part	TV lır	16
I GI	11a. See Form 990, Part X, line		ic orga	mzati	On answ	ered res		01111 550	, rait	1 V , III	ic
	Description of property				st or other nvestment)	(b)Cost or basis (ot		(c) Accur deprec		(d) B	ook value
	Land										
b	Buildings		.								
	Leasehold improvements		.								
	Equipment		.							1	
	• •		- ⊢			 		 		+	
е	Other		.								

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	nplete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other (A) DESIGNATED AND RESTRICTED CASH AND		
INVESTMENTS	9,413,642	F
(B) GOVERNMENT SECURITIES	6,229,469	F
(C) EQUITY SECURITIES	70,481,971	F
(D) DEBT SECURITIES	1,902,144	F
(E) ACCRUED INTEREST	43,489	F
	,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 88,070,715	
Part VIII Investments—Program Related. Co		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
	+	
Total (colaim (b) mast equal only 350, talk X, col (b) mic 13)		J , Part IV, line 11d See Form 990, Part X, line 15
(a) Descri	ption	(b) Book value
(1) RELATED PARTY RECEIVABLE		14,829,601
Table (Calumn (b) moved and Farm 2000 Part V and (D) line 1	- ,	14,020,001
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the orga		
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Federal income taxes	(3, 200), (4, 1)	
CAPITAL LEASES AND ANNUITIES	392,026	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	392,026	
2		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a.	ue per Re	turn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	23,884,666
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	411	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	187	
e	Add lines 2a through 2d	. 2e	9,692,598
3	Subtract line 2e from line 1	. 3	14,192,068
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b 2,229,	391	
С	Add lines 4a and 4b	. 4c	2,229,891
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	16,421,959
Part	Reconciliation of Expenses per Audited Financial Statements With Exper if the organization answered 'Yes' to Form 990, Part IV, line 12a.	ses per l	Return. Complete
1	Total expenses and losses per audited financial statements	1	2,897,721
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	. 2e	0
3	Subtract line 2e from line 1	. 3	2,897,721
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b -112,	388	
С	Add lines 4a and 4b	. 4c	-112,388
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	2,785,333
Par	t XIII Supplemental Information		
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b art tV, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XII are the complete this part XII, lines 2d and 4b Also complete this part XII are the complete this part XIII are the complete this part XIII are the complete this part XIII are the complete this part XII are the complete this part XIII are the complete the complete this part XIII are the complete the co		e any additional
	Return Reference Explanation		
PART	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED TO EVALUATE TAX POSITIONS TAKES RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKED POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUBY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MADE	N BY THE O CEN AN UNO STAINED U	RGANIZATION AND CERTAIN PON EXAMINATION

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTION 1,947,187
PART XI, LINE 4B - OTHER ADJUSTMENTS	DIRECT PUBLIC SUPPORT 1,667,501 RECLASS OF REALIZED LOSSES 55,975 RECLASS OF INTEREST INCOME 149,409 RECLASS OF UNREALIZED LOSSES 469,394 RECLASS OF FUNDRAISING EXPENSES -112,388
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECLASS OF FUNDRAISING EXPENSES -112,388

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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Department of the Treasury

Internal Revenue Service

DLN: 93493037009015

OMB No 1545-0047

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Open to Public Inspection

ame of the organization					E	mployer ider	ntification number
ATIONAL CHURCH RESIDEN	CES FOUNDATION				2	20-2308665	
Part I Fundraising Act Form 990-EZ filer					to Form 9	990, Part IV	, line 17.
Indicate whether the organ	-			-	ack all that	- annly	
a Mail solicitations	iizatioii raiseu lulius	tillough a	•	Solicitation of non			
b Internet and email solu	citations		f	Solicitation of gov			
c Phone solicitations			q	Special fundraisin			
d In-person solicitations	3		_		J		
2a Did the organization have a or key employees listed in							Г _{Yes} Г N
b If "Yes," list the ten higher to be compensated at leas			fundraıse	rs) pursuant to agreem	ents under	which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or ret fundrais	ount paid to ained by) er listed in ol (i)	(vi) A mount paid to (or retained by) organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
otal			<u>.</u> ►				
3 List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	r has been	notified it is	exempt from

Sche	dule	G (Form 990 or 990-EZ) 2013				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 MUIRFIELD GOLF	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			FUNDRA ISER (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	247,000			247,000
Đ Ž	2	Less Contributions	159,213	3		159,213
<u>~</u>	3	Gross income (line 1 minus line 2)	87,787	7		87,787
	4	Cash prizes				
မွာ	5	Noncash prizes	13,486	5		13,486
SU.	6	Rent/facility costs	56,51	L		56,511
Expenses	7	Food and beverages .	19,258	3		19,258
D D Legg	8	Entertainment	200			200
ā	9	Other direct expenses .	22,933	3		22,933
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	ı (d)		(112,388)
	11	Net income summary Subtract li	ine 10 from line 3, columi	n (d)	•	-24,601
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
D G G	3	Non-cash prizes				
М Д	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	│	☐ Yes		
	7	Direct expense summary Add line	es 2 through 5 in column ((d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9	Ente	er the state(s) in which the organiz	ation operates gaming ac	tivities		
а		the organization licensed to operate				Г _{Yes} Г _{No}
b	If"I	No," explain				
10a		re any of the organization's gaming				· · 「Yes 「No
b	T.L.	Yes," explain				

_		
	4	4

Does	s the organization operate gaming activi	ties with nonmembers	?		es 「No
12	Is the organization a grantor, beneficia	ary or trustee of a trus	t or a member of a partnership or oth	ier entity	
	formed to administer charitable gamin	g [?]			┌ _{Yes} ┌ _{No}
13	Indicate the percentage of gaming act	ıvıty operated ın			
а	The organization's facility			13a	%
b	An outside facility			13b	0/0
14	Enter the name and address of the per	son who prepares the	organızatıon's gamıng/specıal event	s books and records	_
	Name 🟲				
	Address ►				
	Does the organization have a contract revenue?				┌ Yes ┌ No
b	If "Yes," enter the amount of gaming r			and the	
	amount of gaming revenue retained by	the third party 🟲 \$			
С	If "Yes," enter name and address of th	e third party			
	Name 🕨				
	Address ►				
16	Gaming manager information				
	Name 🕨				
	Gaming manager compensation ► \$				
	Description of services provided				
	Director/officer	Employee	☐ Independent contrac	tor	
17	Mandatory distributions	, 55			
	Is the organization required under state	e law to make charital	ble distributions from the gaming pro	ceeds to	
	retain the state gaming license?				Tyes TNo
ь	Enter the amount of distributions requ	red under state law di	stributed to other exempt organization	ons or spent	1 103 1 110
	in the organization's own exempt activ				
Pai		5b, 15c, 16, and 17	planations required by Part I, lind b, as applicable. Also complete		
	Return Reference		Explanation		
	EDULE G, PART II, NT #1		F FUNDRAISER RESULTS IN NET F \$122K IN EXPENDITURES)	POSITIVE PROCEED	OS OF \$134,612 (\$247K

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Schedule I

(Form 990)

DLN: 93493037009015

2013

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

			answered "Yes," to Forn			4	2013
Department of the Treasury		_	Attach to Form 990				pen to Public Inspection
Internal Revenue Service Name of the organization	► Information	about Schedule 1 (Fo	orm 990) and its instruct	ions is at <u>www.irs.gov/</u>	<u> 101M990</u> .	Employer identification	
NATIONAL CHURCH RESIDENCE	SFOUNDATION					20-2308665	
Part I General Informat	ion on Grants and	Assistance				I	
Does the organization mainta the selection criteria used toDescribe in Part IV the organ	award the grants or ass	istance?					✓ Yes
			rganizations in the more than \$5,000. Pa				es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gr or assistance
See Additional Data Table							
2 Enter total number of section	501(c)(3) and governn	nent organizations list	ted in the line 1 table.			►	12

Enter total number of other organizations listed in the line 1 table

I	Grants and Other Assistance to Individuals in the United States. Complete if the organization and	swered "Yes" to Form 99	D, Part IV, line 22.
_	Part III can be duplicated if additional space is needed.		

(a)Type of grant or ass	sistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemen	ital Informa	i tion. Provide the in	r formation required in F	Part I, line 2, Part III, co	lumn (b), and any other a	dditional information.			
Return Reference	Explana	ation							
PART I, LINE 2	GRANT	GRANTS ARE PROVIDED TO RELATED TAX-EXEMPT ENTITIES TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE SINCE THESE ARE							

INTERCOMPANY GRANTS, TRANSFERS ARE MONITORED INTERNALLY TO ENSURE THAT THE GRANTS ARE USED FOR PROPER PURPOSES

Additional Data

Software ID:

Software Version:

EIN: 20-2308665

Name: NATIONAL CHURCH RESIDENCES FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CHURCH RESIDENCES 2335 NORTH BANK DRIVE COLUMBUS,OH 43220	31-0651750	501(C)(3)	88,500				GENERAL SUPPORT

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TRADITIONS AT BRISTOL VILLAGE 2335 NORTH BANK DRIVE COLUMBUS,OH 43320	31-1340217	501(C)(3)	25,350				RESPITE ROOM SERVICES			

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CENTER FOR SENIOR HEALTH 2335 NORTH BANK DRIVE COLUMBUS,OH 43320	31-1358042	501(C)(3)	17,301				TRANSPORTATION SUPPORT			

Form 990,Schedule I, Pai	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COMMONS AT LIVINGSTON II CONSTRUCTION 2335 NORTH BANK DRIVE COLUMBUS,OH 43320	35-2444785	501(C)(3)	200,000				GENERAL SUPPORT			

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BRISTOL VILLAGE HOMES 2335 NORTH BANK DRIVE COLUMBUS,OH 43320	37-1502701	501(C)(3)	8,000				RESIDENT ASSISTANCE		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
NATIONAL CHURCH RESIDENTS PERMANENT SUPPORTIVE HOUSING SERVICES 2335 NORTH BANK DRIVE COLUMBUS,OH 43220	45-2399965	501(C)(3)	180,000				GENERAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL CHURCH RESIDENCES MEDICAL HOME 2335 NORTH BANK DRIVE COLUMBUS,OH 43220	45-4306311	501(C)(3)	25,000				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMONS AT GARDEN LAKE 2335 NORTH BANK DRIVE COLUMBUS,OH 43220	80-0954419	501(C)(3)	100,000				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BARNESVILLE MANOR - TRANSPORTATION REIMB 2335 NORTH BANK DRIVE COLUMBUS,OH 43220	31-1640767	501(C)(3)	9,030				TRANSPORTATION SUPPORT	

Form 990,Schedule I, Pa	rt II, Grants an	<u>d Other Assistance</u>	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST COMMUNITY VILLAGE FOUNDATION 2336 NORTH BANK DRIVE COLUMBUS,OH 43221	20-2467451	501(C)(3)	12,790				GENERAL SUPPORT

Form 990,Schedule I, Pa	rt II, Grants an	d Other Assistance	e to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRADITIONS AT BATH ROAD 2338 NORTH BANK DRIVE COLUMBUS,OH 43223	31-1281274	501(C)(3)	13,036				GENERAL SUPPORT

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>ıd Other Assistanc</u> ı	<u>e to Governments</u>	<u>, and Organization</u>	<u>is in the United Sta</u>	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRADITIONS OF CHILLICOTHE 2339 NORTH BANK DRIVE COLUMBUS,OH 43224	31-1468043	501(C)(3)	7,356				TRANSPORTATION SUPPORT

Form 990,Schedule I, Pai	<u>rt II, Grants an</u>	<u>d Other Assistance</u>	e to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMONS AT IMPERIAL HOUSING 1 LIMITED PARTNERSHIP 2335 NORTH BANK DRIVE COLUMBUS,OH 43220	45-2525693	501(C)(3)	250,000				GENERAL SUPPORT

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DLN: 93493037009015

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL CHURCH RESIDENCES FOUNDATION **Employer identification number**

20-2308665

Pa	rt I Questions Regarding Compensation	1	<u> </u>			
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgenishment or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compensa	at apply	y Do not check any boxes for methods			
	Compensation committee		Written employment contract			
	☐ Independent compensation consultant	Г	Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	ıt?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
ь	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					_
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section $53\ 4958-6(c)$?	rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
(1)JOSEPH R KASBERG SVP/SECRETARY/CFO	(i) (ii)	0 217,346	0 82,000	0 48,425	0 5 35,233	0 9,758	0 392,762	0
(2)JEFFREY S WOLF VICE PRESIDENT/COO	(i) (ii)	0 174,477	0 66,000	0 2,063	0 20,391	0 13,089	0 276,020	0
(3)THOMAS W SLEMMER PRESIDENT/CEO	(i) (ii)	0 415,639	0 174,000	0 5,440	0 22,005	0 10,324	0 627,408	0
(4)DOUGLAS K VESEY VICE PRESIDENT/TREASURER	(i) (ii)	0 127,374	23,000	0 153	0 0 24,991	0 12,720	0 188,238	0

Schedule J (Form 990) 2013

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
,	THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN IS DESIGNATED FOR OFFICERS OF NATIONAL CHURCH RESIDENCES NATIONAL CHURCH RESIDENCES MADE SUPPLEMENTAL NON-QUALIFIED PAYMENTS TO THE FOLLOWING OFFICERS DURING THE YEAR JOSEPH R KASBERG\$42,835
·	NATIONAL CHURCH RESIDENCES FOUNDATION RELIED ON A RELATED ORGANIZATION (NATIONAL CHURCH RESIDENCES) THAT USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -FORM 990 OF OTHER ORGANIZATIONS -WRITTEN EMPLOYMENT CONTRACT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Schedule J (Form 990) 2013

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DLN: 93493037009015

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OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization NATIONAL CHURCH RESIDENCES FOUNDATION Employer identification number

20-2308665

990 Schedule O. Supplemental Information

990 Schedule O, Supplemei	
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CORPORATION SHALL, AT ALL TIMES, BE NATIONAL CHURCH RESIDENCES
FORM 990, PART VI, SECTION A, LINE 7A	NATIONAL CHURCH RESIDENCES IS REQUIRED TO APPROVE THE SELECTION OF THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS OR TRUSTEES SHALL HAVE THE APPROVAL OF THE BOARD OF TRUSTEES OF NATIONAL CHURCH RESIDENCES
FORM 990, PART VI, SECTION B, LINE 11	THE 990 RETURN IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING AN OFFICER REVIEWS THE 990 RETURN PRIOR TO SIGNATURE
FORM 990, PART VI, SECTION B, LINE 12C	TWO CONFLICT OF INTEREST POLICIES EXIST FOR NATIONAL CHURCH RESIDENCES ONE POLICY IS FOR STAFF, AND THE SECOND POLICY IS FOR SENIOR STAFF AND BOARD OF DIRECTORS AFTER DISCLOSURE OF THE POSSIBLE CONFLICT OF INTEREST, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS ANY POSSIBLE CONFLICT OF INTEREST THAT EXISTS FOR SENIOR STAFF AND BOARD OF DIRECTORS IS REVIEW ED BY THE EXECUTIVE COMMITTEE OF THE BOARD
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH OVERSEES AUDIT OF THE FINANCIAL STATEMENTS A ND IS INVOLVED IN SELECTION OF THE INDEPENDENT ACCOUNTANT WHICH COMPLETES THE AUDIT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
FORM 990, SCHEDULE R, PART II	THE RELATED TAX EXEMPT ORGANIZATIONS ARE ALL MEMBERS OF GROUP EXEMPTION # 5048
FORM 990, PART III, LINE 1	NATIONAL CHURCH RESIDENCES FOUNDATION IS AN AFFILIATE OF NATIONAL CHURCH RESIDENCES, WHOSE MISSION STATEMENT IS TO PROVIDE QUALITY HOUSING AND CARE AT AFFORDABLE PRICES IN COMMUNIT IES OF CARING PERSONS OUR MINISTRY IS NATIONAL IN SCOPE AND ORIGINATES FROM A CHRISTIAN C OMMITMENT OF SERVICE TO OLDER ADULTS, WHICH BEGAN IN 1961 WHILE OUR MINISTRY HAS BEEN TAR GETED PRIMARILY TOWARD OLDER ADULTS, WE HAVE SPECIAL CONCERN FOR LOW- AND MODERATE- INCOME SENIORS, PERSONS WITH DISABILITIES, AND LOW- AND MODERATE-INCOME FAMILIES WE ARE COMMITTE D TO EXPANDING AND FUNDING SERVICES IN ASSISTED LIVING, NURSING HOMES, AND FULL-SERVICE RE TIREMENT COMMUNITIES WE ALSO PLAN FOR THOUGHTFUL GROWTH IN AFFORDABLE FAMILY HOUSING WE ARE COMMITTED TO PROFESSIONALISM IN THE MANAGEMENT OF PROPERTY, PROGRAMS, AND HUMAN RESOUR CES AND EQUALLY COMMITTED TO COMPASSION FOR THE PEOPLE WE SERVE

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

DLN: 93493037009015

2013

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2013

Employer identification number

20-2308665

SCHEDULE R (Form 990)

Name of the organization

NATIONAL CHURCH RESIDENCES FOUNDATION

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

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

(c) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes

Cat No 50135Y

Part III	Identification of Related Org because it had one or more rela	anizations Taxab ted organizations tro	le as a Partne eated as a part	e rship :nership	Complete i p during the	f the organız tax year.	ation ansv	vered "Ye	es" on	Form	990, Part	(V, lıı	ne 34	.
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop r allocat	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percentage ownership
G 4111	D. T. II.								Yes	No		Yes	No	
See Additional	Data Table								+			+-	\vdash	
												1		
												↓	\sqcup	
												\vdash	$\vdash \vdash$	
												↓	\sqcup	
Part IV	Identification of Related Org								wered	d "Yes	" on Form			IV,
N	(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Dırect controllı entity	(e) Type of entit (C corp, S corp, or trust)		otal Share	(g) e of end- -year ssets		(h) ercentage wnership	Section (b) (continue)	rolled ity?	
See Additional	Data Table	<u> </u>					<u> </u>			-	İ	Yes		No
See / Waltional	bata rabic													
													\dashv	
													\dashv	

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gıft, grant, or capital contribution to related organization(s)				1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)				1c	Yes	
d	Loans or loan guarantees to or for related organization(s)				1d	Yes	
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1 p		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	ivolved	
ee A	Iditional Data Table						

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

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

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

revenue) that was not a related organization. See instructions													
(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 sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: **Software Version:**

EIN: 20-2308665

Name: NATIONAL CHURCH RESIDENCES FOUNDATION

Form 990, Schedule R, I	Part III - Identificat		elated Orga	nizations Tax	able as a P	artnership	I	I		l <i>i</i>	i)	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income		allocat	ortionate	(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	Gen d Mana	eral r aging ner?	(k) Percentage ownership
ABBEY CHURCH VILLAGE LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOWINCOME	ОН	N/A				res	NO		res	INO	
6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 31-1416957	FAMILIES/SENIORS											
ARLINGTON BY THE LAKE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY	О	N/A									
2101 ARLINGTON AVE TOLEDO, OH 436091979 20-4063801												
AVONDALE WOODS SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
5215 AVERY ROAD DUBLIN, OH 43016 26-4260580												
BAPTIST GARDENS HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	GA	N/A									
1901 MYRTLE DRIVE SW ATLANTA, GA 30311 27-2962768												
BATTERY PARK SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOWINCOME FAMILIES/SENIORS	NC	N/A									
1 BATTLE SQUARE ASHEVILLE, NC 288012712 26-0069390												
BLESSING COURT SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOWINCOME FAMILIES/SENIORS	TX	N/A									
3100 BLESSING COURT BEDFORD, TX 760215009 45-3175449												
BRISTOL COURT APARTMENTS LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
600 E FIFTH ST WAVERLY, OH 456901566 20-2470977												
CANTON PLACE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	RENTAL ACTIVITY	MI	N/A									
44505 FORD RD CANTON, MI 481875034 36-4756461												
CAPITOL HEIGHTS SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOWINCOME FAMILIES/SENIORS	ОН	N/A									
505 SUFFOLK AVE CAPITOL HEIGHTS, MD 207433000 20-8599370												
CHANTRY PLACE HOUSING LIMITED PARTNERSHIP 5500 MILLERSFIELD DRIVE	LOWINCOME FAMILIES/SENIORS	ОН	N/A									
COLUMBUS, OH 432327764 20-1872900												
CHATEAU GARDENS HOUSING LLC 912 MARTIN AVE	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	WI	N/A									
FOND DU LAC, WI 549356336 71-0955814												
CHIMES TERRACE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY	О	N/A									
65 S WILLIAMS STREET JOHNSTOWN, OH 43031 20-4064084												
CLARA PARK VILLAGE APARTMENTS LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									
4805 CLARA ST CUDAHY, CA 902015200 20-2869540												
COEUR D'ALENE SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ID	N/A									
7712 N HEARTLAND DR COEUR DALENE, ID 838158906 31-1639271												
COLORADO PLAZA SENIOR HOUSING LIMITED PARTNERSHIP	RENTAL ACTIVITY FOR LOWINCOME FAMILIES/SENIORS	KS	N/A									
420 COLORADO ST MANHATTAN, KS 665020659 31-1714217												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (d) (i) General Legal (f) (g) (k) Predominant Disproprtionate (a) Share of total Share of end-Code V-UBI Domicile Direct or Name, address, and EIN of Primary activity allocations? Percentage ncome(related Managing Controlling of-year assets amount ın (State ıncome ownership related organization unrelated, Box 20 of K-1 Partner? Entity or excluded from Foreign (Form 1065) tax under Country sections 512-514) Yes No Yes No COLUMBIA COURT RENTAL ACTIVITY МΙ N/A LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 275 WEST COLUMBIA AVE BELLEVILLE, MI 481113901 38-2474707 COMBINED LOCKS SENIOR RENTAL ACTIVITY FOR N/A HOUSING LIMITED LOWINCOME FAMILIES/SENIORS PARTNERSHIP 334 WALLACE STREET COMBINED LOCKS, WI 54113 20-5556388 **COUNTRY RIDGE** RENTAL ACTIVITY FOR N/A llowincome APARTMENTS LIMITED PARTNERSHIP FAMILIES/SENIORS 5656 FARMHOUSE LANE HILLIARD, OH 430267846 31-1504074 COURTYARD AT WILLOW RENTAL ACTIVITY FOR N/A WI WOODS LIMITED LOWINCOME FAMILIES/SENIORS PARTNERSHIP 1500 LINCOLN AVENUE TOMAH, WI 546602463 20-3678605 CYPRESS SUNRISE RENTAL ACTIVITY FOR N/A **VILLAGE APARTMENTS** LOWINCOME LIMITED PARTNERSHIP FAMILIES/SENIORS 9151 GRINDLAY ST CYPRESS, CA 906303088 20-2869574 DELOWE & MYRTLE SENIOR RENTAL ACTIVITY FOR N/A GΑ LOWINCOME HOUSING LIMITED PARTNERSHIP FAMILIES/SENIORS 1881 MYRTLE DRIVE SW ATLANTA, GA 30311 26-2082332 DUBLIN HOUSE SENIOR N/A RENTAL ACTIVITY FOR ΟН HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 1425 CENTRAL AVE MIDDLETOWN, OH 450444180 20-4064054 EAST VALLEY SENIOR RENTAL ACTIVITY FOR N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 16010 EAST VALLEYWAY AVEVERADALE, WA 990378937 91-2033951 RENTAL ACTIVITY FOR **EDEN PLACE SENIOR** N/A ΤX LOWINCOME HOUSING LP FAMILIES/SENIORS 1220 JEFFERSON AVE SEGUIN, TX 781555934 74-3017793 ELIZABETH SENIOR RENTAL ACTIVITY FOR N/A NJ HOUSING LIMITED LOWINCOME FAMILIES/SENIORS PARTNERSHIP 122 SEVENTH STREET ELIZABETH. NJ 072012822 20-2862379 RENTAL ACTIVITY FOR OH HARBOURVIEW SENIOR HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 115 FRANKLIN STREET SANDUSKY, OH 448702806 20-2471589 HARVARD ELDERLY RENTAL ACTIVITY FOR N/A LIMITED PARTNERSHIP LOWINCOME FAMILIES/SENIORS 6900 HARVARD AVE CLEVELAND, OH 441055016 34-1863728 HAYDEN SENIOR HOUSING RENTAL ACTIVITY FOR N/A LOWINCOME LP FAMILIES/SENIORS 88 W SARGENT DR HAYDEN, ID 838358882 46-0493154 HEARTLAND SENIOR RENTAL ACTIVITY FOR N/A HOUSING LP LOWINCOME FAMILIES/SENIORS 7745 N HEARTLAND DR COEUR DALENE, ID 838158904 54-2064319 HERITAGE PLACE AT RENTAL ACTIVITY FOR N/A TRAILS EDGE LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 2620 EAST STATE BLVD FORT WAYNE, IN 468054730 20-1469685

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (e) Legal (d) Predominant (f) (i) General (k) Share of end-Disproprtionate (a) Share of total $\mathsf{Code}\;\mathsf{V}\text{-}\mathsf{UBI}$ Direct Domicile income or Name, address, and EIN of allocations? Percentage Primary activity of-vear Managing Controlling (related, amount ın (State ıncome ownership related organization assets Box 20 of K-1 Partner? Entity unrelated. or Foreign excluded from (Form 1065) Country tax under sections 512-514) Yes No Yes No HILLTOP II SENIOR RENTAL ACTIVITY FOR ΟН N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 3630 MOORES TRAIL RD COLUMBUS, OH 432284345 52-2367292 HILLTOP SENIOR HOUSING RENTAL ACTIVITY FOR N/A LIMITED PARTNERSHIP LOWINCOME FAMILIES/SENIORS 300 OVERSTREET WAY COLUMBUS, OH 432284335 31-1592983 JAYCEE FAIRGROUNDS RENTAL ACTIVITY FOR N/A МΟ VILLAGE SENIOR HOUSING LOW INCOME LIMITED PARTNERSHIP FAMILIES/SENIORS 1355 FAIRGROUNDS RD ST CHARLES, MO 633012383 27-5281382 KIRBY MANOR SENIOR RENTAL ACTIVITY FOR ΟН N/A LIMITED PARTNERSHIP LOWINCOME FAMILIES/SENIORS 11500 DETROIT AVENUE CLEVELAND, OH 441020000 87-0704525 KIWANIS VILLAGE SENIOR RENTAL ACTIVITY FOR ΟН N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 1200 CROY DR FINDLAY, OH 458406707 20-4063620 RENTAL ACTIVITY FOR LAKESIDE APARTMENT N/A HOUSINGLE LOWINCOME FAMILIES/SENIORS 2590 FRANCISCO BLVD PACIFICA, CA 940442732 02-0668710 LAKESIDE TOWERS OF RENTAL ACTIVITY FOR МΙ N/A STERLING HEIGHTS LOWINCOME FAMILIES/SENIORS LIMITED DIVIDEND HOUSING ASSOCIATION 15000 SHORELINE DR STERLING HEIGHTS, MI 483132275 45-2797185 LAKEWOOD CHRISTIAN RENTAL ACTIVITY FOR N/A MANOR LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 2141 SPRINGDALE RD SW ATLANTA, GA 303156100 31-1647433 RENTAL ACTIVITY FOR LEONARDTOWN SENIOR ΜD N/A HOUSING LIMITED LOWINCOME FAMILIES/SENIORS PARTNERSHIP 22810 DORSEY ST LEONARDTOWN, MD 206503831 20-8599565 LINCOLN GARDENS II RENTAL ACTIVITY FOR N/A SENIOR HOUSING LIMITED LOW INCOME PARTNERSHIP FAMILIES/SENIORS 110 STURBRIDGE RD COLUMBUS, OH 432284424 26-4310827 MADISON HEIGHTS WIN RENTAL ACTIVITY FOR N/A МΙ LOWINCOME LIMITED DIVIDEND HOUSING ASSOCIATION FAMILIES/SENIORS LIMITED PARTNERSHI 27777 DEQUINDRE RD MADISON HEIGHTS, MI 48071 20-3638189 MAGNOLIA ACRES SENIOR RENTAL ACTIVITY FOR N/A LOWINCOME HOUSING LIMITED FAMILIES/SENIORS PARTNERSHIP 108 DEBORAH DR ANGLETON, TX 775154165 45-3176201 MANSFIELD WOODS RENTAL ACTIVITY FOR ОН N/A LIMITED PARTNERSHIP LOWINCOME FAMILIES/SENIORS 382 WOODRIDGE DR MANSFIELD, OH 449062103 31-1592987 RENTAL ACTIVITY FOR MEADOWVIEW SENIOR N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 338 W MAIN ST MT STERLING, OH 431431291 20-2471060 MEMORIAL TOWERS RENTAL ACTIVITY FOR ΟН N/A LIMITED PARTNERSHIP LOWINCOME FAMILIES/SENIORS 1405 SOUTH 7TH AVE PHOENIX, AZ 850070000 30-0230394

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (d) (f) (i) General Legal (g) (k) Predominant Disproprtionate (a) Code V-UBI Direct Share of end-Domicile Share of total or Name, address, and EIN of Primary activity ncome(related, allocations? Percentage Managing Controlling of-year assets amount ın (State ıncome ownership related organization unrelated, Box 20 of K-1 Partner? Entity or excluded from Foreign (Form 1065) tax under Country sections 512-514) Yes No Yes No MT BALDY SENIOR RENTAL ACTIVITY FOR ID N/A HOUSING LP LOWINCOME FAMILIES/SENIORS 839 KOOTENAI CUT OFF PONDERAY, ID 838529804 74-3085816 N/A NATIONAL CHURCH RENTAL ACTIVITY FOR МΙ RESIDENCES OF RIVER LOWINCOME COURT LIMITED DIVIDEND FAMILIES/SENIORS HOUSING ASSOCIAT 147 N RIVER CT MOUNT CLEMENS, MI 48043 90-0959661 PANOLA DEKALB SENIOR RENTAL ACTIVITY N/A HOUSING LIMITED PARTNERSHIP 2589 STONEKEY PLACE LITHONIA, GA 30058 32-0378758 PARK PLACE TOWERS OF RENTAL ACTIVITY FOR TXN/A HARPER WOODS LIMITED LOWINCOME DIVIDEND HOUSING FAMILIES/SENIORS ASSOCIATION LP 19460 PARK DR HARPER WOODS, MI 482252375 45-2797239 PARKVIEW PLACE SENIOR RENTAL ACTIVITY FOR TXN/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 1110 AVENUE N STREET HUNTSVILLE, TX 77340 36-4725509 RENTAL ACTIVITY PECAN VILLA SENIOR LA N/A HOUSING LIMITED PARTNERSHIP 611 S BONNER ST RUSTON, LA 712705063 36-4753221 PRAIRIE VILLAGE SENIOR RENTAL ACTIVITY N/A HOUSING LIMITED PARTNERSHIP 1915 N WHARTON RD EL CAMPO, TX 774372312 38-3897774 PRESBYTERIAN HOMES OF RENTAL ACTIVITY FOR N/A FL PASCO NPR LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 5852 SEA FOREST DR NEW PORT RICHEY, FL 346522049 59-3283881 RENAISSANCE II SENIOR RENTAL ACTIVITY FOR N/A LOWINCOME HOUSING LIMITED PARTNERSHIP FAMILIES/SENIORS 419 N ST CLAIR ST TOLEDO, OH 436041562 26-2062189 RIVERCREST SENIOR RENTAL ACTIVITY FOR N/A HOUSING ASSOCIATES LOWINCOME LIMITED PARTNERSHIP FAMILIES/SENIORS 7210 WILLIAMS RD NIAGARA FALLS, NY 143043735 20-2518262 RIVERSIDE DEVELOPMENT RENTAL ACTIVITY FOR N/A LDHALP LOWINCOME FAMILIES/SENIORS 159 S GROVE RD YPSILANTI, MI 48198 38-2723325 ROMULUS WIN LIMITED RENTAL ACTIVITY FOR МΙ N/A DIVIDEND HOUSING LOWINCOME ASSOCIATION LIMITED FAMILIES/SENIORS PARTNERSHIP 36500 BIBBINS STREET ROMULUS, MI 48174 42-1674512 **ROOSEVELT TOWNE** RENTAL ACTIVITY FOR N/A APARTMENTS LLC LOWINCOME FAMILIES/SENIORS 711 N EUCLID AVE ST LOUIS, MO 631081632 13-4242467 SAN ANTONIO SENIOR RENTAL ACTIVITY FOR N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 3503 CAMINO REAL SAN ANTONIO, TX 782383401 31-1592980 SANTIAGO FAJARDO RENTAL ACTIVITY FOR N/A ΟН VILLAGE LIMITED LOWINCOME PARTNERSHIP SE FAMILIES/SENIORS 1 CALLE 5-1 ADM OFFICE FAJARDO, PR 007384849 20-2907605

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (d) (f) (i) General Legal (g) (k) Predominant Disproprtionate (a) Code V-UBI Direct Share of end-Domicile Share of total or Name, address, and EIN of Primary activity allocations? Percentage income(related Managing Controlling of-year assets amount ın (State ıncome ownership related organization unrelated, Box 20 of K-1 Partner? Entity or excluded from Foreign (Form 1065) tax under Country sections 512-514) Yes No Yes No SOLBERG WIN LIMITED RENTAL ACTIVITY FOR МΙ N/A LOWINCOME DIVIDEND HOUSING ASSOCIATION LIMITED FAMILIES/SENIORS PARTNERSHIP 27787 DEQUINDRE RD MADISON HEIGHTS, MI 48071 42-1674495 SOUTHWOOD GARDENS RENTAL ACTIVITY FOR N/A ΟН LOWINCOME ADULT COMMUNITY LIMITED PARTNERSHIP FAMILIES/SENIORS 3550 CEDAR CREEK RD SHREVEPORT, LA 711182326 31-1484717 SPRAGUE SENIOR RENTAL ACTIVITY FOR N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 14303 E SPRAGUE AVE SPOKANE, WA 992163121 91-2123013 SUMMERFIELD VILLAGE RENTAL ACTIVITY FOR N/A ОН APARTMENTS LIMITED LOWINCOME FAMILIES/SENIORS PARTNERSHIP 2624 TRACTION AVE SACRAMENTO, CA 958152485 20-2869621 SUPERIOR ARBORETUM RENTAL ACTIVITY FOR N/A SENIOR HOUSING LOWINCOME LIMITED PARTNERSHIP FAMILIES/SENIORS 199 GRAY DR SUPERIOR, AZ 852734633 26-2084830 RENTAL ACTIVITY FOR THE COMMONS AT ΟН N/A LOWINCOME **BUCKINGHAM HOUSING** FAMILIES/SENIORS LIMITED PARTNERSHIP 328 BUCKINGHAM STREET COLUMBUS, OH 43215 26-0223422 THE COMMONS AT RENTAL ACTIVITY N/A GARDEN LAKE HOUSING LIMITED PARTNERSHIP 1065 GARDEN LAKE PKWY TOLEDO, OH 436149998 80-0954419 THE COMMONS AT GRANT RENTAL ACTIVITY FOR N/A ΟН LIMITED PARTNERSHIP LOWINCOME FAMILIES/SENIORS 398 S GRANT AVE COLUMBUS, OH 432155549 31-1797406 N/A THE COMMONS AT RENTAL ACTIVITY FOR ΟН LIVINGSTON HOUSING LOWINCOME FAMILIES/SENIORS LIMITED PARTNERSHIP 3349 EAST LIVINGSTON AVE COLUMBUS, OH 43227 26-4416286 THE COMMONS AT RENTAL ACTIVITY ΟН N/A LIVINGSTON II HOUSING LIMITED PARTNERSHIP 3349 E LIVINGSTON AVENUE COLUMBUS, OH 43227 35-2444785 THE COMMONS AT NELMS | RENTAL ACTIVITY N/A HOUSING LIMITED PARTNERSHIP 2488 LAKEWOOD AVENUE ATLANTA, GA 30315 90-0966268 THE COMMONS AT THIRD RENTAL ACTIVITY FOR N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 1280 NORTON AVE COLUMBUS, OH 43212 27-2125068 TRINITY MANOR SENIOR RENTAL ACTIVITY FOR ОН N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 301 CLARK ST MIDDLETOWN, OH 450428158 26-0072500 TRINITY TOWERS LIMITED RENTAL ACTIVITY FOR N/A PARTNERSHIP LP LOWINCOME FAMILIES/SENIORS 2611 SPRINGDALE RD SW ATLANTA, GA 303157137 52-2405847 TSCHIRLEY SENIOR RENTAL ACTIVITY FOR WA N/A HOUSING II LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 107 S TSCHIRLEY RD GREENACRES, WA 990169317 81-0636765

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (g) Legal (d) (f) (i) General Predominant Share of end-Disproprtionate (k) (a) Direct Code V-UBI Domicile Share of total or Name, address, and EIN of Primary activity ncome(related allocations? Percentage of-vear Managing Controlling amount ın (State ownership related organization unrelated, assets Box 20 of K-1 Partner? Entity or excluded from Foreign (Form 1065) tax under Country sections 512-514) Yes No Yes No TSCHIRLEY SENIOR RENTAL ACTIVITY FOR WA N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 111 S TSCHIRLEY RD GREENACRES, WA 990169342 91-2177168 VANDERBILT SENIOR RENTAL ACTIVITY FOR N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 75 HAYWOOD STREET ASHEVILLE, NC 288012846 20-2635801 VIEWPOINT SENIOR RENTAL ACTIVITY FOR ΟН N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 215 EAST SHORELINE DRIVE SANDUSKY, OH 44870 20-2471408 VILLA ESPERANZA RENTAL ACTIVITY FOR ΟН N/A APARTMENTS LIMITED LOWINCOME PARTNERSHIP SE FAMILIES/SENIORS ADMINISTRATION BOX 111 ST 35 BLOQ 2 CAROLINA, PR 009830000 20-2907561 VILLA PROVIDENCIA RENTAL ACTIVITY FOR ОН N/A APARTMENTS LIMITED LOWINCOME PARTNERSHIP SE FAMILIES/SENIORS 350 CARR 837 GUAYNABO, PR 009696238 20-2907579 VISION CENTER II LIMITED RENTAL ACTIVITY FOR ОН N/A PARTNERSHIP LOWINCOME FAMILIES/SENIORS 3400 VISION CENTER COURT COLUMBUS, OH 432272262 31-1364056 WAGGONER SENIOR RENTAL ACTIVITY FOR ΟН N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 831 ACORN GROVE DR BLACKLICK, OH 430045044 31-1812222 WARREN ELDERLY HOMES II RENTAL ACTIVITY FOR N/A LOWINCOME LIMITED PARTNERSHIP FAMILIES/SENIORS 1330 BLAKELY CIRCLE SW WARREN, OH 444853875 34-1885076 WARREN ELDERLY HOMES RENTAL ACTIVITY FOR N/A LIMITED PARTNERSHIP LOWINCOME FAMILIES/SENIORS 1330 BLAKELY CIRCLE SW WARREN, OH 444853875 31-1501031 RENTAL ACTIVITY FOR WAYNE WIN LIMITED N/A LOWINCOME **DIVIDEND HOUSING** FAMILIES/SENIORS ASSOCIATION LIMITED PARTNERSHIP 35200 SIMS WAYNE, MI 48184 42-1674508 RENTAL ACTIVITY FOR WESTERVILLE SENIOR N/A HOUSING II LLC LOWINCOME FAMILIES/SENIORS 622 SOUTH SUNBURY ROAD WESTERVILLE, OH 43081 20-2489049 WESTERVILLE SENIOR RENTAL ACTIVITY FOR N/A HOUSING LIMITED OWINCOME PARTNERSHIP FAMILIES/SENIORS 630 SOUTH SUNBURY RD WESTERVILLE, OH 430819344 45-0470538 RENTAL ACTIVITY FOR WHITE BIRCH I HOUSING N/A LIMITED PARTNERSHIP LOWINCOME FAMILIES/SENIORS 9239 N 75TH UNIT 1 MILWAUKEE, WI 532232065 76-0752024 RENTAL ACTIVITY FOR WHITE BIRCH II HOUSING N/A LIMITED PARTNERSHIP LOWINCOME FAMILIES/SENIORS 9239 N 75TH UNIT 1 MILWAUKEE, WI 532232065 76-0752031 WHITEHALL SENIOR RENTAL ACTIVITY FOR ΟН N/A HOUSING LIMITED LOWINCOME PARTNERSHIP FAMILIES/SENIORS 851 COUNTRY CLUB RD WHITEHALL, OH 432132442 31-1592973

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	income	I Chara of and	allocat	ortionate ons?	(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	Gen o Mana Part	eral r agıng	(k) Percentage ownership
				312 314)			Yes	No		Yes	No	
WYSONG VILLAGE APARTMENTS LIMITED PARTNERSHIP 111 N CHAPEL AVE ALHAMBRA, CA 918013565	RENTAL ACTIVITY FOR LOW INCOME FAMILIES/SENIORS	ОН	N/A									

20-2869668

Form 990, Schedule R, Part IV -	Identification of F	Related Organ	izations Taxab	le as a Corpo	I I	ı	1	I	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section (13) coi enti	512(b) ntrolled
6003 ABBEY CHAPEL DR	RENTAL ACTIVITY FOR SENIORS/FAMILIES	он	N/A	С				Yes Yes	No
5500 MILLERSFIELD DRIVE	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	
	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	
	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	
HILLTOP II SENIOR HOUSING INC 3630 MOORES TRAIL RD COLUMBUS, OH 432284345 02-0633437	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	
HILLTOP SENIOR HOUSING INC 300 OVERSTREET WAY COLUMBUS, OH 432284335 31-1592982	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	
MANSFIELD WOODS INC 382 WOODRIDGE DR MANSFIELD, OH 449062103 31-1592986	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	
	RENTAL ACTIVITY FOR SENIORS/FAMILIES	он	N/A	С				Yes	
NCR OF WARREN SENIOR HOUSING INC 1330 BLAKELY CIRCLE SW WARREN, OH 444853875 31-1743897	RENTAL ACTIVITY FOR SENIORS/FAMILIES	он	N/A	С				Yes	
RIVERCREST SENIOR HOUSING LLC 7210 WILLIAMS RD NIAGARA FALLS, NY 143043735 61-1462286	RENTAL ACTIVITY FOR SENIORS/FAMILIES	NY	N/A	С				Yes	
ROOSEVELT TOWNE HOUSING INC 711 N EUCLID AVE ST LOUIS, MO 631081632 54-2086755	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	
	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	
ST GEORGE HOUSING FOR SENIORS INC 16400 DIX-TOLEDO HWY SOUTHGATE, MI 48195 20-0509633	RENTAL ACTIVITY FOR SENIORS/FAMILIES	MI	N/A	С				Yes	
VISION CENTER II INC 3400 VISION CENTER COURT COLUMBUS, OH 432272262 31-1363226	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	
WAGGONER WOODS INC 751 CHESTNUT GROVE DR	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	

Form 990, Schedule R, Part IV -	Identification of F	Related Organ	izations Taxab	le as a Corpo	ration or Trust				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
					<u> </u>			Yes	No
	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	C				Yes	
	RENTAL ACTIVITY FOR SENIORS/FAMILIES	ОН	N/A	С				Yes	
	MANAGEMENT OF RENTAL ACTIVITY	MI	N/A	S				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
FIRST COMMUNITY VILLAGE	D	11,126,438	LOAN AGREEMENT
WYSONG PLAZA	D	3,621,000	LOAN AGREEMENT
CANTON PLACE	D	3,506,111	LOAN AGREEMENT
BRISTOL VILLAGE HOMES	D	3,026,307	LOAN AGREEMENT
CLARA PARK COMMONS	D	2,332,000	LOAN AGREEMENT
CYPRESS SUNRISE APTS	D	2,257,000	LOAN AGREEMENT
LAKESIDE TOWERS - SELLER NOTE	D	2,132,993	LOAN AGREEMENT
VIEWPOINT SELLER NOTE	D	1,983,016	LOAN AGREEMENT
GARDEN PARK VILLA	D	1,518,726	LOAN AGREEMENT
SANTIAGO FAJARDO - SELLER NOTE	D	1,487,824	LOAN AGREEMENT
ARLINGTON BY THE LAKE	D	1,334,273	LOAN AGREEMENT
PARK PLACE OF HARPER WOODS	D	1,295,560	LOAN AGREEMENT
WALNUT GROVE	D	1,100,000	LOAN AGREEMENT
LINCOLN GARDENS	D	1,030,925	LOAN AGREEMENT
VILLA PROVIDENCIA SELLER NOTE	D	1,028,960	LOAN AGREEMENT
NEW TO WNE VILLAGE - SELLER NOTE	D	981,710	LOAN AGREEMENT
VILLA ESPERANZA-SELLER NOTE	D	956,815	LOAN AGREEMENT
BLESSING COURT	D	841,564	LOAN AGREEMENT
RENAISSANCE	D	810,000	LOAN AGREEMENT
HERITAGE DAY HEALTH CENTERS	D	100,000	LOAN AGREEMENT
HILLTOP II	D	70,665	LOAN AGREEMENT
NATIONAL CHURCH RESIDENCES	С	9,456,592	CASH TRANSACTION
NATIONAL CHURCH RESIDENCES	В	88,500	
COMMONS AT GARDEN LAKE	В	100,000	
COMMONS AT LIVINGSTON II CONSTRUCTION	В	200,000	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
NATIONAL CHURCH RESIDENCES PERM	В	180,000	CASH TRANSACTION
NATIONAL CHURCH RESIDENCES	E	481,392	LOAN AGREEMENT