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## Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

Open to Public

_		2042		trom coo and no modeouter					
			endar year, or tax year beginnin		2013, and ending	g Jur	ne 30	, 20 14	<del></del>
		applicable	C Name of organization Edenwald	Residents' Association			D Employe	er identification n	umber
	Address	change	Doing Business As					52-1514950	
$\sqcup$	Name ch	nange	Number and street (or P O box if r	mail is not delivered to street addres	ss) Room/sur	te	E Telephon	ne number	
	Initial ret	um	800 Southerly Road, box 1901					410-339-6000	
	Terminat	ted	City or town, state or province, con	untry, and ZIP or foreign postal code	9				
	Amende	d return	Baltimore, Maryland 21286				<b>G</b> Gross re	ceipts \$	162024
П	Applicati	on pending		cer Stanley Johnson		H(a) Is this a d	roun return for s	subordinates? Yes	
_		on ponding	800 Southerly Road,#1405, Ba	•		I		included? Tes	_
_	Tau ava		501(c)(3) 501(c)		(1) or 527			list (see instruction	
		npt status	☐ 501(c)(3)	( <b>4</b> ) <b>◄</b> (insert no )	(1) or 527	-			,,,,,
	Website				<u> </u>		exemption		
			: Corporation Trust 🗸 Assoc	ation	L Year of formati	on 1987	M State	of legal domicile	MD
2	art I	Sumn							
	1	Briefly d	escribe the organization's mis	sion or most significant acti	vities: to foste	r programs	which will	l increase the c	are and
8		services	offered to the residents of the	Edenwald Retirement Commu	nity; to promote	fellowship	and conce	ern among the i	esidents
an			ote projects and offer volunteer						
Activities & Governance	2		nis box ▶□ if the organization						<i>1</i> ::::::::::::::::::::::::::::::::::::
Š	3		of voting members of the gov					no not docoto.	
ري مع			•	• • • • • • • • • • • • • • • • • • • •	•			<del> </del>	8
ŝ	4		of independent voting member	T T T T T T T T T T T T T T T T T T T			<del></del>		8
ij	5		mber of individuals employed				5		0
흦	6	Total nu	mber of volunteers (estimate i	f necessary)			6		225
¥	7a	Total un	related business revenue from	n Part VIII, column (C), line 1:	2		7a		0
	b	Net unre	elated business taxable incom	e from Form 990-T, line 34			7b		0
				· · · · · · · · · · · · · · · · · · ·		Prior Ye	ear	Current Y	ear
_	8	Contribu	utions and grants (Part VIII, line	a 1h)	F		120227		122386
ž	9		n service revenue (Part VIII, line	-			t		
Revenue		-		<del></del>	<u>-</u> -		0	<del></del>	
æ	10		ent income (Part VIII, column (	• • •	—		30721		28594
	11		venue (Part VIII, column (A), lii		· -		12685		11044
	12	Total rev	venue—add lines 8 through 11	(must equal Part VIII, column	(A), line 12)		163633		162024
	13	Grants a	and similar amounts paid (Part	IX, column (A), lines 1-3).			6058		7629
	14	Benefits	paid to or for members (Part	IX, column (A), line 4)	[		0		
w	15		other compensation, employee		_		115580		117755
Expenses	16a		onal fundraising fees (Part IX,		· -		0	, -	71775
ē	l .						U		
X	b		ndraising expenses (Part IX, co		<u>o</u>  -				
_	17	Other ex	kpenses (Part IX, column (A), li	nes 11a-11d, 11f-24e)	/FD		25417	·	37104
	18	Total ex	penses. Add lines 13-17 (mus	t equal Part IX, collemin (A)	W 25) . L		147055		162488
	19	Revenue	e less expenses. Subtract line	18 from line 12			16577		(464)
٥. 8			•	188	12411	Beginning of Co	urrent Year	End of Ye	
ot Assets or nd Balances	20	Total as	sets (Part X, line 16)		2014		215213		214749
Ass Ba	21		bilities (Part X, line 26)		\ <del>\</del> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		0	•	
훒	22		ets or fund balances. Subtract	line 21 from line OF DEN	TIT				244746
	art II			. IIIIe 21 II giri iii e 2 e 1			215213		214749
			ture Block	V					
			ury, I declare that I have examined this					ny knowledge and	d belief, it is
tru	e, correc	t, and comp	plete Declaration of preparer (other the	ap officer) is based on all information	n of which preparer	nas any know	leage		
			- 1/(1/1/1/0/ L	(les 2			1.0-	26-1	4
Sig	yn 💮	Sig	nature of office			Da	ate		
He	re		Donald L. Stegner, Tre	eaşurer					
		Tvr	be or print name and title		<del></del>				
		1,	ype preparer's name	Prenarer's signature	1 5-	ate		PTIN	
Pa	iid	FilmVI	she highardi 2 hange	Preparer's signature	0	II.C	Check [	ıf	
	epare	r					self-emp	oloyed	
	se On	I	name >			Firi	n's EIN ▶		
J	,		address ▶				one no		
Ma	y the IF		ss this return with the prepare	r shown above? (see instruc	ctions)	1	· · · ·	TYe	s No
	<u> </u>		uction Act Notice, see the sepa		•	- 110001			990 (2013
ror	rapen	work Ked	ucuon aci nouce. See the seba	race instructions.	Cat N	lo 11282Y		rorm :	プラレ (201)

Part				5	
			r note to any line in this	Part III	<u> </u>
1	Briefly describe the organizat				_
				its of the Edenwald Retirement comur	
				offerring financial and volunterer assi	stance that
	benefit residents, and to assist	in making life at Edenw	ald interesting, enjoyable	, and beneficial for the residents.	
	B		······································		
2				year which were not listed on the	_
	•				☐ Yes 🗹 No
	If "Yes," describe these new				
3				how it conducts, any program	
	services?				☐ Yes 🗹 No
	If "Yes," describe these chan	ges on Schedule O.			
4			nolishments for each of	its three largest program services,	as measured by
•				ort the amount of grants and alloc	
	the total expenses, and rever			and another grame and another	
	and total expenses, and total	,, , p	g. a.m. common repensed.		
40	(Code: \/Evpapeo	o \$ 0001 in/	aluding grapts of ¢	0) (Revenue \$	0)
4a					′
				rrent events, topical interests, or enlig	
	the residents. These program	s were attended by appr	oximately 3000 persons.		
				•••••	
4b	(Codo: \ /Evpopoo	- 4467 in	oluding grapto of ¢	0) (Revenue \$	0)
40					′
				lanting areas, equipment. and supplie	
				ecilitates a water pond and flowing for	untain that .
	enhances the roof top garden	at the Terraces, This pa	ast growing season the ga	ardens recorded over 3500 visitors.	
					·
					·
	***************************************			*	
		· <b></b>			
	(Code: \(\sum_{\text{Code}}\)	- C 2705 :-	aludia a succession of the	0) (D	
4c	(Code:) (Expense				0)
				magazines, newspapers, and periodic	
	is a fres lending library for res	idents and guests, cont	aiing over 3000 volumes v	which were circulatesd on the average	of at least
	six times a year.				
				***************************************	
	<del></del>				
4d	Other program services (Des	-			
	(Expenses \$ 9991	including grants of \$	o) (Reveni	ue \$ 0)	
	Total program service expen		28174		

Form **990** (2013)

Part I	V Checklist of Required Schedules			ugo c
_			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		1
ġ	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		1
С	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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>▼</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del>                                     </del>	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	<del> </del>	-

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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	:	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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	24d 25a		1
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		1
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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		<b>→</b>
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		<b>√</b>
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		<b>,</b> ✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>V</b>
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	35b	_	-
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,	36		
	Part VI	37	<u> </u>	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance		····	age
· art	Check if Schedule O contains a response or note to any line in this Part V			. $\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	ļ	ļ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			<u> </u>
•	reportable gaming (gambling) winnings to prize winners?	1c		✓
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	<del> </del>		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
За	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del>                                     </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	00		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	,	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<b>✓</b>	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6:	,	
-	gifts were not tax deductible?	6b	<b>-</b>	
7 a	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		İ	
_	and services provided to the payor?	7a	<del> </del>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		<b>†</b>	
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	B		
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		ļ	<del> </del> -
0	Sponsoring organizations maintaining donor advised funds.	8_		-
9 a	Did the organization make any taxable distributions under section 4966?	9a	<del> </del>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	
10	Section 501(c)(7) organizations. Enter:		<del>                                     </del>	
а	Initiation fees and capital contributions included on Part VIII, line 12	İ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4	<b> </b>	<b> </b>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	├	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>                                     </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	1
~	the organization is licensed to issue qualified health plans		1	1
c	Enter the amount of reserves on hand	1	}	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI	in Schedule O. S	ee ins	tructi	ions.
Section	on A. Governing Body and Management		<u>· · · · </u>	·····	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a g		Yes	No
Iu	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.	ia 8			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets? elect or appoint	4 5 6	√ √	<b>√</b>
b 8	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b	✓	
a b 9	the year by the following:  The governing body?		8a 8b	√ √	
Section	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Con B. Policies (This Section B requests information about policies not required by the		ue C	ode )	<b>✓</b>
	The second of th	, , , , , , , , , , , , , , , , , , ,	<u></u>	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor		10b 11a	1	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the particle of the describe in Schedule O how this was done	-	12c		1
13	Did the organization have a written whistleblower policy?		13		<b>√</b>
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by	14		<b>✓</b>
а	The organization's CEO, Executive Director, or top management official		15a		1
b	Other officers or key employees of the organization		15b		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi with a taxable entity during the year?	lar arrangement	16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	16b		
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed Maryland Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	า 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Sci Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		erest	policy	/, and
20	State the name, physical address, and telephone number of the person who possesses the beorganization: ► Harold Kay, 800 Southerly Road, Baltimore, MD 21286, 410-337-3709	ooks and records	of the	•	_

Form	agn	(2013)	

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

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

✓ Check this box if neither the organization no	or anv relate	d ora	aniz	atio	n c	ompe	nsa	ited any curren	nt officer, director	r. or trustee.
(A) Name and Title	(B) Average hours per	(do n box, i	ot ch	Pos neck ss pe	ition more	e than o	one i an	ne an Reportable compensation	(E) Reportable	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Stanley Johnson	16			\ \_						_
President (2) Adela Darby	10		╁	<b>  *</b>	├		-	0	0	0
(2) Adele Derby Vice President	16			1				0	o	o
(3) Harold Kay Secretary	16			1				0	0	0
(4) Donald Stegner Treasurer	16			1				0	0	0
(5) William Hunter Assistant Treasurer	14			✓				o	o	0
(6) Bettie Tabeling Assistant Secretary	14			1				0	0	0
(7) Jack Kitslinger Liason	16			1				0	0	0
(8) Mary Jane Davis Liason	16			✓				0	0	0
(9)		-								
(10)	-									
(11)	-									
(12)										
(13)	-									
(14)										

	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or directo	ot ch	Pos leck is pe	c) ition more	than of the state	one an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	e from	Estr amo o comp fro orga and	(F) mated ount of ther ensation m the nization related izations	1
			, u	66			ated							
(15)		<u> </u>												
(16)														
(17)		ļ	ļ			<u> </u>								
(18)				<u> </u>	<u> </u>	<u> </u>								
(19)				_	<u> </u>	-								
(20)					<u> </u>									
(21)													•	
(22)														
(23)			<u> </u>		<del> </del>		<u> </u>		,			<del></del>		
(24)				<u> </u>				-	<u> </u>					_
			ļ			ļ								
(25)														
1b c d	Sub-total							<b>&gt;</b>	0		0 0 0		_	0
2	Total (add lines 1b and 1c)	t not limited					above	e) w	<u> </u>	ore than \$10		0 of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	for s	uch	ind	ivid	ual					3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th		150,	,000	)? /	f "Ye	s, "	complete Sch					<b>√</b>
5	Did any person listed on line 1a receive of for services rendered to the organization													<u>√</u>
	n B. Independent Contractors										•			
1	Complete this table for your five highest compensation from the organization. Repyear.													x
	(A) Name and business add	fress							(B) Description of s	ervices		(C) Compens	ation	
NON	E													
												•	-	
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who	-			

Part	VIII	Statement of Reve	enue					
		Check if Schedule O	contains a res	ponse or note to	any line in this	Part VIII		
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns	s 1a	o				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0				
S, G	С	Fundraising events .	1c	0				
Sift.	d	Related organizations	s 1d	0				
iE,	е	Government grants (con		0				
Contributions, Giff and Other Similar	f	All other contributions, gi						
the		and similar amounts not inc	cluded above 1f	122386				
d tri	g	Noncash contributions include	ded in lines 1a-1f: \$	0				
Co	h	Total. Add lines 1a-1	f	🕨	122386			
ue				Business Code				
Ven	2a	none			0	0	0	<u> </u>
Re	b							
vice	С				<u>-</u>			
Ser	d							
Æ	е							
Program Service Revenue	f	All other program ser	vice revenue .				· · · · · · · · · · · · · · · · · · ·	
<u>-</u>	g	Total. Add lines 2a-2			0			····
	3	Investment income						
		and other similar amo	•		9	0	. 0	<u> </u>
	4	Income from investmen	it of tax-exempt be	ond proceeds ▶	. 0	. 0	0	<u> </u>
	5	Royalties	(i) Real	(ii) Personal	0	0	0	9
			· · · · · · · · · · · · · · · · · · ·	<b>+</b>				
	6a	Gross rents	0		į			
	D	Less: rental expenses	0	<del>                                     </del>				
	C	Rental income or (loss)	<del></del>	0				
	d	Net rental income or Gross amount from sales of	(IOSS)	(ii) Other	0	0	0	<u> </u>
	7a	assets other than inventory		ļ · · ·	}			
	Ь	Less: cost or other basis	0	31392				
	"	and sales expenses .		0700	İ			}
	_	Gain or (loss)	0	†				
	d	Net gain or (loss)		28594	28594	28594	0	
ø.					20094	20334		
Other Revenue	8a	Gross income from fu events (not including \$	undraising 0					<u> </u>
Be.		of contributions report	ed on line 1c).					
ē		See Part IV, line 18 .	a	ı†			i	
돋	b	Less: direct expenses	s <b>b</b>	0				
		Net income or (loss) f		events . >	0		0	
	9a	Gross income from ga						
	1	See Part IV, line 19 .	a	0				
		•				·		
		Net income or (loss) t		ivities ▶	0	0	0	
	10a	Gross sales of ir						
		returns and allowanc	_	10020				
		Less: cost of goods s						
	С	Net income or (loss) t			11044	11044	0	
		Miscellaneous F	devenue	Business Code				ļ
	11a							
	b							
	С	A.II						ļ
	d	All other revenue .						
	12e	Total. Add lines 11a- Total revenue. See I			0	<del></del>		<del> </del>
	12	Total reveilue. See I	กอนนับเบาเรี	· · · •	162024		l	

	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must com-	polete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, o, 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	7629	7629		· ··· · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	. 0	0		···· · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors, trustees, and key employees	o	0	o	00
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	00
7	Other salaries and wages	0	. 0		00
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		_	_	
_		0	0	0	00
9	Other employee benefits	117755	0	117755	00
10 11	Payroll taxes	0	0	0	00
	Management	o	0	o	00
a b	Legal	0	0	0	00
c	Accounting	0	0	0	00
d	Lobbying	0	0	o	00
e	Professional fundraising services. See Part IV, line 17	0			00
f	Investment management fees	0	0	0	00
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	00
12	Advertising and promotion	0	0	0	00
13	Office expenses	7657	7657	0	00
14	Information technology	1273	0	0	00
15	Royalties	0	0	0	00
16	Occupancy	0	0	0	00
17	Travel	0	0	0	00
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0	0	0	00
19 20	Conferences, conventions, and meetings Interest	0	0	0	00
20 21	Interest	0	0	0	00
21	Depreciation, depletion, and amortization .	0	0	0	00
23	Insurance	0	0	0	00
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.)				
а	Programs for Residents	28174	28174	0	00
b					
С					
d					
е	All other expenses	28174	28174	0	
25	Total functional expenses. Add lines 1 through 24e	162488	44733	117755	
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)				

Form 990 (2013) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . End of year Beginning of year al ol Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. ol Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary ol Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 10c b Investments—other securities. See Part IV, line 11 . . . . . . ol Investments-program-related. See Part IV, line 11 . . . . . . . . οl Intangible assets . . . . . . . . . . . . . . . . ol 215213 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . Accounts payable and accrued expenses . . . . . . . . . . . . ol i8 oi Escrow or custodial account liability. Complete Part IV of Schedule D. ol Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 O Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and

Capital stock or trust principal, or current funds . . . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

complete lines 30 through 34.

ol

	$\alpha \alpha \alpha$	/2011N	
-01111	990	(2013)	

Page 12

Part	XI Reconciliation of Net Assets			_		
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			16	52024
2	Total expenses (must equal Part IX, column (A), line 25)	2			16	52488
3	Revenue less expenses. Subtract line 2 from line 1	3				-464
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			21	15213
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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			21	14749
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	<del></del>				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in	l	ł	
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	а		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or 🗀			
	reviewed on a separate basis, consolidated basis, or both:					-
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1_			ĺ
b	Were the organization's financial statements audited by an independent accountant?		. 2	b		<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			
	separate basis, consolidated basis, or both:		j	1	i	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					]
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	of the audit, review, or compilation of its financial statements and selection of an independent accou			c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın 🗀			$\overline{}$
	Schedule O.					
3а	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?		. [3	а	[	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3	b		
			ı	orm	990	(2013)

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public Inspection

OMB No. 1545-0047 2014

> Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Employer identification number

52-1514950

Edenw	Edenwald Residents' Association		Accident					52-1514950
rait.	Does	in records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistanc	e, and
•	the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · Yes
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring 1	he use of grant fu	nds in the United	States.		
Part II		sistance to Do	mestic Organiz	ations and Dom	lestic Governm Il can be duplic	anizations and Domestic Governments. Complete if the organization to than \$5,000. Part II can be duplicated if additional space is needed.	the organization answasce is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(E)	General German Aged People's	62.0601660		6.7 6.29				to maintain aviary, purchas
(2) 80	800 Southerly Road							equipmwent for CCTV,
ව								purchase stage risers
<b>4</b>								
<u>(2)</u>								
9								
E								
<b>(8)</b>								
6								
(10)								
(11)							:	
(12)								
24 60	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	vernment organizat	tions listed in the l	ine 1 table			- 0
For Pa	For Paperwork Reduction Act Notice, see the Instructions for Form 990	see the Instruction	s for Form 990.		0	Cat. No. 50055P		Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III 8 က 4 Ŋ 9

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Open to Public Inspection

**Employer identification number** 

Edenwald Residents' Association	52-1514950			
Part III, Line - Other program service include Hospitality Committee to welcome and assimilate new re	esidents into the community; Sponsor			
weekly non-demoninational religious services; Maintain mini-office with computers, printers, copiers,	fax machines, etc. for			
resident's use; Communicating with bereaved and ill residents; Hosting monthly coffee and conversa	tions meeting; Maintaining			
24/7 coffee station to stimulate community feeling; Provide entertainment for New Year's Eve and other	r occasions; Provide			
tools and equipment for residents to use in wood shop; Provide materials for Technology Committee;	Provide necessary office			
supplies for all committees; Organize and fund Glee Club and other similar activities.				
Part VI, Line 6 - All residents are members of the association by virtue of their residency.				
Part VI, Lines 7a,b - Officers are elected by the members at the annual meeting of the association.				
Part VI, Lines 8a,b - Minutes are recorded contemporaneously by the secretary, and Executive Commit	ttee minutes are made available			
for public viewing after approval, in the library. Copies of membership meeting minutes are placed in o	each resident's mail box.			
Part VI, Line 11b - Announcement is made at a regular Executive Committee meeting that the report is	available to review.			
Part VI, Line19 - Documents, policies, and financials are not made available to the public. If published	, they are only available to			
residents and staff.				
Part VIII, Line 1f - Contributions listed are made to the association by residents for distribution to emp	loyees in lieu of tips or other			
gratuities in recognition of services rendered during the year.				
Part IX, Line 9 - This sum is the total amount distributed to employees in recognition of services rende	red. It is distributed by the			
basis of a formula that includes years of service and hours worked. Also included is the sum paid for tickets to a major league				
baseball game for thise employees desiring same.				

Schedule O (Form 990 of 990-E2) (2014)		Page Z
Name of the organization	Employer identification number	
· · · · · · · · · · · · · · · · · · ·		
		<b></b>
·		
		·
		·