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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b>  ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	OMB No 1545-0047  <div>2015</div> <div>Open to Public Inspection</div>

**A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015**




<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Heritage Day Health Centers		<b>D</b> Employer identification number 31-1358042	
	% JOHN WHITLOCK			
	Doing business as See schedule O			
	Number and street (or P O box if mail is not delivered to street address) 2335 North Bank Drive	Room/suite	E Telephone number (614) 451-2151	
	City or town, state or province, country, and ZIP or foreign postal code Columbus, OH 43220		<b>G</b> Gross receipts \$ 6,657,776	
<b>F</b> Name and address of principal officer Jacci Nickell 2335 NORTH BANK DRIVE COLUMBUS, OH 43220			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ 5048	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ www.nationalchurchresidences.org				

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE COMPREHENSIVE ADULT DAY SERVICES TO ADULTS WITH COGNITIVE AND PHYSICAL IMPAIRMENTS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	3
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	5	232	
6 Total number of volunteers (estimate if necessary) . . . . .	6	317	
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	22,198	
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	21,198	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) . . . . .	571,042	728,974
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	5,773,157	5,534,647
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20	-295,423
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-29,563	33,668
		6,314,656	6,001,866
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,816,118	3,732,302
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	2,691,219	2,250,266
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,507,337	5,982,568
	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-192,681	19,298
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	6,881,251	6,992,667
	21 Total liabilities (Part X, line 26) . . . . .	5,483,908	5,606,016
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	1,397,343	1,386,651

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	*****		2016-10-12	
	Signature of officer		Date	
	JOHN WHITLOCK Vice President			
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Anthony S LaNasa CPA		Preparer's signature Anthony S LaNasa CPA	
	Date 2016-08-12		Check <input type="checkbox"/> if self-employed	
	PTIN P01049857			
	Firm's name  HW&CO		Firm's EIN 	
	Firm's address  23240 Chagrin Blvd Suite 700  Cleveland, OH 441225450		Phone no (216) 831-1200	

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

Part IIIStatement of Program Service Accomplishments

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

1Briefly describe the organization’s mission

THE MISSION OF THE NATIONAL CHURCH RESIDENCES IS TO PROVIDE QUALITY HOUSING AND CARE AT AFFORDABLE PRICES IN COMMUNITIES OF CARING PERSONS OUR MINISTRY IS NATIONAL IN SCOPE AND ORIGINATES FROM A CHRISTIAN COMMITMENT OF SERVICE TO OLDER ADULTS, WHICH BEGAN IN 1961

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

3Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

4Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 5,895,585 including grants of \$ ) (Revenue \$ 5,546,117 )

PROVISION OF DAY SERVICES WHICH INCLUDES HEALTH MONITORING, EDUCATION AND MEDICATION ADMINISTRATION, PERSONAL CARE, THERAPEUTIC ACTIVITIES AND SOCIAL SERVICES INCLUDING REFERRAL, COUNSELING AND CAREGIVER SUPPORT

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c
















(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4dOther program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4eTotal program service expenses ▶ 5,895,585

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	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? If "Yes," complete Schedule D, Part 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
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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
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	No
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	No
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a 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
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	No
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	No
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	No
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	No
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	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	

Part 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
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? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
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	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	14	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	232
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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 VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	JOHN WHITLOCK 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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paul W Bloomfield ..... Director	0 1 ..... 2 0	X						0	0	0
(2) Dr Terry Davis ..... Director	0 1 ..... 2 0	X						0	0	0
(3) Michelle Norris ..... Director	0 1 ..... 2 0	X						0	0	0
(4) Jacci Nickell ..... President	0 1 ..... 49 9			X				0	309,787	6,242
(5) Steven Van Camp ..... Secretary/Treasurer	0 1 ..... 49 9			X				0	194,133	6,851
(6) Teresa Allton ..... Vice President	0 1 ..... 49 9			X				0	222,658	29,263
(7) Dan Fagan ..... Vice President	15 0 ..... 25 0					X		45,873	76,454	7,884
(8) Brianna D Mettler ..... Executive Director	10 0 ..... 30 0					X		33,226	99,679	7,518
(9) Judith Naderhoff ..... VP/SEC/TREAS Former	0 1 ..... 49 9						X	0	187,121	22,058



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	79,099	1,089,832	79,816

**2**

<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .

## Section B. Independent Contractors

**1**

Breesh Sheila Enterprises LLC, PO Box 304 LEWIS CENTER, OH 43035	Client Meals	274,637

2

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	16,785					
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c						
	d	Related organizations . . . . .	1d						
	e	Government grants (contributions)	1e	131,667					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	580,522					
	g	Noncash contributions included in lines 1a-1f \$		68,916					
	h	Total. Add lines 1a-1f . . . . .			728,974				
Program Service Revenue			Business Code						
	2a	CLIENT FEES	623990	627,194	627,194				
	b	GRANTS & SERVICE CONTR	623990	4,907,453	4,907,453				
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f . . . . .			5,534,647				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		0					
	4	Income from investment of tax-exempt bond proceeds . .		0					
	5	Royalties . . . . .		0					
	6a	(i) Real		(ii) Personal					
		124,155							
		b	Less rental expenses	90,487					
		c	Rental income or (loss)	33,668	0				
	d	Net rental income or (loss) . . . . .		33,668	11,470	22,198			
	7a	(i) Securities		(ii) Other					
		270,000							
		b	Less cost or other basis and sales expenses	565,423					
		c	Gain or (loss)	-295,423					
	d	Net gain or (loss) . . . . .		-295,423			-295,423		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
		a							
		b	Less direct expenses . . . . .						
	c	Net income or (loss) from fundraising events . .		0					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .							
		a							
		b	Less direct expenses . . . . .						
c	Net income or (loss) from gaming activities . .		0						
10a	Gross sales of inventory, less returns and allowances . . . . .								
	a								
	b	Less cost of goods sold . . . . .							
c	Net income or (loss) from sales of inventory . .		0						
Miscellaneous Revenue		Business Code							
11a									
b									
c									
d	All other revenue . . . . .								
e	Total. Add lines 11a-11d . . . . .			0					
12	Total revenue. See Instructions . . . . .			6,001,866	5,546,117	22,198	-295,423		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
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			
7	Other salaries and wages . . . . .	2,814,665	2,780,021	34,644	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	669,577	669,577		
10	Payroll taxes . . . . .	248,060	248,060		
11	Fees for services (non-employees)				
a	Management . . . . .	139	139		
b	Legal . . . . .	5,450	5,450		
c	Accounting . . . . .	10,364		10,364	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees . . . . .	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O ) . . . . .	51,104	51,104		
12	Advertising and promotion . . . . .	17,470		17,470	
13	Office expenses . . . . .	37,398	16,893	20,505	
14	Information technology . . . . .	161,818	161,818		
15	Royalties . . . . .	0			
16	Occupancy . . . . .	114,246	114,246		
17	Travel . . . . .	19,486	19,486		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	115,427	115,427		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	304,588	304,588		
23	Insurance . . . . .	132,043	132,043		
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	REPAIRS & MAINTENANCE	446,468	446,468		
b	PATIENT MEALS	363,812	363,812		
c	TRANSPORTATION	314,289	314,289		
d	PROGRAM SUPPLIES AND DRUGS	93,646	93,646		
e	All other expenses	62,518	58,518	4,000	
25	Total functional expenses. Add lines 1 through 24e	5,982,568	5,895,585	86,983	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			566,344	1	511,027
	2	Savings and temporary cash investments . . . . .			0	2	0
	3	Pledges and grants receivable, net . . . . .			0	3	0
	4	Accounts receivable, net . . . . .			1,486,331	4	1,817,306
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .					
					0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .					
					0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			0	8	0
	9	Prepaid expenses and deferred charges . . . . .			49,095	9	23,597
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	7,577,956			
	b	Less accumulated depreciation . . . . .	10b	2,937,219	4,618,688	10c	4,640,737
	11	Investments—publicly traded securities . . . . .			0	11	0
	12	Investments—other securities See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
15	Other assets See Part IV, line 11 . . . . .			160,793	15	0	
16	Total assets.Add lines 1 through 15 (must equal line 34) . . . . .			6,881,251	16	6,992,667	
Liabilities	17	Accounts payable and accrued expenses . . . . .			881,947	17	2,608,406
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			3,199,797	20	2,934,902
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			1,369,446	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			32,718	25	62,708
	26	Total liabilities.Add lines 17 through 25 . . . . .			5,483,908	26	5,606,016
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			964,223	27	774,696
	28	Temporarily restricted net assets . . . . .			433,120	28	611,955
	29	Permanently restricted net assets . . . . .			0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			1,397,343	33	1,386,651
	34	Total liabilities and net assets/fund balances . . . . .			6,881,251	34	6,992,667

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	6,001,866
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,982,568
3	Revenue less expenses Subtract line 2 from line 1	3	19,298
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,397,343
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29,990
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,386,651

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Heritage Day Health Centers	Employer identification number  31-1358042
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	5,467,341	6,266,951	5,695,051	6,344,199	6,263,621	30,037,163
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	5,467,341	6,266,951	5,695,051	6,344,199	6,263,621	30,037,163
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)						0
6 Public support. Subtract line 5 from line 4						30,037,163

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	5,467,341	6,266,951	5,695,051	6,344,199	6,263,621	30,037,163
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	210,272	226,845	177,870	122,684	124,155	861,826
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						0
11 Total support. Add lines 7 through 10						30,898,989
12 Gross receipts from related activities, etc (see instructions)					12	1,276,342
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶						☐

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97 211 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	96 781 %
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶☑	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶☑	
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶☑	
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶☑	
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶☑	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13Total support. (Add lines 9, 10c, 11, and 12.)						
14First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18Investment income percentage from 2014 Schedule A, Part III, line 17	18	

- 19a33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b33 1/3% support tests—2014.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 ▶
- 20Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization’s supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**Part VI**   **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Heritage Day Health Centers

Employer identification number  
31-1358042

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d)Book value
1a Land		538,725		538,725
b Buildings		3,354,776	941,646	2,413,130
c Leasehold improvements				
d Equipment		2,352,409	1,399,621	952,788
e Other		1,332,046	595,952	736,094
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,640,737





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

[illegible]

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Hentage Day Health Centers

Employer identification number  
31-1358042

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," on line 5a or 5b, describe in Part III		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," on line 6a or 6b, describe in Part III		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Jacci NickellPresident	(i)	0	0	0	0	0	0	0
	(ii)	271,755	36,000	2,032	3,101	3,141	316,029	0
2 Steven Van Camp Secretary/Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	190,822		3,311	5,165	1,686	200,984	0
3 Judith Naderhoff VP/SEC/TREAS Former	(i)	0	0	0	0	0	0	0
	(ii)	186,921		200	19,492	2,566	209,179	0
4 Teresa AlltonVice President	(i)	0	0	0	0	0	0	0
	(ii)	178,448	43,424	786	26,169	3,094	251,921	0

**Part III**   **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
Part I, Line 3	National Church Residences, A related organization, establishes the top management official's compensation. The following methods were used by National Church Residences to establish compensation levels: Compensation committee, independent compensation consultant, form 990 of other organizations, written employment contract, compensation survey or study, approval by the board or compensation committee.
Part I, Line 4a	Judith Naderhoff, former VP/SEC/TREAS received total severance compensation of \$209,179.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Heritage Day Health Centers

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number  
31-1358042

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A FRANKLIN COUNTY OHIO	31-6400067		04-30-2012	3,201,295	FRANKLIN COUNTY ADJUSTABLE RATE		X		X		X
B FRANKLIN COUNTY OHIO	31-6400067		06-20-2013	250,000	FRANKLIN COUNTY ADJUSTABLE RATE DE		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	347,981		14,819					
2	Amount of bonds legally defeased . . . . .	0		0					
3	Total proceeds of issue . . . . .	3,201,295		250,000					
4	Gross proceeds in reserve funds . . . . .	0		0					
5	Capitalized interest from proceeds . . . . .	0		0					
6	Proceeds in refunding escrows . . . . .	492,103		0					
7	Issuance costs from proceeds . . . . .	64,026		5,000					
8	Credit enhancement from proceeds . . . . .	0		0					
9	Working capital expenditures from proceeds . . . . .	0		0					
10	Capital expenditures from proceeds . . . . .	2,645,166		245,000					
11	Other spent proceeds . . . . .	0		0					
12	Other unspent proceeds . . . . .	0		0					
13	Year of substantial completion . . . . .	2013							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .	X		X					
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III

Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .					X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X			X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X			X				
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . .		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X				
b	Exception to rebate? . . . . .		X		X				
c	No rebate due? . . . . .	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b	Name of provider . . . . .	Huntington		Huntington					
c	Term of hedge . . . . .	9 %		9 %					
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider . . . . .	0		0					
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Heritage Day Health Centers

Employer identification number  
31-1358042

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>2014 Specialized Transportation Vans</u> )	X	1	68,916	FMV
26 Other ► ( <u>                    </u> )				
27 Other ► ( <u>                    </u> )				
28 Other ► ( <u>                    </u> )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization Heritage Day Health Centers	Employer identification number  31-1358042
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	WHILE OUR MINISTRY HAS BEEN TARGETED 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 COMMITTED TO EXPANDING AND FUNDING SERVICES IN ASSISTED LIVING, NURSING HOMES, AND FULL-SERVICE RETIREMENT COMMUNITIES WE ALSO PLAN FOR THOUGHTFUL GROWTH IN AFFORDABLE FAMILY HOUSING WE ARE COMMITTED TO PROFESSIONALISM IN THE MANAGEMENT OF PROPERTY, PROGRAMS, AND HUMAN RESOURCES AND EQUALLY COMMITTED TO COMPASSION FOR THE PEOPLE WE SERVE
Form 990, Part VI, Line 6	THE SOLE MEMBER OF THE CORPORATION SHALL, AT ALL TIMES, BE NATIONAL CHURCH RESIDENCES
Form 990, Part VI, Line 7A	MEMBERS OR TRUSTEES SHALL HAVE THE APPROVAL OF THE BOARD OF TRUSTEES OF NATIONAL CHURCH RESIDENCES
Form 990, Part VI, Line 7B	NATIONAL CHURCH RESIDENCES IS REQUIRED TO APPROVE THE SELECTION OF THE BOARD OF TRUSTEES
Form 990, Part VI, Line 11	THE 990 RETURN IS MADE AVAILABLE TO THE BOARD PRIOR TO FILING AN OFFICER REVIEWS THE 990 RETURN PRIOR TO SIGNATURE
Form 990, Part VI, Line 12C	ANY DIRECTOR, EXECUTIVE OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS IS COVERED UNDER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANY PERSON COVERED UNDER THIS POLICY MUST DISCLOSE THE EXISTENCE OF A CONFLICT AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF BOARD COMMITTEES ALL DIRECTORS AND OFFICERS SHALL ALSO REVIEW AND SIGN THE CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS, IDENTIFYING FAMILY MEMBERS, POSSIBLE RELATED BUSINESSES, AND INVESTMENTS AND PROMPTLY REPORT ANY CHANGES TO THE CHAIRPERSON THAT OCCUR THROUGHOUT THE YEAR IF A CONFLICT EXISTS, PARTICIPATION AND VOTING RIGHT RESTRICTIONS ARE IMPOSED
Form 990, Part VI, Line 19	GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST AND THROUGH A SECURED WEBSITE
Form 990, Part XI, Line 9	CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT \$(29,990)
Form 990, Part XII, Line 2c	THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH OVERSEES THE AUDIT OF THE FINANCIAL STATEMENTS AND 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, Page 1, Item C	THE ORGANIZATION CONDUCTS BUSINESS UNDER THE NAME NATIONAL CHURCH RESIDENCES CENTER FOR SENIOR HEALTH

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Heritage Day Health Centers

Employer identification number  
31-1358042

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(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	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(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?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

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

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

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

a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . .

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

r Other transfer of cash or property to related organization(s) . . . . .

s Other transfer of cash or property from related organization(s) . . . . .

YesNo

1aNo

1bNo

1cNo

1dNo

1eNo

1fNo

1gNo

1hNo

1iNo

1jYes

1kYes

1lNo

1mYes

1nNo

1oNo

1pNo

1qYes

1rYes

1sYes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2015

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 31-1358042  
**Name:** Heritage Day Health Centers

**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)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Abbey Church Village Limited Partnership  6003 Abbey Chapel Dr Dublin, OH 430171529 31-1416957	Rental activity f	OH	NA	N/A	0	0			0			
Arlington By The Lake Senior Housing Lim  2101 Arlington Ave Toledo, OH 436091979 20-4063801	Rental	OH	NA	N/A	0	0			0			
Avondale Woods Senior Housing Limited Pa  5215 Avery Road Dublin, OH 43016 26-4260580	Rental activity f	OH	NA	N/A	0	0			0			
Baptist Gardens Housing Limited Partners  1901 Myrtle Drive SW Atlanta, GA 30311 27-2962768	Rental activity f	GA	NA	N/A	0	0			0			
Battery Park Senior Housing Limited Part  1 Battle Square Asheville, NC 288012712 26-0069390	Rental activity f	NC	NA	N/A	0	0			0			
Betmar Village Senior Housing Limited Pa  345 Ashwood Ave SW Atlanta, GA 30315 45-3082039	Rental	GA	NA	N/A	0	0			0			
Big Bethel Village LP  500 Richard Allen Boulevard SW Atlanta, GA 30331 58-2621642	Rental activity f	OH	NA	N/A	0	0			0			
Blessing Court Senior Housing Limited Pa  3100 Blessing Court Bedford, TX 760215009 45-3175449	Rental activity f	TX	NA	N/A	0	0			0			
Bristol Court Apartments Limited Partne  600 E Fifth St Waverly, OH 456901566 20-2470977	Rental activity f	OH	NA	N/A	0	0			0			
Canton Place Limited Dividend Housing As  44505 Ford Rd Canton, MI 481875034 36-4756461	Rental	MI	NA	N/A	0	0			0			
Capitol Heights Senior Housing Limited P  505 Suffolk Ave Capitol Heights, MD 207433000 20-8599370	Rental activity f	OH	NA	N/A	0	0			0			
Chantry Place Housing Limited Partnershi  5500 Millersfield Drive Columbus, OH 432327764 20-1872900	Rental activity f	OH	NA	N/A	0	0			0			
Chateau Gardens Housing LLC  912 Martin Ave Fond du Lac, WI 549356336 71-0955814	Rental activity f	WI	NA	N/A	0	0			0			
Chimes Terrace Senior Housing Limited Pa  65 S Williams Street Johnstown, OH 43031 20-4064084	Rental	OH	NA	N/A	0	0			0			
Clara Park Village Apartments Limited Pa  4805 Clara St Cudahy, CA 902015200 20-2869540	Rental activity f	OH	NA	N/A	0	0			0			

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)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Clark East Limited Dividend Housing Asso  1550 East Clark Rd Ypsilanti, MI 481983185 47-3543762	Rental activity f	MI	NA	N/A	0	0			0			
Coeur d'Alene Senior Housing Limited Par  7712 N Heartland Dr Coeur dAlene, ID 838158906 31-1639271	Rental activity f	ID	NA	N/A	0	0			0			
Colorado Plaza Senior Housing Limited Pa  420 Colorado St Manhattan, KS 665020659 31-1714217	Rental activity f	KS	NA	N/A	0	0			0			
Columbia Court Limited Dividend Housing  275 West Columbia Ave Belleville, MI 481113901 61-1707502	Rental	MI	NA	N/A	0	0			0			
Combined Locks Senior Housing Limited Pa  334 Wallace Street Combined Locks, WI 54113 20-5556388	Rental activity f	WI	NA	N/A	0	0			0			
Country Ridge Apartments Limited Partner  5656 Farmhouse Lane Hilliard, OH 430267846 31-1504074	Rental activity f	OH	NA	N/A	0	0			0			
Courtyard at Willow Woods Limited Partne  1500 Lincoln Avenue Tomah, WI 546602463 20-3678605	Rental activity f	WI	NA	N/A	0	0			0			
Cypress Sunrise Village Apartments Limit  9151 Grindlay St Cypress, CA 906303088 20-2869574	Rental activity f	OH	NA	N/A	0	0			0			
Delowe & Myrtle Senior Housing Limited  1881 Myrtle Drive SW Atlanta, GA 30311 26-2082332	Rental activity f	GA	NA	N/A	0	0			0			
Dublin House Senior Housing Limited Part  1425 Central Ave Middletown, OH 450444180 20-4064054	Rental activity f	OH	NA	N/A	0	0			0			
East Valley Senior Housing Limited Partn  16010 East Valleyway Ave Veradale, WA 990378937 91-2033951	Rental activity f	WA	NA	N/A	0	0			0			
Eden Place Senior Housing LP  1220 Jefferson Ave Seguin, TX 781555934 74-3017793	Rental activity f	TX	NA	N/A	0	0			0			
Elizabeth Senior Housing Limited Partner  122 Seventh Street Elizabeth, NJ 072012822 20-2862379	Rental activity f	NJ	NA	N/A	0	0			0			
Garden Park Senior Housing Limited Partn  1821 N 5th St Canon City, CO 812122090 35-2464560	Rental activity f	CO	NA	N/A	0	0			0			
Harbourview Senior Housing Limited Partn  115 Franklin Street Sandusky, OH 448702806 20-2471589	Rental activity f	OH	NA	N/A	0	0			0			

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)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514 )	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Harvard Elderly Limited Partnership  6900 Harvard Ave Cleveland, OH 441055016 34-1863728	Rental activity f	OH	NA	N/A	0	0			0			
Hayden Senior Housing LP  88 W Sargent Dr Hayden, ID 838358882 46-0493154	Rental activity f	ID	NA	N/A	0	0			0			
Heartland Senior Housing LP  7745 N Heartland Dr Coeur dAlene, ID 838158904 54-2064319	Rental activity f	ID	NA	N/A	0	0			0			
Heritage Place at Trails Edge Limited P  2620 East State Blvd Fort Wayne, IN 468054730 20-1469685	Rental activity f	IN	NA	N/A	0	0			0			
Hilltop II Senior Housing Limited Partne  3630 Moores Trail Rd Columbus, OH 432284345 52-2367292	Rental activity f	OH	NA	N/A	0	0			0			
Hilltop Senior Housing Limited Partnersh  300 Overstreet Way Columbus, OH 432284335 31-1592983	Rental activity f	OH	NA	N/A	0	0			0			
Holy Trinity II Senior Housing Limited P  25031 Columbus Road Bedford Heights, OH 44146 45-3061216	Rental activity f	OH	NA	N/A	0	0			0			
Indian Lake Villa Senior Housing Limited  601 Lincoln Blvd Russells Point, OH 433489653 20-2471281	Rental activity f	OH	NA	N/A	0	0			0			
Jaycee Fairgrounds Village Senior Housin  1355 Fairgrounds Rd St Charles, MO 633012383 27-5281382	Rental activity f	MO	NA	N/A	0	0			0			
Kirby Manor Senior Limited Partnership  11500 Detroit Avenue Cleveland, OH 441020000 87-0704525	Rental activity f	OH	NA	N/A	0	0			0			
Kiwanis Village Senior Housing Limited P  1200 Croy Dr Findlay, OH 458406707 20-4063620	Rental activity f	OH	NA	N/A	0	0			0			
Lakeside Apartment Housing LP  2590 Francisco Blvd Pacifica, CA 940442732 02-0668710	Rental activity f	CA	NA	N/A	0	0			0			
Lakeside Towers of Sterling Heights Limi  15000 Shoreline Dr Sterling Heights, MI 483132275 45-2797185	Rental activity f	MI	NA	N/A	0	0			0			
Lakewood Christian Manor Limited Partner  2141 Springdale Rd SW Atlanta, GA 303156100 31-1647433	Rental activity f	OH	NA	N/A	0	0			0			
Leonardtwn Senior Housing Limited Partn  22810 Dorsey St Leonardtwn, MD 206503831 20-8599565	Rental activity f	MD	NA	N/A	0	0			0			

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							Yes	No		Yes	No	
Lincoln Gardens II Senior Housing Limite  110 Sturbridge Rd Columbus, OH 432284424 26-4310827	Rental activity f	OH	NA	N/A	0	0			0			
Madison Heights Win Limited Dividend Hou  27777 Dequindre Rd Madison Heights, MI 48071 20-3638189	Rental activity f	MI	NA	N/A	0	0			0			
Magnolia Acres Senior Housing Limited Pa  108 Deborah Dr Angleton, TX 775154165 45-3176201	Rental activity f	OH	NA	N/A	0	0			0			
Mansfield Woods Limited Partnership  382 Woodridge Dr Mansfield, OH 449062103 31-1592987	Rental activity f	OH	NA	N/A	0	0			0			
Meadowview Senior Housing Limited Partne  338 W Main St Mt Sterling, OH 431431291 20-2471060	Rental activity f	OH	NA	N/A	0	0			0			
Memorial Towers Limited Partnership  1405 South 7th Ave Phoenix, AZ 850070000 30-0230394	Rental activity f	OH	NA	N/A	0	0			0			
Mt Baldy Senior Housing LP  839 Kootenai Cut Off Rd Ponderay, ID 838529804 74-3085816	Rental activity f	ID	NA	N/A	0	0			0			
National Church Residences of River Cour  147 N River Ct Mount Clemens, MI 48043 90-0959661	Rental activity f	MI	NA	N/A	0	0			0			
Panola Dekalb Senior Housing Limited Par  5710 Snapfinger Woods Drive Lithonia, GA 30058 32-0378758	Rental	GA	NA	N/A	0	0			0			
Park Place Towers of Harper Woods Limite  19460 Park Dr Harper Woods, MI 482252375 45-2797239	Rental activity f	MI	NA	N/A	0	0			0			
Parkside Manor Senior Housing Limited Pa  1306 Brookline Blvd Pittsburgh, PA 152261961 47-1165633	Rental activity f	PA	NA	N/A	0	0			0			
Parkview Place Senior Housing Limited Pa  1110 Avenue N Street Huntsville, TX 77340 36-4725509	Rental activity f	TX	NA	N/A	0	0			0			
Pecan Villa Senior Housing Limited Partn  611 S Bonner St Ruston, LA 712705063 36-4753221	Rental	LA	NA	N/A	0	0			0			
Prairie Village Senior Housing Limited P  1915 N Wharton Rd El Campo, TX 774372312 38-3897774	Rental	TX	NA	N/A	0	0			0			
Presbyterian Homes of Pasco NPR Limited  5852 Sea Forest Dr New Port Richey, FL 346522049 59-3283881	Rental activity f	FL	NA	N/A	0	0			0			

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(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	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Putnam Howe Village Senior Housing Limit  711 Belrock Ave Belpre, OH 457142147 20-4063688	Rental activity f	OH	NA	N/A	0	0			0			
Renaissance II Senior Housing Limited Pa  419 N St Clair St Toledo, OH 436041562 26-2062189	Rental activity f	OH	NA	N/A	0	0			0			
Rivercrest Senior Housing Associates Li  7210 Williams Rd Niagara Falls, NY 143043735 20-2518262	Rental activity f	NY	NA	N/A	0	0			0			
Riverview Retirement Senior Housing Limi  500 Second Street Portsmouth, OH 45662 90-1033802	Rental activity f	OH	NA	N/A	0	0			0			
Romulus Win Limited Dividend Housing Ass  36500 Bibbins Street Romulus, MI 48174 42-1674512	Rental activity f	MI	NA	N/A	0	0			0			
Roosevelt Towne Apartments LLC  711 N Euclid Ave St Louis, MO 631081632 13-4242467	Rental activity f	OH	NA	N/A	0	0			0			
San Antonio Senior Housing Limited Partn  3503 Camino Real San Antonio, TX 782383401 31-1592980	Rental activity f	OH	NA	N/A	0	0			0			
Santiago Fajardo Village Limited Partner  1 Calle 5-1 Adm Office Fajardo, PR 007384849 20-2907605	Rental activity f	OH	NA	N/A	0	0			0			
Sister's Court Senior Housing Limited Pa  222 East 37th Street Savannah, GA 31401 47-1018122	Rental activity f	GA	NA	N/A	0	0			0			
Solberg Win Limited Dividend Housing Ass  27787 Dequindre Rd Madison Heights, MI 48071 42-1674495	Rental activity f	MI	NA	N/A	0	0			0			
Sprague Senior Housing Limited Partnersh  14303 E Sprague Ave Spokane, WA 992163121 91-2123013	Rental activity f	WA	NA	N/A	0	0			0			
Summerfield Village Apartments Limited P  2624 Traction Ave Sacramento, CA 958152485 20-2869621	Rental activity f	OH	NA	N/A	0	0			0			
Superior Arboretum Senior Housing Limite  199 W Gray Dr Superior, AZ 85173 26-2084830	Rental activity f	AZ	NA	N/A	0	0			0			
The Commons at Buckingham Housing Limite  328 Buckingham Street Columbus, OH 43215 26-0223422	Rental activity f	OH	NA	N/A	0	0			0			
The Commons at Garden Lake Housing Limit  1065 Garden Lake Pkwy Toledo, OH 436149998 80-0954419	Rental activity f	OH	NA	N/A	0	0			0			

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							Yes	No		Yes	No	
The Commons at Grant Limited Partnership  398 S Grant Ave Columbus, OH 432155549 31-1797406	Rental	OH	NA	N/A	0	0			0			
The Commons at Imperial Housing I Limite  355 Peachtree St NE Atlanta, GA 30308 45-2525693	Rental activity f	GA	NA	N/A	0	0			0			
The Commons at Livingston Housing Limite  3349 East Livingston Ave Columbus, OH 43227 26-4416286	Rental activity f	OH	NA	N/A	0	0			0			
The Commons at Livingston II Housing Lim  3349 E Livingston Avenue Columbus, OH 43227 35-2444785	Rental	OH	NA	N/A	0	0			0			
The Commons at Nelms Housing Limited Par  2488 Lakewood Avenue SW Atlanta, GA 30315 90-0966268	Rental activity f	GA	NA	N/A	0	0			0			
The Commons At Third Housing Limited Par  1280 Norton Ave Columbus, OH 43212 27-2125068	Rental activity f	OH	NA	N/A	0	0			0			
Trinity Manor Senior Housing Limited Par  301 Clark St Middletown, OH 450428158 26-0072500	Rental activity f	OH	NA	N/A	0	0			0			
Trinity Towers Limited Partnership LP  2611 Springdale Rd SW Atlanta, GA 303157137 52-2405847	Rental activity f	GA	NA	N/A	0	0			0			
Tschirley Senior Housing II Limited Part  107 S Tschirley Rd Greenacres, WA 990169317 81-0636765	Rental activity f	WA	NA	N/A	0	0			0			
Tschirley Senior Housing Limited Partner  111 S Tschirley Rd Greenacres, WA 990169342 91-2177168	Rental activity f	WA	NA	N/A	0	0			0			
Vanderbilt Senior Housing Limited Partn  75 Haywood Street Asheville, NC 288012846 20-2635801	Rental activity f	NC	NA	N/A	0	0			0			
Viewpoint Senior Housing Limited Partne  215 East Shoreline Drive Sandusky, OH 44870 20-2471408	Rental activity f	OH	NA	N/A	0	0			0			
Villa Esperanza Apartments Limited Partn  Administration Box 111 St 35 Bloq Carolina, PR 009830000 20-2907561	Rental activity f	OH	NA	N/A	0	0			0			
Villa Providencia Apartments Limited Par  350 Carr 837 Guaynabo, PR 009696238 20-2907579	Rental activity f	OH	NA	N/A	0	0			0			
Vision Center II Limited Partnership  3400 Vision Center Court Columbus, OH 432272262 31-1364056	Rental activity f	OH	NA	N/A	0	0			0			

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)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514 )	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Waggoner Senior Housing Limited Partners  831 Acorn Grove Dr Blacklick, OH 430045044 31-1812222	Rental activity f	OH	NA	N/A	0	0			0			
Waggoner Woods Limited Partnership  751 Chestnut Grove Dr Blacklick, OH 430045024 31-1808115	Rental activity f	OH	NA	N/A	0	0			0			
Wapakoneta Village Senior Housing Limite  218 Eastown Dr Wapakoneta, OH 458951786 20-4064109	Rental activity f	OH	NA	N/A	0	0			0			
Warren Elderly Homes II Limited Partners  1330 Blakely Circle SW Warren, OH 444853875 34-1885076	Rental activity f	OH	NA	N/A	0	0			0			
Warren Elderly Homes Limited Partnership  1330 Blakely Circle SW Warren, OH 444853875 31-1501031	Rental activity f	OH	NA	N/A	0	0			0			
Wayne Win Limited Dividend Housing Assoc  35200 Sims Wayne, MI 48184 42-1674508	Rental activity f	MI	NA	N/A	0	0			0			
Westerville Senior Housing II LLC  622 South Sunbury Road Westerville, OH 43081 20-2489049	Rental activity f	OH	NA	N/A	0	0			0			
Westerville Senior Housing Limited Partn  630 South Sunbury Rd Westerville, OH 430819344 45-0470538	Rental activity f	OH	NA	N/A	0	0			0			
White Birch I Housing Limited Partnershi  9239 N 75th Unit 1 Milwaukee, WI 532232065 76-0752024	Rental activity f	WI	NA	N/A	0	0			0			
White Birch II Housing Limited Partnersh  9239 N 75th unit 1 Milwaukee, WI 532232065 76-0752031	Rental activity f	WI	NA	N/A	0	0			0			
Whitehall Senior Housing Limited Partner  851 Country Club Rd Whitehall, OH 432132442 31-1592973	Rental activity f	OH	NA	N/A	0	0			0			
Wysong Village Apartments Limited Partne  111 N Chapel Ave Alhambra, CA 918013565 20-2869668	Rental activity f	OH	NA	N/A	0	0			0			

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation 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?	
								Yes	No
(1) Abbey Church Road Inc 6003 Abbey Chapel Dr Dublin, OH 430171529 31-1416121	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(1) Chantry Place Housing Inc 5500 Millersfield Drive Columbus, OH 432327764 20-1891592	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(2) Country Ridge Apartments Inc 5656 Farmhouse Lane Hilliard, OH 430267846 31-1504166	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(3) Harvard School Inc 6900 Harvard Ave Cleveland, OH 441055016 31-1740172	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(4) Hilltop II Senior Housing Inc 3630 Moores Trail Rd Columbus, OH 432284345 02-0633437	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(5) Hilltop Senior Housing Inc 300 Overstreet Way Columbus, OH 432284335 31-1592982	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(6) Mansfield Woods Inc 382 Woodridge Dr Mansfield, OH 449062103 31-1592986	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(7) National Church Residences of Arlington 2101 Arlington Ave Toledo, OH 436091979 46-1592285	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(8) National Church Residences of Canton Pla 44505 Ford Rd Canton, MI 481875034 46-2185377	Rental Activity f	MI	NA	C Corp	0	0	0 %		No
(9) National Church Residences of Capitol He 505 Suffolk Ave Capitol Heights, MD 20743 46-1306846	Rental Activity f	MD	NA	C Corp	0	0	0 %		No
(10) National Church Residences of Columbia C 275 West Columbia Ave Belleville, MI 481113901 46-2196035	Rental Activity f	MI	NA	C Corp	0	0	0 %		No
(11) National Church Residences of Garden Par 1821 N 5th St Canon City, CO 812122090 46-1644284	Rental Activity f	CO	NA	C Corp	0	0	0 %		No
(12) National Church Residences of Parkside M 1306 Brookline Blvd Pittsburgh, PA 152261961 47-1165539	Rental Activity f	PA	NA	C Corp	0	0	0 %		No
(13) National Church Residences of Prairie V 1915 N Wharton Rd El Campo, TX 774372312 46-1942715	Rental Activity f	TX	NA	C Corp	0	0	0 %		No
(14) NCR of Warren Senior Housing II Inc 1330 Blakely Circle SW Warren, OH 444853875 31-1721646	Rental Activity f	OH	NA	C Corp	0	0	0 %		No



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation 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?	
								Yes	No
(16) NCR of Warren Senior Housing Inc 1330 Blakely Circle SW Warren, OH 444853875 31-1743897	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(1) New Imperial Redevelopment LLC 355 Peachtree St NE Atlanta, GA 30308 37-1653998	Rental Activity f	GA	NA	C Corp	0	0	0 %		No
(2) Roosevelt Towne Housing Inc 711 N Euclid Ave St Louis, MO 631081632 54-2086755	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(3) San Antonio Senior Housing Inc 3503 Camino Real San Antonio, TX 782383401 31-1592978	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(4) Vision Center II Inc 3400 Vision Center Court Columbus, OH 432272262 31-1363226	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(5) Waggoner Woods Inc 831 Acorn Grove Dr Blacklick, OH 430045044 31-1808113	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(6) Westerville Senior Housing Inc 630 South Sunbury Rd Westerville, OH 430819344 73-1631614	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(7) Whitehall Senior Housing Inc 851 Country Club Rd Whitehall, OH 432132442 31-1592976	Rental Activity f	OH	NA	C Corp	0	0	0 %		No