EXTENDED TO NOVEMBER 15, 2019

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.

Open to Public Inspection

Α	For th	e 2018 calendar year, or tax year beginning and	ending	_	
В	Check i applicat	C Name of organization		D Employer identifi	cation number
	Addr chan	9 EPISCOPAL CHURCH HOME FOUNDATION, INC.	•		
	Nam chan	ge Doing business as		81-3	985477
Ļ	Initia	Number and street (or P.U. box if mail is not delivered to street address)	Room/suit	1 = 1	
L	Final retur term	7304 WEBIFORI ROAD		513-	272-5555
_	ated Ame	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,251,297.
늗	returi Appl	LOUISVILLE, KY 40222		H(a) Is this a group re	
_	tiốn pend	ing +	45227	for subordinates	
	Tax-ex	xempt status		-	list (see instructions)
		ite: ► N/A	7	H(c) Group exemptio	
		of organization: X Corporation	L Yea		A State of legal domicile: KY
Р	art i	Summary			
ë	1	Briefly describe the organization's mission or most significant activities TO Si	UPPOR	T THE EPISCO	PAL CHURCH
トトB 1 7 2020 Properties & Governance	1	HOME LOCATED IN LOUISVILLE, KENTUCKY.			
Verr	2	Check this box if the organization discontinued its operations or dispose Number of instance members of the governors bedy (Part VI) less 14)	sed of mo	1 _ 1	
ર્જુ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	11 11
Cog Cog	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
~ ;€	6	Total number of volunteers (estimate if necessary)		6	11
₩ <u>Ş</u>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Äά	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
I		Contributions and grants (Part VIII line 1b) RECEIVED		Prior Year	Current Year
	8	Ostal Sales and Grants (Care Ving and Ving	_	3,486.	1,610,996.
븻팋	9	Program service revenue (Part VIII, line 2g)		0.	0.
ڇُج	10	Investment income (Part VIII, column (A), line 3.4 (A) (A) 9 2019 Other revenue (Part VIII, column (A), lines 5.64, 8c, 9c, 10c, and 11e)	_	247,138.	<u> </u>
CAINNED Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	250,624.	2,187,260.
<i>-</i> σ	12	Total revenue - add lines 8 through 11 (must equal Park XVII) column (A) Line 12) Grants and similar amounts paid (Part IX, column (A) lines 4-8)		203,314.	421,095.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	203,314.	$\frac{421,095}{0}$
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	Ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>o.</u> [
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,401.	80,141.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		207,715.	<u>501,236.</u>
	19	Revenue less expenses Subtract line 18 from line 12		42,909.	1,686,024.
Net Assets or Find Balances	00	Total access (Part V. line 16)	<u> B</u>	eginning of Current Year 6,166,497.	End of Year
ASSE	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	-	408,836.	7,472,521.
Set	22	Net assets or fund balances Subtract line 21 from line 20		5,757,661.	7,155,509.
P	art II			3713170011	7,155,505.
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stater	ments, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepare	er has any knowledge.	
		- July Jan		11/14/	17
Sıg		Signature of officer/		Date ' '/'	1
Hei	re	PAUL SCHÉPER, CFO Type or print name and title			
			T	Date Check	PTIN
Paid	d	Print/Type preparer's name MELINDA L HECK Preparer's aggnature V LUCAULU	α	11 13 19 of self-employe	ㅡ
	parer	Firm's name DEMING MALONE LIVESAY & OSTROFF		Firm's EIN	61-1064249
	Only	Firm's address 9300 SHELBYVILLE ROAD SUITE 1100		111110 2111	
		LOUISVILLE, KY 40222-5187		Phone no. (5	02)426-9660
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
8320	01 12-3	11-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2018)

	1990 (2018) EPISCOPAL CHURCH HOME FOUNDATION, INC. 81-3985477 Page 2
Pa	rt 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. TO SUPPORT THE EPISCOPAL CHURCH HOME LOCATED IN LOUISVILLE, KENTUCKY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 443,627. including grants of \$ 421,095.) (Revenue \$)
	PROVIDE SUPPORT FOR THE ACTIVITIES OF THE EPISCOPAL CHURCH HOME.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
40	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}} \rightarrow \frac{443,627}{\text{627}}.
<u>4e</u>	Total program service expenses ► 443,627. Form 990 (2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		4,-
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		.
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
124	Schedule D, Parts XI and XII	100	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	
32000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Eorm		2018)
32UU3	12-31-18	LOUIT	23U (ZU 10)

EPISCOPAL CHURCH HOME FOUNDATION, INC. 81-3985477 Form 990 (2018) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25h Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V. line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O 38

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule () contains a response oi	r note to any line in this Pa	art V

1a	Enter the number rep	orted in Box 3 of	Form 1096	Enter -0- if not	applicable
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b E	Enter the number	of Forms	W-2G	ıncluded ı	n line 1a	Enter -	0- if not	applicable
-----	------------------	----------	------	------------	-----------	---------	-----------	------------

;	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming
	(gambling) winnings to prize winners?

Form 990 (2018)

0

0

Yes No

1a

	1990 (2018) EPISCOPAL CHURCH HOME FOUNDATION, INC. 81-3985	4//	<u> </u>	age :
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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	1	ŀ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	L	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	į	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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	'	
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against]]	:	
	amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	}		
С	Enter the amount of reserves on hand]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational matrix transcribing to the control 4059 evene tax on not investment income?	امدا		v

Form **990** (2018)

If "Yes," complete Form 4720, Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line da, bb, or rob below, describe the chounstances, processes, or changes in schedule O see instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	ļ		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			,
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	_ X	
13	Did the organization have a written whistleblower policy?	13	<u>X</u>	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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 >			
	PAUL SCHEPER - 513-979-2273			
	3870 VIRGINIA AVENUE, CINCINNATI, OH 45227			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organiz (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			l than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GIBBS REESE	0.50									
DIRECTOR	0.50	X	ļ					0.	0.	0
(2) DEBORAH STOVER	0.50									•
DIRECTOR	0.50	X				<u> </u>		0.	0.	0
(3) ROBERT VICE, JR.	0.50	, ,							•	•
DIRECTOR	0.50	X	_					0.	0.	0
(4) JON B. BOSS	0.50	x						0.	0.	0
DIRECTOR	0.50	^				-	-	U •	0.	0
(5) CAROLINE EDDLEMAN	0.50	x						0.	0.	0
DIRECTOR (6) MASON RUMMEL	0.50	Δ						0.	<u> </u>	
CHAIRPERSON	0.50	x		х				0.	0.	0
(7) TOM REGAN	0.50					-				
DIRECTOR	0130	x						0.	0.	0
(8) MICHAEL BERRY	0.50							•		
SECRETARY/TREASURER		X		x				0.	0.	0
(9) REV. JOHN FRITSCHNER	0.50									
DIRECTOR		X						0.	0.	0
(10) THOMAS JAMES III, MD	0.50									
DIRECTOR		X						0.	0.	0
(11) BARBARA MERRICK	0.50									
DIRECTOR	_	X						0.	0.	0
		_							_	· · · ·
						-	_			 _
	-									
		-				\vdash				
	-									

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гаг	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	<u>d Hi</u>	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(B) (C)						(D)	(E)	ļ		(F)	
	Name and title	Average	ge Position (do not check more than one						Reportable	Reportable		Es	tımate	ed
		hours per	box, unless person is both ar						compensation	compensatio	n	an	nount	of
		week					or/trus		from	from related	- 1		other	
		(list any	휺		ŀ				the	organization	s	com	pensa	tion
		hours for	Ę				ᇐ		organization	(W-2/1099-MIS	SC)	fr	om the	е
		related	tee	쁄			ensal		(W-2/1099-MISC)			org	anızatı	ion
		organizations	Individual trustee or director	Institutional trustee		Кеу етріоуее	Highest compensated employee					and	d relate	ed
		below	vidus	윺	ĕ	E E	is is	Р огтег	*			orga	anızatı	ons
		line)	亨	ıısı	Officer	ξe.	종	쥰						
						ŀ								
				-					-					-
			l											
				-										
						<u> </u>	ļ —							
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]								
		-												
						Ī								
		L		L		L	L							
1b	Sub-total							>	0.		0.			0.
C	Total from continuation sheets to Part V	II, Section A						>	0.		0.			0.
d	Total (add lines 1b and 1c)							•	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	.000 of reportabl	e			
	compensation from the organization						•							0
						_							Yes	No
3	Did the organization list any former officer,	director or tri	etor	n ka	w or	nnlo		or	highest compensated of	molovoo on	٢			
3			3150	5, NG	y Ci	пріс	усс,	OI	riighest compensated e	Tiployee of			İ	Х
	line 1a? If "Yes," complete Schedule J for s											3	\longrightarrow	
4	For any individual listed on line 1a, is the su	•							· ·	the organization			İ	
	and related organizations greater than \$15										-	4		<u> </u>
5	Did any person listed on line 1a receive or a	accrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indivi	dual for services			l	
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch	pers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensa	ation fi	rom	
	the organization Report compensation for													
	(A)								(B)			(C	:}	
	Name and business	address	NO	ONE	2				Description of s	ervices	C		nsatio	n
			-,,		_			寸						
								\dashv						
								_						
								一						
										ł				
2	Total number of independent contractors (i	ncluding but a	ot lie	mito	d to	tho	مرا م	ted	l ahove) who recoved ~	ore than				
-	•	_	ot III	······································	u 10		se 115)	, LOU	i above) who received if	iore triali				
	\$100,000 of compensation from the organi	zation 📂	-								-		200	
												⊦orm \$	990 (2	2018)

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
	_	-	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats ots	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
Sift ar	d	Related organizations	1d	1,609,521.				
imi,	е	Government grants (contribut	ions) 1e					
Fig	f	All other contributions, gifts, gran	ts, and					
ig e		sımılar amounts not included abo	ve 1f	1,475.				
19	g	Noncash contributions included in lines	1a-1f \$	1,546,820.				
<u>8</u> 6	h	Total. Add lines 1a/1f			1,610,996			
				Business Code			-	
9	2 a							
او چَ	b	·	 -					
Program Service Revenue	С	· <u>-</u>		_				
ev ev	d							
ρ.	е							
ا ت	f	All other program service reve	nue					
\rightarrow	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
1		other similar amounts)		▶	161,478.	161,478.		
ŀ	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
	5	Royalties		, _			-	
			(ı) Real	(II) Personal				
	6 a							
	b	'						
	С	Rental income or (loss)		l				
i		Net rental income or (loss)		, •				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
ĺ		assets other than inventory	2,478,823.					
	þ							
		and sales expenses	2,064,037.					
		, ,	414,786.	L				
		Net gain or (loss)		P	414,786.	414,786.		
e l	ва	Gross income from fundraising	-	ļ				
ě		including \$		1				
Other Rever		contributions reported on line Part IV, line 18						
Ę	.	Less direct expenses	a b					
ნ		Net income or (loss) from fund	-					
		Gross income from gaming ac	_				-	-
	Ja	Part IV, line 19	a					
1	b	Less direct expenses	b	· · · · ·				
- 1		Net income or (loss) from gam	_			1		
		Gross sales of inventory, less	-				<u>-</u>	
		and allowances	а					
	b	Less cost of goods sold	- b					
		Net income or (loss) from sale	-	•				
		Miscellaneous Revenu		Business Code				
ſ	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
\Box	12	Total revenue See instructions		>	2,187,260.	576 264	0.	0.

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 respon	se or note to any line in	this Part IX	-· · · · -	
Do		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	(D) Fundraising
	· · · · · · · · · · · · · · · · · ·		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	421,095.	421,095.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				· · · · ·
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			·	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
''a	Management				
b	Legal	2,983.		2,983.	
	Accounting	14,800.		14,800.	
c	Lobbying	14,000.		14,000.	
d	, ,				
e	Professional fundraising services. See Part IV, line 17	39,481.		39,481.	
f	Investment management fees	33,401.		39,401.	
g	Other (If line 11g amount exceeds 10% of line 25,		į		
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	,			
14	Information technology	-			
15	Royalties				<u> </u>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		_		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line)				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	10 540	10.540		
	RESIDENT EXPENSES	12,540.	12,540.		
b	EMPLOYEE EDUCATION	7,649.	7,649.	-	
C	GARDEN MAINTENANCE	1,298.	1,298.	-	
d	MUSIC MINISTRY	1,045.	1,045.		
	All other expenses	345.	442 605	345.	
25	Total functional expenses Add lines 1 through 24e	501,236.	443,627.	57,609.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

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7,472,521. Form 990 (2018)

7,155,509.

32

33

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

5,757,661.

6,166,497.

	1990 (2018) EPISCOPAL CHURCH HOME FOUNDATION, INC.	81-	<u> 39854</u>	77	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u> </u>
_	Table server (servet a real Dart VIII) and reas (A) have 400		2	107	2	<i>c</i> 0
1	Total revenue (must equal Part VIII, column (A), line 12)	1		187		36.
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses Subtract line 2 from line 1	3				$\frac{24.}{61}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				61.
5	Net unrealized gains (losses) on investments	5	<	<u> </u>	<i>,</i> <u> </u>	<u>76.</u> >
6	Donated services and use of facilities	_6				
7	Investment expenses	7				
8	Prior period adjustments	8	-			
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		7	1	E (00
Pai	column (B)) rt XII Financial Statements and Reporting	_10 _		122	, 51	<u>09.</u>
	Check if Schedule O contains a response or note to any line in this Part XII				es	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		Г			140
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	U		2a		х
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	tono	-	Za	-	
	separate basis, consolidated basis, or both	Jona				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	\mathbf{x}	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	a hacie		20	^	
	consolidated basis, or both	o basis,				
	X 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	e audit				
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?	o addit,		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	O aluba	<u> </u>	-	*	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		.			
Ju	Act and OMB Circular A-133?	igie Auu	i i	3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired and	—	ya	_	
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	,, 50 600		зь		
	and a second and a second any stope when to an adjoint addition				90 c	2018)
			,	•	(

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		EPIS	COPAL CHUI	RCH HOME FOUN	DATIO	N, IN	ic.	8	1-3985477				
Pa	ırt I	Reason for Public	Charity Status	(All organizations must co	omplete th	is part) S	ee instructions	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
The	orgai	nization is not a private found	dation because it is	(For lines 1 through 12, o	check only	one box)			\sim				
1		A church, convention of ch	nurches, or associat	ion of churches describe	d in sectio	n 170(b)(1)(A)(i).		$\mathcal{O}\mathcal{O}$				
2		A school described in sect	tion 170(b)(1)(A)(ıı).	(Attach Schedule E (Forr	n 990 or 9!	90-EZ))							
3		A hospital or a cooperative	hospital service org	ganization described in s	ection 170)(b)(1)(A)(i	ii).						
4		A medical research organiz	zation operated in c	onjunction with a hospita	described	d in sectio	on 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 go	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). (C	Complete Part II)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II)								
9		An agricultural research org	ganization describe	d in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college				
		or university or a non-land-	grant college of agri	culture (see instructions)	Enter the	name, city	y, and state of	the colleg	e or				
		university											
10	X	An organization that norma	ally receives (1) mor	e than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from				
		activities related to its exer	mpt functions - subj	ect to certain exceptions,	and (2) no	more tha	ın 33 1/3% of	its support	t from gross investment				
		income and unrelated busin	ness taxable incom	e (less section 511 tax) fr	om busine	sses acqu	ured by the or	ganization	after June 30, 1975				
		See section 509(a)(2). (Co	mplete Part III)										
11	\sqsubseteq	An organization organized	and operated exclu	sively to test for public sa	fety See :	section 50	09(a)(4).						
12		An organization organized	<u>-</u>	•	·=			•					
		more publicly supported or	rganizations describ	ed in section 509(a)(1) o	r section :	509(a)(2)	See section 5	609(a)(3). C	Check the box in				
	_	lines 12a through 12d that	describes the type	of supporting organizatio	n and com	plete lines	s 12e, 12f, and	i 12g					
а		☐ Type I. A supporting orga	anızatıon operated,	supervised, or controlled	by its sup	ported org	ganızatıon(s), t	ypically by	giving				
		the supported organization	on(s) the power to r	egularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting				
	_	organization You must o	complete Part IV, S	ections A and B.									
b	L	Type II. A supporting org	janization supervise	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving				
		control or management of	• • •	=	ame perso	ons that co	ontrol or mana	ge the sup	ported				
	_	organization(s) You mus	· ·										
С	L	☐ Type III functionally interest.	-					ly integrate	ed with,				
		its supported organizatio	• • •	•	•	•	•						
d	Щ.	☐ Type III non-functionally ☐ Type III non-functionally						_	• •				
		that is not functionally int	•	• •	-		•	an attent	iveness				
_		requirement (see instruct	•	•	•			n T 111					
е	L	Check this box if the orga					a type i, type	п, туре п					
	Ent	functionally integrated, or er the number of supported of		onally integrated support	ing organiz	zation							
'		ivide the following information	3	ed organization(e)									
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
				above (occ manacheris)									
		·											
				_									
				ļ									
						<u> </u>							
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rota		-		 					_				

50.1000.07	(Form 990 or 990-EZ) 2018 E	PISCOPAL	CHURCH HO	ME FOUNDA	ATION, INC	81-39	85477 Page 2
Part II	Support Schedule for						
	(Complete only if you checked				on failed to qualify	under Part III If ti	he organization
	fails to qualify under the tests	listed below, ple	ase complete Parl	: III) 			/
Section	A. Public Support						
Calendar ye	ar (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gıfts,	grants, contributions, and						
memb	ership fees received (Do not						
ınclud	e any "unusual grants ")						
2 Tax re	evenues levied for the organ-						
ızatıor	n's benefit and either paid to				1		
or exp	ended on its behalf						
3 The va	alue of services or facilities						
furnish	ned by a governmental unit to						
the or	ganization without charge						
4 Total.	Add lines 1 through 3						- <u></u> .
5 The pe	ortion of total contributions						
by eac	ch person (other than a						
•	nmental unit or publicly					1	
• • •	orted organization) included				/		
	e 1 that exceeds 2% of the						
	nt shown on line 11,						
colum	n (f)				_		
6 Public	Support. Subtract line 5 from line 4		<u></u>			<u> </u>	<u> </u>
	B. Total Support				1	1	
•	ar (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	nts from line 4			 			-
	income from interest,						
	nds, payments received on			d'			
	ties loans, rents, royalties,						
	come from similar sources		 		 		
	come from unrelated business						
	ies, whether or not the						
	ess is regularly carried on		 				
	income Do not include gain		/				
	s from the sale of capital						
	(Explain in Part VI)		<u> </u>		 		
	support. Add lines 7 through 10 [receipts from related activities,	ata Jasa mathiati				40	<u> </u>
				rd fourth or fifth t	av vaar oo o oostia	12	
	ive years. If the Form 990 is for zation, check this box and stop		s mst, second, tri	ra, iourtri, or illtri t	ax year as a section	in 50 i (c)(3)	_
	C. Computation of Publi		rcentage				
	support percentage for 2018 (li	<i></i>	-	column (fl)		14	9/
	support percentage from 2017	/		COIGITITI (1))		15	9/
	% support test - 2018. If the	•		on line 13, and line	14 is 33 1/3% or n		
	nere. The organization qualifies a	_			14 13 00 17070 01 1	nore, check triis t	lox and
	% support test - 2017. If the o		_		1 line 15 is 33 1/3%	or more check	this boy
	op here. The organization quali				3 11110 13 13 00 17071	or more, encek	LIII3 DOX ►
	facts-and-circumstances test		- · ·		e 13 16a or 16b :	and line 14 is 10%	6 or more
	the organization meets the "fact						
	the "facts-and circumstances" t			•	·	Jinon the orga	▶
meets	facts-and-circumstances test					17a and line 15 is	► \$ 10% or
b 10% -		e "facts-and-circi	imstances" test ic	DECK THIS DOY 200			
b 10 % - more,	and if the organization meets th						▶□
b 10% - more, organi		umstances" test	The organization	qualifies as a publ	icly supported orga	anization	▶□

Schedule A (Form 990 or 990-EZ) 2018 EPISCOPAL CHURCH HOME FOUNDATION, INC. 81-3985477 Page 3 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)

Se	ction A. Public Support									
Cal	endar 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")			5407972.	3,486.	1610995.	7022453.			
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				- , <u>-</u>					
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organ- ization'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			5407972.	3,486.	1610995.	7022453.			
7	a Amounts included on lines 1, 2, and									
	3 received from disqualified persons			5407972.	3,486.	1603344.	7014802.			
ł	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						0.			
(Add lines 7a and 7b		_	5407972.	3,486.	1603344.	7014802.			
	Public support. (Subtract line 7c from line 6)		<u>.</u>				7,651.			
	ction B. Total Support			1						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			79,107.	3,486. 32,863.	1610995. 161,478.	7022453.			
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				-					
	Add lines 10a and 10b			79,107.	32,863.	161,478.	273,448.			
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)			5487079.	36,349.	1772473.	7295901.			
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth tax	k year as a section	n 501(c)(3) organiz				
_	check this box and stop here						▶ X			
	ction C. Computation of Publi			 _						
	Public support percentage for 2018 (li		•	column (f))		15	%			
	Public support percentage from 2017			····		16	<u>%</u>			
	ction D. Computation of Inves						 .			
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ine 13, column (f))		17	%			
	Investment income percentage from 2				Į	18	%			
19a	33 1/3% support tests - 2018. If the						7 is not			
L	more than 33 1/3%, check this box ar		-	•	, ,		▶ □			
	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									
00	Private foundation If the organization			•		•				

Schedule A (Form 990 or 990 EZ) 2018 EPISCOPAL CHURCH HOME FOUNDATION, INC. 81-3985477 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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
------------	-----	------------	----------------------

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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
- 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
- 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
- **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
- 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
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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)
- 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.
- 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.
- 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.
- 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 10b below
 - **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)

	Yes	No
1	-	
2		
3a		
3b		
3c		
<u>4a</u>		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b n 990 or	990-EZ)	2018

	edule A (Form 990 or 990-EZ) 2018 EPISCOPAL CHURCH HOME FOUNDATION, INC. 81-3	<u> 38547</u>	<u>7 Ра</u>	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a	—	
b	A family member of a person described in (a) above?	11b	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion 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? 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,	ŀ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ľ	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
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? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion 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)? If "No," describe in Part VI how control			ŀ
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
	Out the comment of the control of th		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	İ		
	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	.	Ī	
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a	2	\vdash	
3	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? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard	3		
Sec	tion 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 yeatsee instructions			
a	The organization satisfied the Activities Test Complete line 2 below	<i>)</i> ·		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	structions	e)	
2	Activities Test Answer (a) and (b) below.	100000110	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	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	2a		l
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? If "Yes," explain in Part VI the			i
	reasons for the organization's position that its supported organization(s) would have engaged in these			i
	activities but for the organization's involvement	2b		ĺ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			l
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		ĺ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		

Schedule A (Form 990 or 990-EZ) 2018 EPISCOPAL CHURCH HOME FOUNDATION, INC. 81-3985477 Page 6 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 (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 5 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to

Lheck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018 EPISCOPAL CHURCH HOME FOUNDATION, INC. 81-3985477 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (1) (ii) (iii) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2018 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 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 Distributions for 2018 from Section D, 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 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3 and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Part '	Pari line Sec	ppler t IV, Se 1, Par tion D	nenta l ection A, t IV, Sec	Infori lines 1, tion D, I	matio , 2, 3b, lines 2	on. Pro , 3c, 4b, and 3, l	vide the 4c, 5a, Part IV, S	explanati 6, 9a, 9b, Section E, E, lines 2,	ons requ 9c, 11a, lines 1c,	red by Pa 11b, and 2a, 2b, 3	art II, line 11c, Pai 3a, and 3	e 10, Par rt IV, Sec b, Part V	t II, line 1 ction B, li /, line 1, l	7a or 17 nes 1 ar Part V, S	7b, Part nd 2, Pai Section E	rt IV, Sec 3, line 1e,	2, tion C.
PART	III	, SI	HORT	YEAI	R EX	XPLA	NATI	ON:									
THE	ORGAI	NIZA	ATION	I FII	LED	A S	HORT	PERI	OD RI	ETURN	FOR	91/	17-12	2/31,	/17 I	OUE T	0
A CH	ANGE	IN	ACCO	UNT:	ING	PER	IOD.										
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SCHEDULE D

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 instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	EPISCOPAL CHURCH I		NC. 81-3985477
Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar I	Funds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ine 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 done	or advised funds
•	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor	•	
Ŭ	for charitable purposes and not for the benefit of the donor	• •	-
	impermissible private benefit?	or donor advisor, or for any other p	Yes No
Pa	rt II Conservation Easements. Complete if the or	rganization answered "Ves" on Form	
1	Purpose(s) of conservation easements held by the organiza		n 330, i art iv, inte i
•			of a historically important land area
	Preservation of land for public use (e.g., recreation or		of a historically important land area of a certified historic structure
	Protection of natural habitat	Freservation o	n a certilled historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in th	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired	l after 7/25/06, and not on a historic	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated	d by the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, hand	lling of
	violations, and enforcement of the conservation easements	ıt holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforci	ng conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and enforcing co	onservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of secti	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva-	tion easements in its revenue and e	expense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that des	scribes the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures	, or Other Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue	e statement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in f	urtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue sta	atement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtheranc	e 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 tro	easures, or other similar assets for f	
_	the following amounts required to be reported under SFAS		<u> </u>
а	Revenue included on Form 990, Part VIII, line 1	(12 1 2 1 2 1) 1 2 2 2 2 2 2 2 2 2 2 2	> \$
			- -

832051 10-29-18

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

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 EPISCOP. TIII Organizations Maintaining C	AL CHURCH collections of A						81-39 ar Asse			age 2
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following that	are a sig	nıfıcant	use of its	collectio	n item	ns
	(check all that apply)										
а	Public exhibition		a 🔲	Loan or exc	change progra	ms					
b	Scholarly research	(е 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	iin how th	ney further t	he organizatio	n's exem	pt purp	ose in Par	t XIII		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or othe	er sımılar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	reported an amount on Form 990, Par		lete if the	e organizatio	on answered "	Yes" on f	orm 990), Part IV,	line 9, oi	r	
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other ass	sets not II	ncluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table							
									Amoun	t	
С	Beginning balance						1c	_			
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial accoi	unt liabilit	y?		」 Yes	<u>_</u>	No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete it	the organization a	nswered	"Yes" on Fo	orm 990, Part						
	ļ	(a) Current year	(b) F	rior year	(c) Two years	s back (c	1) Three y	ears back	(e) Four	r years	back
1a	Beginning of year balance		<u> </u>						<u> </u>		
b	Contributions		ļ								
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance								<u></u>		
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%									
3 a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıster	ed for the	organiz	zation			
	by									Yes	No
	(i) unrelated organizations								3a(i)	<u> </u>	
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on S	ichedule R?	•				3b		
4	Describe in Part XIII the intended uses of the		owment	funds							
Par	t VI _ Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 99	0, Part I	/, line 11a S	See Form 990,	Part X, I	ne 10				
`	Description of property	(a) Cost or o		(b) Cost	or other	(c) Acc	umulate	ed	(d) Boo	k valu	е
		basis (investi	ment)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other										
T-4-1	Add lines to through to (Column (d) must a	aud Cama 000 Dad	· V1	(D) / 1	(0-)			▶ 1			Λ

Schedule D (Form 990) 2018

832053 10-29-18

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 X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2018

•					
	dule D (Form 990) 2018 EPISCOPAL CHURCH HOME FOUN				3985477 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme		th Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			г- т	4 4-4 444
1	Total revenue, gains, and other support per audited financial statements			1	1,859,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	<288,176.	>	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	<288,176.
3	Subtract line 2e from line 1			3	2,147,779.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,481.		
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	39,481.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		· =	5	<u>2,187,260.</u>
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				161 755
1	Total expenses and losses per audited financial statements			1	461,755.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d			•
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	461,755.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	20 404	Ì	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,481.		
	Other (Describe in Part XIII)	4b			22 424
	Add lines 4a and 4b			4c	39,481.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	501,236.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part			1, Part	X, line 2, Part XI,
ines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	litional info	ormation		
			_		
א מ	T X, LINE 2:				
PAF	IT A, LINE Z:				
ГНЕ	FOUNDATION IS EXEMPT FROM FEDERAL, KENTU	CKY A	ND LOCAL IN	COM	E TAXES AS
		<u></u> -			
<u>A 1</u>	OT-FOR-PROFIT CORPORATION AS DESCRIBED UN	DER I	NTERNAL REV	ENU	E CODE
~					
SE(TION 501(C)(3). THE FOUNDATION FILES AN	INFOR	MATIONAL TA	X RI	ETURN IN

THE FOUNDATION IS EXEMPT FROM FEDERAL, KENTUCKY AND LOCAL INCOME TAXES AS

A NOT-FOR-PROFIT CORPORATION AS DESCRIBED UNDER INTERNAL REVENUE CODE

SECTION 501(C)(3). THE FOUNDATION FILES AN INFORMATIONAL TAX RETURN IN

THE U.S FEDERAL JURISDICTION AND WITH THE KENTUCKY ATTORNEY GENERAL.

HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE

FOUNDATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED

BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THAT THE FOUNDATION HAS

UNRELATED BUSINESS INCOME FOR THE PERIODS ENDED DECEMBER 31, 2018 AND

2017. AS OF DECEMBER 31, 2018 AND 2017, THE FOUNDATION DID NOT HAVE ANY

ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO

INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE PERIOD THEN

652054 10-29-16

Schedule D	(Form 990) 2018 Supplemental Infor	EPISCOPAL	CHURCH	HOME	FOUNDATION,	INC.	81-3985477 Page 5
Part XIII	Supplemental Infor	mation (continued)					
ENDED.	 						
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047 Open to Public

Inspection

Schedule I (Form 990) (2018) Employer identification number **2** TO SUPPORT THE OPERATIONS 81-3985477 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any OF THE HOME, Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) CASH (e) Amount of assistance ron-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed EPISCOPAL CHURCH HOME FOUNDATION, INC. (d) Amount of 421,095 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)3 Enter total number of other organizations listed in the line 1 table 61-0461720 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization THE EPISCOPAL CHURCH HOME, INC. or government LOUISVILLE, KY 40222 Name of the organization 7504 WESTPORT ROAD Parti

Schedule I (Form 990) (2018)

SCHEDULE M

Noncash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection Employer identification number

	EPISCOPAL CH	URCH H	OME FOUND	ATION,	INC.	81-3	<u> </u>	477	1
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash amounts	(c) contribution reported on Part VIII, line 1g	(d) Method of de	etermı	_	ts
1	Art - Works of art								
2	Art - Historical treasures				-				
3	Art - Fractional interests								
4	Books and publications		-						
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes						_		
8	Intellectual property								
9	Securities - Publicly traded	X	2	1,	546,820.	FAIR MARKET	' VA	LUE	i J
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or	1							
	trust interests								
12	Securities · Miscellaneous								
13	Qualified conservation contribution ·								
	Historic structures		<u> </u>						
14	Qualified conservation contribution Other								
15	Real estate - Residential					·			
16	Real estate - Commercial								
17	Real estate - Other Collectibles								
18					-				
19 20	Food inventory Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts		-						
25	Other								
26	Other ()								
27	Other (
28	Other ()					 —		-	
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement	29				
				-				Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	orted in Parl	I, lines 1 throug	jh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	l which isn't i	equired to be us	sed for			
	exempt purposes for the entire holding period	?					30a		Х
b	If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonst	andard contribu	tions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganızatıons to solı	cit, process,	or sell noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II								
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which c	olumn (a) is che	cked,			1
	describe in Part II						<u> </u>		<u> </u>
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule N	Forı) ۱	n 990)	2018

Schedule M	(Form 990) 2018	EPISCOPAL	CHURCH	HOME	FOUNDATION	INC.	81-3985477	Page 2
Part II	Supplemental is reporting in Part	Information. Pr	ovide the infounder	rmation re	quired by Part I, lines	30b, 32b, and 3	33, and whether the organiz mbination of both Also con	ation
							-	
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832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection

Internal Revenue Service Name of the organization

Employer identification number

EPISCOPAL CHURCH HOME FOUNDATION, INC. 81-39854//
FORM 990, PART VI, SECTION A, LINE 3:
ADMINISTRATIVE AND ACCOUNTING DUTIES ARE PERFORMED BY EPISCOPAL RETIREMENT
SERVICES.
FORM 990, PART VI, SECTION A, LINE 7A:
EPISCOPAL RETIREMENT SERVICES HAS THE AUTHORITY TO APPOINT TWO MEMBERS TO
THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS PREPARED BY THE OUTSIDE ACCOUNTING FIRM, REVIEWED BY ERS AND
THEN PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES ARE COMPLETED AND SHARED WITH
THE ENTIRE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBILC UPON REQUEST.

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2018	Open to Public

OMB No 1545-0047

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

Inspection

Employer identification number

Schedule R (Form 990) 2018 (g) Section 512(b)(13) ž controlled × entity? Direct controlling Yes 81-3985477 entity 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 Direct controlling End-of year assets Public charity status (if section <u>e</u> 501(c)(3)) CHARITY PUBLIC Total income Exempt Code section 501(c)3 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) INC. KENTUCKY EPISCOPAL CHURCH HOME FOUNDATION, Primary activity RETIREMENT COMMUNITY Primary activity CONTINUUM OF CARE 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. - 61-0461720 Name, address, and EIN (if applicable) Name, address, and EIN THE EPISCOPAL CHURCH HOME, INC. of related organization of disregarded entity 40222 7504 WESTPORT ROAD LOUISVILLE, KY Part II Part I

INC. EPISCOPAL CHURCH HOME FOUNDATION, Schedule R (Form 990) 2018

Page 2

81-3985477

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

General or Percentage managing ownership 3 Yes 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportropate Yes No allocations? Ξ Share of end-of-year assets 9 Share of total income $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d) | Direct controlling entity (c)
Legal
domicite
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization

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 Part IV

ı										
(i	tion b)(13) rolled	ž								
) (Section 512(b)(13) controlled entity?	Yes								
(h)	ercentage ownership									
(6)	Share of end-of-year	assets								
()	Share of total income									
(e)	Type of entity (C corp, S corp,	or trust)								
(Q	(C corp., S corp.)									
<u> </u>	Legal domicile (state or	country)		•						
(b)	Primary activity									
(a)	Name, address, and EIN of related organization									*

Schedule R (Form 990) 2018

832162 10-02-18

81-3985477 Page 3

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				Ye	Yes	, ∾
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?	ns with one or more r	elated organizations listed	I in Parts II-IV?			
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			1a	~	×
b Gift, grant, or capital contribution to related organization(s)				th X	<u>~</u>	
c Giff, grant, or capital contribution from related organization(s)				tc X	\	
d Loans or loan guarantees to or for related organization(s)				무	2	×
e Loans or loan guarantees by related organization(s)				1e	×	×
 Uividends from related organization(s) 				‡	×	×
g Sale of assets to related organization(s)				1g	×	×
h Purchase of assets from related organization(s)				#	×	×
i Exchange of assets with related organization(s)				1i	X	×
j Lease of facilities, equipment, or other assets to related organization(s)				1,	×	×
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
I Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			=	~	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	×	×
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1u	×	×
o Sharing of paid employees with related organization(s)				10	X	×
				ā	×	×
 Reimbursement paid by related organization(s) for expenses 				10	~	sa
r Other transfer of cash or property to related organization(s)				+	~	×
s Other transfer of cash or property from related organization(s)				1s	×	×
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered	mation 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	nvolved		
(1)						
						1
(2)						
(3)						
(4)						
(5)						
, , , , , , , , , , , , , , , , , , ,						
163 10-02-	37		Schedule	Schedule R (Form 990) 2018	90) 20	18
						,

Page 4

INC EPISCOPAL CHURCH HOME FOUNDATION, Schedule R (Form 990) 2018

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

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

edification of the particular	(4)				(;	
(a) Name, address, and EIN of entity	(b) Primary activity	흦	Predominant income parties (related, unrelated, 501(c)(3) excluded from fax under 095?		(g) Share of end-of-year	Oispropor- bonate cllocations?	(h)	(J) General or managing partner?	(k) Percentage ownership
		country)	sections 512-514) Yes No	мо посоше	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2018

Schedule R (Form 99	90) 2018	EPISCOPAL	CHURCH	HOME	FOUNDATION,	INC.	81-3985477	Page 5
Schedule R (Form 99 Part VII Suppl	lemental Inforr	nation.	-			·		
Provide	additional informa	tion for responses to	auestions on	Schedule	R See instructions			
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