

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization HERITAGE DAY HEALTH CENTERS</td> <td rowspan="2">D Employer identification number 31-1358042</td> </tr> <tr> <td colspan="2">% TANYA K HAHN</td> </tr> <tr> <td colspan="2">Doing business as SEE SCHEDULE O</td> <td rowspan="2">E Telephone number (614) 451-2151</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">2335 NORTH BANK DRIVE</td> <td rowspan="2">G Gross receipts \$ 3,753,594</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43220</td> </tr> </table>	C Name of organization HERITAGE DAY HEALTH CENTERS		D Employer identification number 31-1358042	% TANYA K HAHN		Doing business as SEE SCHEDULE O		E Telephone number (614) 451-2151	Number and street (or P O box if mail is not delivered to street address)	Room/suite	2335 NORTH BANK DRIVE		G Gross receipts \$ 3,753,594	City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43220		
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2335 NORTH BANK DRIVE		G Gross receipts \$ 3,753,594															
City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43220																	
F Name and address of principal officer ANTHONY D EVANS 2335 NORTH BANK DRIVE COLUMBUS, OH 43220		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 5048															
I 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																	
J Website: ▶ WWW.NATIONALCHURCHRESIDENCES.ORG																	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1992 M State of legal domicile OH															

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ORIGINATING FROM A CHRISTIAN COMMITMENT OF SERVICE, OUR MISSION IS TO PROVIDE HIGH QUALITY CARE, SERVICES AND RESIDENTIAL COMMUNITIES FOR ALL SENIORS		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	136
	6 Total number of volunteers (estimate if necessary)	6	251
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	465,502	501,557
	9 Program service revenue (Part VIII, line 2g)	4,229,432	3,232,875
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	-932,347
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,580	7,615
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,760,514	2,809,700
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)	3,550,960	2,517,747
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,976,188	2,248,706
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,527,148	4,766,453
	19 Revenue less expenses Subtract line 18 from line 12	-1,766,634	-1,956,753
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	5,737,119	4,515,295
	21 Total liabilities (Part X, line 26)	643,874	370,648
	22 Net assets or fund balances Subtract line 21 from line 20	5,093,245	4,144,647

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

Signature of officer *****	Date 2019-10-31
TANYA K HAHN VICE PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2019-10-28	Check <input type="checkbox"/> if self-employed	PTIN P00068117	
	Firm's name ▶ HW&CO			Firm's EIN ▶		
	Firm's address ▶ 23240 Chagrin Blvd Suite 700 Cleveland, OH 441225450			Phone no (216) 831-1200		

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ORIGINATING FROM A CHRISTIAN COMMITMENT OF SERVICE, OUR MISSION IS TO PROVIDE HIGH QUALITY CARE, SERVICES AND RESIDENTIAL COMMUNITIES FOR ALL SENIORS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 3,669,077 including grants of \$) (Revenue \$ 3,232,875)
See Additional Data

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

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

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

4e Total program service expenses ▶ 3,669,077

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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>	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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>		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>		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>		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>		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>		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>		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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	136		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		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? Note. 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? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.

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) DEB RUSSELL CHAIR	0 1 2 0	X						0	0	0
(2) ERIC BORDER DIRECTOR	0 1 2 0	X						0	0	0
(3) TERRY DAVIS DIRECTOR	0 1 2 0	X						0	0	0
(4) PETER PAVARINI DIRECTOR	0 1 2 0	X						0	0	0
(5) JENNIFER SPALDING DIRECTOR	0 1 2 0	X						0	0	0
(6) PETER VOGEL DIRECTOR AT LARGE	0 1 2 0	X						0	0	0
(7) ANTHONY D EVANS PRESIDENT	0 1 49 9			X				0	312,312	28,216
(8) TANYA K HAHN VICE PRESIDENT	0 1 49 9			X				0	377,203	39,836
(9) TERESA D SPITZNAGEL VICE PRESIDENT	0 1 49 9			X				0	222,169	50,046
(10) SUSAN M DIMICKELE SECRETARY	0 1 49 9			X				0	432,245	31,079
(11) JOHN H WHITLOCK JR TREASURER THRU 6/1/18	0 1 49 9			X				0	88,957	3,787
(12) JULIA A FRATIANNNE TREASURER EFF 6/4/18	0 1 49 9			X				0	244,739	53,838
(13) BRIANNA D METTLER VP COMM HEALTH SERVICES	10 0 30 0					X		33,747	101,243	32,709

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g and 1h Total.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f and 2g Total.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12.

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, line 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.	1,799,156	1,516,047	283,109	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	558,533	485,738	72,795	
10 Payroll taxes.	160,058	134,824	25,234	
11 Fees for services (non-employees)				
a Management.	154,870		154,870	
b Legal.	66,202		66,202	
c Accounting.	0			
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).	59,761	48,448	11,313	
12 Advertising and promotion.	6,562		6,562	
13 Office expenses.	25,870		25,870	
14 Information technology.	97,361		97,361	
15 Royalties.	0			
16 Occupancy.	138,419	126,349	12,070	
17 Travel.	8,972		8,972	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	3,411	503	2,908	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	370,061	337,835	32,226	
23 Insurance.	145,842	132,988	12,854	
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 TRANSPORTATION	356,766	356,766		
b MAINTENANCE AND EQUIPMENT	324,415	242,894	81,521	
c BAD DEBT	201,242		201,242	
d RESIDENTS MEALS	172,944	172,944		
e All other expenses	116,008	113,741	2,267	
25 Total functional expenses. Add lines 1 through 24e.	4,766,453	3,669,077	1,097,376	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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	313,056	1	320,323
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,078,707	4	931,034
	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	33,898	9	50,055
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,175,427		
	b Less accumulated depreciation	1,961,544		
	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	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,737,119	16	4,515,295	
Liabilities	17 Accounts payable and accrued expenses	643,874	17	370,648
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	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	0	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	643,874	26	370,648
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	4,881,946	27	3,847,433
	28 Temporarily restricted net assets	211,299	28	297,214
	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	5,093,245	33	4,144,647	
34 Total liabilities and net assets/fund balances	5,737,119	34	4,515,295	

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	2,809,700
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,766,453
3	Revenue less expenses Subtract line 2 from line 1	3	-1,956,753
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,093,245
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	1,008,155
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,144,647

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 31-1358042

Name: HERITAGE DAY HEALTH CENTERS

Form 990 (2018)

Form 990, Part III, Line 4a:

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

SCHEDULE A
(Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HERITAGE DAY HEALTH CENTERS

Employer identification number

31-1358042

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,344,199	6,263,621	5,699,571	4,694,934	3,734,432	26,736,757
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	6,344,199	6,263,621	5,699,571	4,694,934	3,734,432	26,736,757
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						26,736,757

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	6,344,199	6,263,621	5,699,571	4,694,934	3,734,432	26,736,757
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,684	124,155	124,155	121,155	7,846	499,995
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						27,236,752
12	Gross receipts from related activities, etc. (see instructions)					12	2,054,087

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 2018 (line 6, column (f) divided by line 11, column (f))	14	98.164%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	97.718%

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
c	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	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))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
1	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 Part VI 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>		
2	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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	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 Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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 Part VI 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>	Yes	No
b	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 Part VI 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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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>		
b	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>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 31-1358042

Name: HERITAGE DAY HEALTH CENTERS

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► 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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages 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 | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		538,725		538,725
b Buildings		3,055,101	1,370,669	1,684,432
c Leasehold improvements				
d Equipment		1,453,757	560,202	893,555
e Other		127,844	30,673	97,171
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,213,883

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

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

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

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

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	3,818,086
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	1,008,386	
e	Add lines 2a through 2d		2e	1,008,386
3	Subtract line 2e from line 1		3	2,809,700
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	2,809,700

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	4,766,684
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	231	
e	Add lines 2a through 2d		2e	231
3	Subtract line 2e from line 1		3	4,766,453
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	4,766,453

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-1358042

Name: HERITAGE DAY HEALTH CENTERS

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XI, LINE 2D	RENTAL EXPENSES ON FORM 990, PART VIII, LINE 6B \$ 231 TRANSFERS FROM NATIONAL CHURCH RESIDENCES \$1,008,155 ----- TOTAL \$1,008,386

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XII, LINE 2D	RENTAL EXPENSES ON FORM 990, PART VIII, LINE 6B \$231

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HERITAGE DAY HEALTH CENTERS

Employer identification number
31-1358042

Part I Questions Regarding Compensation

		Yes	No								
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>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</p>	1b										
<p>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?</p>	2										
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee										
<p>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</p>											
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>											
<p>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</p>											
<p>a The organization?</p>	5a		No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No								
<p>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</p>											
<p>a The organization?</p>	6a		No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No								
<p>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</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

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	THIS ORGANIZATION RELIED ON A RELATED ORGANIZATION (NATIONAL CHURCH RESIDENCES) THAT USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
PART I, LINE 4B	CONTRIBUTIONS WERE MADE TO A NONQUALIFIED RETIREMENT PLAN FOR THE FOLLOWING TANYA K HAHN \$12,500 TERESA D SPITZNAGEL \$1,111



Schedule J (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
HERITAGE DAY HEALTH CENTERS

Employer identification number

31-1358042

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	THE SOLE MEMBER OF THE CORPORATION SHALL, AT ALL TIMES, BE NATIONAL CHURCH RESIDENCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	MEMBERS OR TRUSTEES SHALL HAVE THE APPROVAL OF THE BOARD OF TRUSTEES OF NATIONAL CHURCH RESIDENCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	NATIONAL CHURCH RESIDENCES IS REQUIRED TO APPROVE THE SELECTION OF THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	TWO CONFLICT OF INTEREST POLICIES EXIST FOR NATIONAL CHURCH RESIDENCES ONE POLICY IS A GENERAL STAFF POLICY, PUBLISHED IN THE EMPLOYEE INFORMATION GUIDE THE SECOND POLICY APPLIES TO NATIONAL CHURCH RESIDENCES AND ITS AFFILIATES OFFICERS, DIRECTORS, AND MEMBERS OF COMMITTEES COMPOSED PRIMARILY OF DIRECTORS AND OFFICERS THE POLICY FOR OFFICERS AND DIRECTORS IS REVIEWED REGULARLY BY THE BOARD, AND OFFICERS AND DIRECTORS REVIEW AND SIGN AN ATTESTATION RELATED TO THE POLICY ANNUALLY AND ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS THE POLICY CONTAINS A PROCESS FOR REPORTING CONFLICTS, DETERMINING WHETHER A CONFLICT EXISTS, AND APPROPRIATE PROCEDURES FOR ADDRESSING CONFLICTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFERS FROM NATIONAL CHURCH RESIDENCES \$1,008,155

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NATIONAL CHURCH RESIDENCES, THE PARENT 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE R, PART II	THE RELATED TAX EXEMPT ORGANIZATIONS ARE ALL MEMBERS OF GROUP EXEMPTION #5048

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, ITEM C	THE ORGANIZATION CONDUCTS BUSINESS UNDER THE NAME NATIONAL CHURCH RESIDENCES CENTER FOR SENIOR HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FOLLOWING AN ESTABLISHED EXECUTIVE COMPENSATION POLICY, THE HUMAN RESOURCE COMMITTEE REVIEWS AND APPROVES SALARIES OF ALL OFFICERS AND REPORTS TO THE EXECUTIVE COMMITTEE ON THEIR ACTION. THE COMMITTEES BASE THE SALARY DECISIONS ON SURVEY DATA FROM COMPARABLE ORGANIZATIONS, USE OF AN INDEPENDENT COMPENSATION CONSULTANT AND ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE. THIS PROCESS WAS LAST COMPLETED IN MAY 2018.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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
(1) First Community Village Corp 2335 North Bank Drive Columbus, OH 43220 05-0590231	Holding	OH	501(C)(3)	12A	NCR PARENT		No
(2) Lake Wales Retirement Center Inc 10 Grove Avenue West Lake Wales, FL 33853 59-3418554	Health care	FL	501(C)(3)	10	NCR PARENT		No
(3) National Church Residences First Communi 1800 Riverside Drive Columbus, OH 43212 31-0655502	Health care	OH	501(C)(3)	10	NCR PARENT		No
(4) National Church Residences First Communi 2335 North Bank Drive Columbus, OH 43220 20-2467451	Support	OH	501(C)(3)	12A	NCR PARENT		No
(5) National Church Residences of River Cour 147 N River Ct Mount Clemens, MI 48043 90-0959661	Rental activi	MI	501(C)(3)	10	NCR PARENT		No
(6) National Church Residences of St Louis 6050 Telegraph Road St Louis, MO 63129 46-0683354	Housing	MO	501(C)(3)	10	NCR PARENT		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.

See Additional Data Table

(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	

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.

See Additional Data Table

(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

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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

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) 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	
(1) Abbey Church Village (TC2) Housing Limit 6003 Abbey Chapel Dr Dublin, OH 430171529 81-2509306	Rental Activity f	OH	NA	N/A	0	0			0			
(1) Arlington By The Lake Senior Housing Lim 2101 Arlington Ave Toledo, OH 436091979 20-4063801	Rental Activity f	OH	NA	N/A	0	0			0			
(2) Avondale Woods II Senior Housing Limited 5215 Avery Road Dublin, OH 43016 80-0965478	Rental Activity f	OH	NA	N/A	0	0			0			
(3) Avondale Woods Senior Housing Limited Pa 5215 Avery Road Dublin, OH 43016 26-4260580	Rental Activity f	OH	NA	N/A	0	0			0			
(4) Balcones Haus Senior Housing LP 246 Loma Vista New Braunfels, TX 781307034 81-3930887	Rental Activity f	TX	NA	N/A	0	0			0			
(5) Baptist Gardens Housing Limited Partners 1901 Myrtle Drive SW Atlanta, GA 30311 27-2962768	Rental Activity f	GA	NA	N/A	0	0			0			
(6) Barnesville Manor Senior Housing Limited 485 North St Barnesville, OH 437131105 82-2814973	Rental Activity f	OH	NA	N/A	0	0			0			
(7) Battery Park Senior Housing Limited Part 1 Battle Square Asheville, NC 288012712 26-0069390	Rental Activity f	NC	NA	N/A	0	0			0			
(8) Betmar Village Senior Housing Limited Pa 345 Ashwood Ave SW Atlanta, GA 30315 45-3082039	Rental Activity f	GA	NA	N/A	0	0			0			
(9) Big Bethel Village LP 500 Richard Allen Boulevard SW Atlanta, GA 30331 58-2621642	Rental Activity f	GA	NA	N/A	0	0			0			
(10) Blessing Court Senior Housing Limited Pa 3100 Blessing Court Bedford, TX 760215009 45-3175449	Rental Activity f	TX	NA	N/A	0	0			0			
(11) Bridgeport Manor Senior Housing Limited 1 Gould Park Rd Bridgeport, OH 439121089 82-2995555	Rental Activity f	OH	NA	N/A	0	0			0			
(12) Bristol Court Apartments Limited Partne 600 E Fifth St Waverly, OH 456901566 20-2470977	Rental Activity f	OH	NA	N/A	0	0			0			
(13) Broadway Park Senior Housing Limited Par 353 Broadway Ave Youngstown, OH 445041559 82-3045507	Rental Activity f	OH	NA	N/A	0	0			0			
(14) Canton Place Limited Dividend Housing As 44505 Ford Rd Canton, MI 481875034 36-4756461	Rental Activity f	MI	NA	N/A	0	0			0			

(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	
(16) Capitol Heights Senior Housing Limited P 505 Suffolk Ave Capitol Heights, MD 207433000 20-8599370	Rental Activity f	MD	NA	N/A	0	0			0			
(1) Chantry Place Housing Limited Partnershi 5500 Millersfield Drive Columbus, OH 432327764 20-1872900	Rental Activity f	OH	NA	N/A	0	0			0			
(2) Chimes Terrace Senior Housing Limited Pa 65 S Williams Street Johnstown, OH 43031 20-4064084	Rental Activity f	OH	NA	N/A	0	0			0			
(3) Clara Park Village Apartments Limited Pa 4805 Clara St Cudahy, CA 902015200 20-2869540	Rental Activity f	OH	NA	N/A	0	0			0			
(4) 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			
(5) Coeur d'Alene Senior Housing Limited Par 7712 N Heartland Dr Coeur d'Alene, ID 838158906 31-1639271	Rental Activity f	ID	NA	N/A	0	0			0			
(6) Colorado Plaza Senior Housing Limited Pa 420 Colorado St Manhattan, KS 665020659 31-1714217	Rental Activity f	KS	NA	N/A	0	0			0			
(7) Columbia Court Limited Dividend Housing 275 West Columbia Ave Belleville, MI 481113901 61-1707502	Rental Activity f	MI	NA	N/A	0	0			0			
(8) 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			
(9) Country Ridge Apartments Limited Partner 5656 Farmhouse Lane Hilliard, OH 430267846 31-1504074	Rental Activity f	OH	NA	N/A	0	0			0			
(10) Courtyard at Willow Woods Limited Partne 1500 Lincoln Avenue Tomah, WI 546602463 20-3678605	Rental Activity f	WI	NA	N/A	0	0			0			
(11) Cranes Landing LLC 3315 Mayo Street Toledo, OH 43608 45-1827169	Rental Activity f	OH	NA	N/A	0	0			0			
(12) Cypress Sunrise Village Apartments Limit 9151 Grindlay St Cypress, CA 906303088 20-2869574	Rental Activity f	OH	NA	N/A	0	0			0			
(13) Delowe & Myrtle Senior Housing Limited 1881 Myrtle Drive SW Atlanta, GA 30311 26-2082332	Rental Activity f	GA	NA	N/A	0	0			0			
(14) Dublin House Senior Housing Limited Part 1425 Central Ave Middletown, OH 450444180 20-4064054	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	
(31) 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			
(1) Eden Place Senior Housing LP 1220 Jefferson Ave Seguin, TX 781555934 74-3017793	Rental Activity f	TX	NA	N/A	0	0			0			
(2) Elizabeth Senior Housing Limited Partner 122 Seventh Street Elizabeth, NJ 072012822 20-2862379	Rental Activity f	NJ	NA	N/A	0	0			0			
(3) Friendship Manor Senior Housing Limited 917 NW Summit Drive Blue Springs, MO 64015 27-1139085	Rental Activity f	MO	NA	N/A	0	0			0			
(4) Harbourview Senior Housing Limited Partn 115 Franklin Street Sandusky, OH 448702806 20-2471589	Rental Activity f	OH	NA	N/A	0	0			0			
(5) Harvard Elderly Limited Partnership 6900 Harvard Ave Cleveland, OH 441055016 34-1863728	Rental Activity f	OH	NA	N/A	0	0			0			
(6) Hayden Senior Housing LP 88 W Sargent Dr Hayden, ID 838358882 46-0493154	Rental Activity f	ID	NA	N/A	0	0			0			
(7) Heartland Senior Housing LP 7745 N Heartland Dr Coeur dAlene, ID 838158904 54-2064319	Rental Activity f	ID	NA	N/A	0	0			0			
(8) 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			
(9) 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			
(10) Hilltop Senior Housing Limited Partnersh 300 Overstreet Way Columbus, OH 432284335 31-1592983	Rental Activity f	OH	NA	N/A	0	0			0			
(11) 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			
(12) Indian Lake Villa Senior Housing Limited 601 Lincoln Blvd Russells Point, OH 43348 20-2471281	Rental Activity f	OH	NA	N/A	0	0			0			
(13) Jaycee Fairgrounds Village Senior Housin 1355 Fairgrounds Rd St Charles, MO 633012383 27-5281382	Rental Activity f	MO	NA	N/A	0	0			0			
(14) Kirby Manor Senior Limited Partnership 11500 Detroit Avenue Cleveland, OH 441020000 87-0704525	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	
(46) Kiwanis Village Senior Housing Limited P 1200 Croy Dr Findlay, OH 458406707 20-4063620	Rental Activity f	OH	NA	N/A	0	0			0			
(1) 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			
(2) Lakewood Christian Manor Limited Partner 2141 Springdale Rd SW Atlanta, GA 303156100 31-1647433	Rental Activity f	OH	NA	N/A	0	0			0			
(3) Landings Port Richey Senior Housing Limi 5852 Sea Forest Dr New Port Richey, FL 346522049 46-5548166	Rental Activity f	FL	NA	N/A	0	0			0			
(4) Leonardtown Senior Housing Limited Partn 22810 Dorsey St Leonardtown, MD 206503831 20-8599565	Rental Activity f	MD	NA	N/A	0	0			0			
(5) Lincoln Gardens II Senior Housing Limite 110 Sturbridge Rd Columbus, OH 432284424 26-4310827	Rental Activity f	OH	NA	N/A	0	0			0			
(6) 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			
(7) Magnolia Acres Senior Housing Limited Pa 108 Deborah Dr Angleton, TX 775154165 45-3176201	Rental Activity f	TX	NA	N/A	0	0			0			
(8) Mansfield Woods Limited Partnership 382 Woodridge Dr Mansfield, OH 449062103 31-1592987	Rental Activity f	OH	NA	N/A	0	0			0			
(9) 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			
(10) Memorial Towers Limited Partnership 1405 South 7th Ave Phoenix, AZ 850070000 30-0230394	Rental Activity f	OH	NA	N/A	0	0			0			
(11) Mount Pleasant Manor Senior Housing Limi 2250 Layard Ave Racine, WI 534042043 82-2217901	Rental Activity f	WI	NA	N/A	0	0			0			
(12) 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			
(13) National Church Residences of Betmar Vil 345 Ashwood Ave SW Atlanta, GA 30315 90-0825414	Rental Activity f	GA	NA	N/A	0	0			0			
(14) National Church Residences of Mother Ter 25031 Columbus Road Bedford Heights, OH 44146 35-2443852	Rental Activity f	OH	NA	N/A	0	0			0			

(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	
(61) Neshannock Woods Senior Housing Limited 209 Cambridge St Unit 601 New Castle, PA 161051053 81-4315647	Rental Activity f	PA	NA	N/A	0	0			0			
(1) Panola Dekalb Senior Housing Limited Par 5710 Snapfinger Woods Drive Lithonia, GA 30058 32-0378758	Rental Activity f	GA	NA	N/A	0	0			0			
(2) 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			
(3) Parkside Manor Senior Housing Limited Pa 1306 Brookline Blvd Pittsburgh, PA 152261961 47-1165633	Rental Activity f	PA	NA	N/A	0	0			0			
(4) 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			
(5) Pecan Villa Senior Housing Limited Partn 611 S Bonner St Ruston, LA 712705063 36-4753221	Rental Activity f	LA	NA	N/A	0	0			0			
(6) Plateau Ridge Senior Housing Limited Par 701 McAnear St Cleburne, TX 760335261 82-2858680	Rental Activity f	TX	NA	N/A	0	0			0			
(7) Portage Trail Village Senior Housing Lim 45 Cathedral Lane Cuyahoga Falls, OH 442231657 47-5586184	Rental Activity f	OH	NA	N/A	0	0			0			
(8) Prairie Village Senior Housing Limited P 1915 N Wharton Rd El Campo, TX 774372312 38-3897774	Rental Activity f	TX	NA	N/A	0	0			0			
(9) Putnam Howe Village Senior Housing Limit 711 Belrock Ave Belpre, OH 457142147 20-4063688	Rental Activity f	OH	NA	N/A	0	0			0			
(10) 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			
(11) Rivercrest Senior Housing Associates Li 7210 Williams Rd Niagara Falls, NY 143043735 20-2518262	Rental Activity f	NY	NA	N/A	0	0			0			
(12) Rivercrest Senior Housing LLC 7210 Williams Rd Niagara Falls, NY 143043735 61-1462286	Rental Activity f	NY	NA	N/A	0	0			0			
(13) Riverview Retirement Senior Housing Limi 500 Second Street Portsmouth, OH 45662 90-1033802	Rental Activity f	OH	NA	N/A	0	0			0			
(14) Romulus Win Limited Dividend Housing Ass 36500 Bibbins Street Romulus, MI 48174 42-1674512	Rental Activity f	MI	NA	N/A	0	0			0			

(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	
(76) Roosevelt Towne Apartments LLC 711 N Euclid Ave St Louis, MO 631081632 13-4242467	Rental Activity f	OH	NA	N/A	0	0			0			
(1) 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			
(2) 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			
(3) Sharpsburg Towers Senior Housing Limited 601 Main St Pittsburgh, PA 152152251 82-3943005	Rental Activity f	PA	NA	N/A	0	0			0			
(4) 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			
(5) 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			
(6) Sprague Senior Housing Limited Partnersh 14303 E Sprague Ave Spokane, WA 992163121 91-2123013	Rental Activity f	WA	NA	N/A	0	0			0			
(7) Stygler Village Senior Housing Limited P 140 Imperial Dr Gahanna, OH 432302423 81-3540923	Rental Activity f	OH	NA	N/A	0	0			0			
(8) Superior Arboretum Senior Housing Limite 199 W Gray Dr Superior, AZ 85173 26-2084830	Rental Activity f	AZ	NA	N/A	0	0			0			
(9) Telfair Arms Senior Housing Limited Part 17 East Park Avenue Savannah, GA 31401 47-5656342	Rental Activity f	GA	NA	N/A	0	0			0			
(10) The Commons at Buckingham Housing Limite 328 Buckingham Street Columbus, OH 43215 26-0223422	Rental Activity f	OH	NA	N/A	0	0			0			
(11) 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			
(12) The Commons at Grant Limited Partnership 398 S Grant Ave Columbus, OH 432155549 31-1797406	Rental Activity f	OH	NA	N/A	0	0			0			
(13) 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			
(14) 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			

(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	
(91) The Commons at Livingston II Housing Lim 3349 E Livingston Avenue Columbus, OH 43227 35-2444785	Rental Activity f	OH	NA	N/A	0	0			0			
(1) The Commons at South Cumminsville Housin 3775 Herron Avenue Cincinnati, OH 452232328 30-0761710	Rental Activity f	OH	NA	N/A	0	0			0			
(2) 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			
(3) Trinity Manor Senior Housing Limited Par 301 Clark St Middletown, OH 450428158 26-0072500	Rental Activity f	OH	NA	N/A	0	0			0			
(4) Trinity Towers Limited Partnership LP 2611 Springdale Rd SW Atlanta, GA 303157137 52-2405847	Rental Activity f	GA	NA	N/A	0	0			0			
(5) Tschirley II Senior Housing Limited Part 107 S Tschirley Rd Greenacres, WA 990169317 81-0636765	Rental Activity f	WA	NA	N/A	0	0			0			
(6) Tschirley Senior Housing Limited Partner 111 S Tschirley Rd Greenacres, WA 990169342 91-2177168	Rental Activity f	WA	NA	N/A	0	0			0			
(7) Valley Bridge Senior Housing Limited Par 5351 Nebraska Avenue Toledo, OH 43615 81-3716484	Rental Activity f	OH	NA	N/A	0	0			0			
(8) Vanderbilt Senior Housing Limited Partn 75 Haywood Street Asheville, NC 288012846 20-2635801	Rental Activity f	NC	NA	N/A	0	0			0			
(9) Viewpoint Senior Housing Limited Partne 215 East Shoreline Drive Sandusky, OH 44870 20-2471408	Rental Activity f	OH	NA	N/A	0	0			0			
(10) 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			
(11) Villa Providencia Apartments Limited Par 350 Carr 837 Guaynabo, PR 009696238 20-2907579	Rental Activity f	OH	NA	N/A	0	0			0			
(12) Vision Center II Limited Partnership 3400 Vision Center Court Columbus, OH 432272262 31-1364056	Rental Activity f	OH	NA	N/A	0	0			0			
(13) Waggoner Senior Housing Limited Partners 831 Acorn Grove Dr Blacklick, OH 430045044 31-1812222	Rental Activity f	OH	NA	N/A	0	0			0			
(14) Waggoner Woods Limited Partnership 751 Chestnut Grove Dr Blacklick, OH 430045024 31-1808115	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	
(106) Wapakoneta Village Senior Housing Limite 218 Eastown Dr Wapakoneta, OH 458951786 20-4064109	Rental Activity f	OH	NA	N/A	0	0			0			
(1) Wayne Win Limited Dividend Housing Assoc 35200 Sims Wayne, MI 48184 42-1674508	Rental Activity f	MI	NA	N/A	0	0			0			
(2) Westerville Senior Housing II LLC 622 South Sunbury Road Westerville, OH 43081 20-2489049	Rental Activity f	OH	NA	N/A	0	0			0			
(3) Westerville Senior Housing Limited Partn 630 South Sunbury Rd Westerville, OH 430819344 45-0470538	Rental Activity f	OH	NA	N/A	0	0			0			
(4) 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			
(5) 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			
(6) Whitehall Senior Housing Limited Partner 851 Country Club Rd Whitehall, OH 432132442 31-1592973	Rental Activity f	OH	NA	N/A	0	0			0			
(7) 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) Chantry Place Housing Inc 5500 Millersfield Drive Columbus, OH 432327764 20-1891592	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(1) Country Ridge Apartments Inc 5656 Farmhouse Lane Hilliard, OH 430267846 31-1504166	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(2) Harvard School Inc 6900 Harvard Ave Cleveland, OH 441055016 31-1740172	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(3) 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
(4) Hilltop Senior Housing Inc 300 Overstreet Way Columbus, OH 432284335 31-1592982	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(5) Mansfield Woods Inc 382 Woodridge Dr Mansfield, OH 449062103 31-1592986	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(6) National Church Residences at Sister's C 222 East 37th Street Savannah, GA 31401 46-2609217	Rental Activity f	GA	NA	C Corp	0	0	0 %		No
(7) National Church Residences Landings Port 5852 Sea Forest Dr New Port Richey, FL 346522049 46-5439904	Rental Activity f	FL	NA	C Corp	0	0	0 %		No
(8) National Church Residences Of Abbey Chur 6003 Abbey Chapel Dr Dublin, OH 430171529 81-2524615	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(9) National Church Residences of Arlington 2101 Arlington Ave Toledo, OH 436091979 46-1592285	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(10) National Church Residences of Avondale W 5215 Avery Road Dublin, OH 43016 46-4279266	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(11) National Church Residences of Balcones H 246 Loma Vista New Braunfels, TX 781307034 81-3901111	Rental Activity f	TX	NA	C Corp	0	0	0 %		No
(12) National Church Residences of Barnesvill 485 North St Barnesville, OH 437131105 82-2833701	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(13) National Church Residences of Bridgeport 1 Gould Park Rd Bridgeport, OH 439121089 82-2956996	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(14) 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

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								Yes	No
(16) National Church Residences of Capitol Heights 505 Suffolk Ave Capitol Heights, MD 207433000 46-1306846	Rental Activity f	MD	NA	C Corp	0	0	0 %		No
(1) National Church Residences of Clark East 1550 East Clark Rd Ypsilanti, MI 481983185 47-3532391	Rental Activity f	MI	NA	C Corp	0	0	0 %		No
(2) 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
(3) National Church Residences of Crane's La 3315 Mayo Street Toledo, OH 43608 82-3953761	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(4) National Church Residences of Friendship 917 NW Summit Drive Blue Springs, MO 64015 46-1094279	Rental Activity f	MO	NA	C Corp	0	0	0 %		No
(5) National Church Residences of Garden Par 1821 N 5th Street Canon City, CO 812122090 46-1644284	Rental Activity f	CO	NA	C Corp	0	0	0 %		No
(6) National Church Residences of Indian Lak 601 Lincoln Blvd Russells Point, OH 43348 47-4662981	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(7) National Church Residences of Mount Plea 2250 Layard Ave Racine, WI 534042043 82-2231609	Rental Activity f	WI	NA	C Corp	0	0	0 %		No
(8) National Church Residences of Neshannock 209 Cambridge St Unit 601 New Castle, PA 161051053 81-4329517	Rental Activity f	PA	NA	C Corp	0	0	0 %		No
(9) 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
(10) National Church Residences of Portage Tr 45 Cathedral Lane Cuyahoga Falls, OH 442231657 47-5581776	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(11) National Church Residences of Prairie Vi 1915 N Wharton Rd El Campo, TX 774372312 46-1942715	Rental Activity f	TX	NA	C Corp	0	0	0 %		No
(12) National Church Residences of Riverview 500 Second Street Portsmouth, OH 45662 47-3885174	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(13) National Church Residences of Sharpsburg 601 Main St Pittsburgh, PA 152152251 82-3901463	Rental Activity f	PA	NA	C Corp	0	0	0 %		No
(14) National Church Residences of Stygler Vi 140 Imperial Dr Gahanna, OH 432302423 81-3319534	Rental Activity f	OH	NA	C Corp	0	0	0 %		No

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								Yes	No
(31) National Church Residences of Telfair Ar 17 East Park Avenue Savannah, GA 31401 47-4028447	Rental Activity f	GA	NA	C Corp	0	0	0 %		No
(1) National Church Residences of Valley Bri 5351 Nebraska Avenue Toledo, OH 43615 81-3685370	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(2) New Imperial Redevelopment LLC 355 Peachtree St NE Atlanta, GA 30308 37-1653998	Rental Activity f	GA	NA	C Corp	0	0	0 %		No
(3) 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
(4) 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
(5) The Commons at South Cumminsville Housin 3775 Herron Avenue Cincinnati, OH 452232328 46-1834366	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(6) Vision Center II Inc 3400 Vision Center Court Columbus, OH 432272262 31-1363226	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(7) Waggoner Woods Inc 751 Chestnut Grove Dr Blacklick, OH 430045024 31-1808113	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(8) Westerville Senior Housing Inc 630 South Sunbury Rd Westerville, OH 430819344 73-1631614	Rental Activity f	OH	NA	C Corp	0	0	0 %		No
(9) Whitehall Senior Housing Inc 851 Country Club Rd Whitehall, OH 432132442 31-1592976	Rental Activity f	OH	NA	C Corp	0	0	0 %		No