** PUBLIC DISCLOSURE COPY ** 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.

Open to Public

Department of the Treasury Internal Revenue Service

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

1110111	41110101	40 001 1100				•				
A F	or the	2022 calendar year, or tax year beginning	and	l ending						
B c	heck if	C Name of organization			D Employer iden	tification number				
ap	oplicable	UNITED CHURCH OF CHRIST	RETIREMENT							
	Addres	S COMMINITES TATO								
	Name	D IIATZENTACOD III	ERITAGE HEIGHTS		02-0280	183				
	Initial	Number and street (or P.O. box if mail is not deli		Room/suite						
	_return □Final	33 CHRISTIAN AVENUE	vereu to street address)	Trouin/suite						
	/return termin		7ID f			603-224-5363				
	ated ∃Ameno	City or town, state or province, country, and z			G Gross receipts \$	31,467,197.				
	∫return ∃Applic	CONCORD, NH 03301-0120	H(a) Is this a group return							
	_tion _pendir	F Name and address of principal officer: MILCI	HAEL A. PALMIER	for subordina						
		SAME AS C ABOVE			1 ' '	es included? Yes No				
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach	n a list. See instructions				
	Vebsit				H(c) Group exemp					
		organization: X Corporation Trust Ass	sociation Other	L Year	of formation: 1966	M State of legal domicile: N H				
Pa	rt I	Summary								
	1	Briefly describe the organization's mission or most	significant activities: A FA	ITH-BA	SED RETIRE	MENT				
<u>2</u>		COMMUNITY PROVIDING SERVIC								
паř			itinued its operations or dispo							
Governance		Number of voting members of the governing body (5		1	3 10				
Ĝ		Number of independent voting members of the gov	, , , , , , , , , , , , , , , , , , , ,			4 9				
		Total number of individuals employed in calendar ye				5 390				
Activities &						4.00				
.≣∣		Total number of volunteers (estimate if necessary)				^				
Aci		Total unrelated business revenue from Part VIII, col								
\dashv	b	Net unrelated business taxable income from Form S	990-T, Part I, line 11	<u></u>		7b 0.				
Revenue					Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)			1,267,250					
	9	Program service revenue (Part VIII, line 2g)			24,642,636					
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		1,833,979					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		2,897,600					
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		30,641,465	28,664,153.				
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		2,634	2,110.				
		Benefits paid to or for members (Part IX, column (A)			0	0.				
,,		Salaries, other compensation, employee benefits (P			17,756,975	. 17,607,602.				
Se		Professional fundraising fees (Part IX, column (A), lin				. 0.				
Expenses		Total fundraising expenses (Part IX, column (D), line	40 0	13.						
Μ		Other expenses (Part IX, column (A), lines 11a-11d,			10,545,669	. 11,069,595.				
		Total expenses. Add lines 13-17 (must equal Part IX			28,305,278					
		Revenue less expenses. Subtract line 18 from line 1			2,336,187					
<u>- «</u>		neverlue less expenses. Subtract line 16 from line 1			ginning of Current Yea					
t Assets or d Balances	00	Tatal access (Dart V. Para 40)			98,198,360					
sse	20									
탏		, , , , , , , , , , , , , , , , , , , ,			54,324,979					
켪		Net assets or fund balances. Subtract line 21 from	ine 20		43,873,381	37,722,203.				
	rt II	Signature Block								
Unde	er pena	Ities of perjury. I declare that I have examined this return,				my knowledge and belief, it is				
true,	correc	of preparer (other than officer	r) is based on all information of w	hich preparer		2022				
		Tracy Judd			11/6/2	2023				
Sign	1	SI DE1DE027AA0D4DF			Date					
Here TRACY J. JUDD, VICE PRESIDENT/CFO										
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN				
Paid			LAUREN N. WEST	1	.1/03/23 self-em	P01970042				
Prep		Firm's name CLIFTONLARSONALLEN			Firm's EIN	41-0746749				
Use (Firm's address 150 S WARNER ROAD,			, iiiii 3 Liiv					
	,	KING OF PRUSSIA, E			Phone no (215) 643-3900				
May	tho IE	25 discuss this return with the preparer shown above			[i none no. (

Form	1990 (2022) COMMUNITY, INC.	02-0280183	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	<u></u>	X
1	Briefly describe the organization's mission: SEE SCHEDULE O.		
	SEE SCHEDOLE O.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	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 r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported.	<u> </u>	01E .
4a	(Code:) (Expenses \$25,153,164. including grants of \$2,110.) (Revenue HOUSING PROGRAMS AND ANCILLARY SERVICES: CONTINUING CARE		013.
	COMMUNITY (CCRC) ON TWO CAMPUSES SERVING 514 OLDER ADULTS		
	PROVIDED RANGE FROM ASSISTED LIVING TO SKILLED NURSING HO		
	SERVICES FOR THOSE WHO LIVE INDEPENDENTLY. WE ARE A CCRC		
	THE DIVERSITY OF ITS MEMBERS, LIVING TOGETHER IN A SPIRIT		
	RESPECT AND ACCEPTANCE. WE OFFER SERVICES, FACILITIES AND		НАТ
	ARE MEANINGFUL, PROMOTE WELL-BEING, AND MEET THE ENVIRON		
	PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF SENIORS AGE 62	<u> </u>	
	,		
	(CONTINUED ON SCHEDULE O)		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 25,153,164.	,	
		_	

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	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	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10		10	Х	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	IIa	- 25	
ь		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		122
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated limit clarification the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, ,	12a	х	
h	Schedule D, Parts XI and XII	124		
		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.14		 -
	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		X
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	1.10		<u></u> -
	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <i>''</i>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	,	19		x
20a	complete Schedule G, Part III	20a		X
	teme in a contract of the cont	20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	The state of the s			

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COMMUNITY, INC.

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		Х
ام	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
		24u		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	51		
55		38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30	43	
	Check if Cahadula O contains a recognise as note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part v		V22	N _C
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
С	(and the shades are to see the section of the secti			
	(gambling) winnings to prize winners?	1c		

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Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 390 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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? X 7a 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 X to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

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Form 990 (2022)

COMMUNITY, INC.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records TRACY J. JUDD - (603)229-1168 CHRISTIAN AVE., CONCORD, NH 03301-6128 33

COMMUNITY, INC. 02-0280183 <u> Page</u> **7** Form 990 (2022)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga 	IIIZa			iperi	isati	(D)	(E)	(F)
Name and title	Average	(C) Position			Reportable	Reportable	Estimated			
Name and the	hours per	(do no						compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	90			ted		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		gu.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com	١.	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL A. PALMIERI	40.00	=	=	-		王壱	Œ			
PRESIDENT/CEO, VOTING EX-OFFICIO	1.00	Х		х				333,050.	0.	40,156.
(2) TRACY J. JUDD	40.00									,
VP/CFO	1.00			Х				156,954.	0.	5,998.
(3) JANE POITRAS	40.00									
VP HH HOUSING	0.00					Х		128,418.	0.	34,334.
(4) BILL BERNARDO	40.00									
LPN	0.00					X		142,122.	0.	6,048.
(5) FRAN F. STIMPSON	40.00									
REGISTERED NURSE	0.00					X		140,756.	0.	4,883.
(6) ROSARIO BOWEN	40.00									
RN	0.00					X		136,805.	0.	6,504.
(7) SCOTT DANICO	40.00									
DIRECTOR OF ANCILLARY SERVICES	0.00					Х		134,076.	0.	5,261.
(8) LISA SNOW WADE	1.00									
CHAIRPERSON, VICE CHAIR TO MAY 2022	0.00	Х		Х				0.	0.	0.
(9) DAVID GILL	1.00									_
VICE CHAIRPERSON	0.00	Х		Х	_			0.	0.	0.
(10) JOHN UDALOY	1.00									
TREASURER, DIRECTOR TO MAY 2022	0.00	Х		Х				0.	0.	0.
(11) BETH SLEPIAN	1.00									
SECRETARY	0.00	Х		Х	_			0.	0.	0.
(12) DOUGLAS S. HATFIELD, ESQ.	1.00	3,7							0	0
VOTING EX-OFFICIO	1.00	Х						0.	0.	0.
(13) REV. GORDON RANKIN		х							_	0
VOTING EX-OFFICIO (14) SEAN SKABO	1.00	Λ	\vdash			\vdash		0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(15) LEO VAN BEAVER	1.00	Λ						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(16) ANNA MARIE SPARKS	1.00	21						0.	0.	<u></u>
DIRECTOR, CHAIRPERSON TO MAY 2022	0.00	Х		Х				0.	0.	0.
(17) CLAYTON 'SKIP' POOLE	1.00	-22						1	J •	•
TREASURER TO MAY 2022	0.00	х		Х				0.	0.	0.
232007 12-13-22	1 2700								3 • 1	Form 990 (2022)
				,						(2022)

Form 990 (2022) COMMUNITY, INC. 02-0280183 Page 8

0111050 (2022)											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(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	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) MARY SULLIVAN	1.00										
DIRECTOR TO MAY 2022	0.00	Х	Н					0.	0.	0.	
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						 	1,172,181. 0. 1,172,181.	0. 0. 0.	103,184. 0. 103,184.	
Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	19	
 Did the organization list any former officer, 	director, truste	e, k	ey e	mple	oye	e, or	hig	hest compensated emp	loyee on	Yes No	

Yes No

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

4 X 5 X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Hepott compensation for the datendar year chains with or with	The organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
	·	Compondation
ISAIAH GOVE CONSTRUCTION	SNOW REMOVAL AND	
10 DEPOT STREET, PITTSFIELD, NH 03263	ROOFING SERVICES	323,572.
INTELYCARE, P.O. BOX 787317, PHILADELPHIA,		
PA 19178-7317	NURSING STAFFING	199,807.
CAREER STAFF UNLIMITED		
P.O. BOX 301076, DALLAS, TX 75303-1076	NURSING STAFFING	192,630.
MAS MEDICAL STAFFING		
156 HARVEY ROAD, LONDONDERRY, NH 03503	NURSING STAFFING	186,995.
CMG GIT ACQUISITION LLC		
P.O. BOX 306478, NASHVILLE, TN 37230-6478	NURSING STAFFING	140,291.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization 5		
		- 000 ()

02-0280183 COMMUNITY, INC.

Page 9 Form 990 (2022) Part VIII Statement of Revenue

			Check if Schedule O contains a respon	se or note to any	line in this Part VIII			
			Orieck il Scriedule O contains a respon	se of flote to arry	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
E E		b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events1c					
ä		d	Related organizations 1d	482,53	<u>1.</u>			
inii		е	Government grants (contributions) 1e	583,71	4.			
r ig		f	All other contributions, gifts, grants, and					
iber He			similar amounts not included above 1f	22,83	_			
		g	Noncash contributions included in lines 1a-1f 1g \$	27,26	4.			
<u> ဗိ ဗ</u>		h	Total. Add lines 1a-1f		1,089,075.			
				Business Cod				
e	2	а	NET HEALTH SERVICES REVENUE	623000	11,989,249.			
e Ž		b	NET RETIREMENT COMMUNITY REVENUE	623000	10,811,916.			
Sca		•	ENTRANCE FEES EARNED	623000	2,246,810.			
Program Service Revenue		d	OTHER OPERATING REVENUE	623000	800,040.	800,040.		
S. B.		е		_				
Δ.		f	All other program service revenue					
-		g	Total. Add lines 2a-2f		25,848,015.			
	3		Investment income (including dividends, in		502.250			F02 0F0
			other similar amounts)		583,258.			583,258.
	4		Income from investment of tax-exempt bon	= -				
	5		Royalties(i) Real	(ii) Persona				
	_			(II) Fersoria	'			
			Gross rents 6a		_			
			Less: rental expenses 6b		_			
			Rental income or (loss) 6c					
			Net rental income or (loss)	es (ii) Other				
	′	а		``	_			
		h	assets other than inventory Less: cost or other basis	3,02	<u></u>			
ø		D	and sales expenses	1,10	n			
ğ		_	Gain or (loss) 7c 1,141,08					
Revenue			Net gain or (loss)	<u> </u>				1143805.
Other R	8		Gross income from fundraising events (not including \$		1,113,003.			1113003.
١			contributions reported on line 1c). See					
			' '	8a				
		h		8b				
			Net income or (loss) from fundraising event	<u> </u>				
			Gross income from gaming activities. See					
	_			9a				
		b		9b				
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances	10a				
		b		10b				
			Net income or (loss) from sales of inventory					
"				Business Cod	le			
ñ a	11	а						
Miscellaneous Revenue		b						
e Ke		С		_				
Misc		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		28,664,153.	25848015.	0.	1727063.

232009 12-13-22

COMMUNITY, INC. 02-0280183 Page **10** Form 990 (2022) Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,110. 2,110. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 514,120. 506,656. 7,464. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 12,513,690. 11,254,220. 1,229,843. 29,627. Other salaries and wages 7 Pension plan accruals and contributions (include 267,386. 265,480. 1,906. section 401(k) and 403(b) employer contributions) 374,724. 3,326,080. 2,947,041. 4,315. Other employee benefits 9 986,326. 860,272. 123,368. 2,686. 10 Payroll taxes 11 Fees for services (nonemployees): Management 19,934. 19,934. Legal 55,956. 55,956. Accounting Lobbying Professional fundraising services. See Part IV, line 17 100,081. 100,081. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 90,058. 90,058. Advertising and promotion 12 1,307,459. 1,209,258. 98,201. Office expenses 13 241,572. 241,572. Information technology 14 Royalties 15 16 Occupancy 8,270. 7,440. 830. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 10,134. 7,181. 2,953. Conferences, conventions, and meetings 19 1,552,173. 1,524,399. 27,774. 20 Payments to affiliates 21 2,791,095. 2,637,943. 153,152. Depreciation, depletion, and amortization 22 332,260. 317,085. 15,175. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 60,650. 1,744,462. 1,683,812. UTILITIES 895,308. PURCHASED SERVICES 614,774. 276,408. 4,126. 830,560. 744,018. 86,542. FOOD 566,417. d NURSING FACILITY ASSESS 566,417. 523,856. 511.714. 11.547. 595. e All other expenses 28,679,307. 25,153,164. 3,477,330. $\overline{48,813}$. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

COMMUNITY, INC.

02-0280183 Page **11**

Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or note	to an	y line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			8,966.	1	10,267.	
	2	Savings and temporary cash investments			1,965,156.	2	840,949.	
	3	Pledges and grants receivable, net			5,000.	3		
	4	Accounts receivable, net			574,603.	4	649,880.	
	5	Loans and other receivables from any current or f						
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%				
		controlled entity or family member of any of these	perso	ons		5		
	6	Loans and other receivables from other disqualified	ed per	sons (as defined				
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B) L		6		
ţ	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			419,598.	8	332,049.	
ğ	9	D '1			390,688.	9	397,561.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D		88,138,254.	34,596,549.	10c	34,694,822.	
	b							
	11	Investments - publicly traded securities	29,004,002.	11	24,931,320.			
	12	Investments - other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 1		13				
	14	Intangible assets	24 222 522	14	00 105 165			
	15	Other assets. See Part IV, line 11	31,233,798.	15	28,427,167.			
	16	Total assets. Add lines 1 through 15 (must equal		98,198,360.	16	90,284,015.		
	17	Accounts payable and accrued expenses			2,582,613.	17	2,695,798.	
	18	Grants payable	10 007 155	18	10 602 245			
	19	Deferred revenue			12,087,155.	19	12,693,345.	
	20	Tax-exempt bond liabilities			33,478,945.	20	32,331,722.	
	21	Escrow or custodial account liability. Complete Pa			11,892.	21	7,049.	
es	22	Loans and other payables to any current or forme						
Liabilities		trustee, key employee, creator or founder, substa						
<u> </u>		controlled entity or family member of any of these		· · · · · · · · · · · · · · · · · · ·	3,696,853.	22	3,761,787.	
	23	Secured mortgages and notes payable to unrelate		Г	3,090,033.	23 24	3,701,707.	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, paya	-					
	23	parties, and other liabilities not included on lines						
		(0			2,467,521.	25	1,072,111.	
	26	Total liabilities. Add lines 17 through 25			54,324,979.	26	52,561,812.	
-		Organizations that follow FASB ASC 958, chec		• X	, = , = = , = , = ,			
es		and complete lines 27, 28, 32, and 33.						
anc	27	• • • • •			13,349,051.	27	10,887,868.	
Bak	28				30,524,330.	28	26,834,335.	
pu		Organizations that do not follow FASB ASC 95						
Ψ		and complete lines 29 through 33.						
, o	29	Capital stock or trust principal, or current funds				29		
sets	30	Paid in or capital surplus, or land, building, or equ				30		
As	31	Retained earnings, endowment, accumulated inco		Г		31		
Net Assets or Fund Balances	32	Total net assets or fund balances		43,873,381.	32	37,722,203.		
	33	Total liabilities and net assets/fund balances		98,198,360.	33	90,284,015.		
							Form 990 (2022)	

COMMUNITY, INC. 02-0280183 Page 12 Form 990 (2022) Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI 28,664,153. Total revenue (must equal Part VIII, column (A), line 12) 1 28,679,307. Total expenses (must equal Part IX, column (A), line 25) 2 2 -15,154.Revenue less expenses. Subtract line 2 from line 1 3 3 43,873,381. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -4,373,744. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments -1,762,280. 9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 37,722,203. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Other Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х **2a** Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the X

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

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.

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

CHRIST RETIREMENT **Employer identification number** Name of the organization UNITED CHURCH OF COMMUNITY 02-0280183 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 COMMUNITY, INC.

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Part II	Support Schedule for Org	ganizations Described in	Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar ye	ar (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts,	grants, contributions, and						-
memb	pership fees received. (Do not						
includ	le any "unusual grants.")						
2 Tax re	evenues levied for the organ-						
izatior	n's benefit and either paid to						
or exp	pended on its behalf						
3 The va	alue of services or facilities						
furnisl	hed by a governmental unit to						
the or	ganization without charge						
4 Total.	. Add lines 1 through 3						
5 The p	ortion of total contributions						
•	ch person (other than a						
•	nmental unit or publicly						
suppo	orted organization) included						
	e 1 that exceeds 2% of the						
amoui	nt shown on line 11,						
colum	nn (f)						
6 Public	c support. Subtract line 5 from line 4.						
	B. Total Support				•	•	
Calendar ye	ar (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amou	ints from line 4						
8 Gross	s income from interest,						
divide	ends, payments received on						
securi	ities loans, rents, royalties,						
	ncome from similar sources						
9 Net in	come from unrelated business						
activit	ties, whether or not the						
	ess is regularly carried on						
10 Other	income. Do not include gain						
or loss	s from the sale of capital						
assets	s (Explain in Part VI.)						
11 Total	support. Add lines 7 through 10						
12 Gross	receipts from related activities,	etc. (see instructio	ns)			12	
13 First 5	5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	ization, check this box and stop						
Section	C. Computation of Publi	c Support Per	centage				
14 Public	support percentage for 2022 (li	ne 6, column (f), d	vided by line 11, o	column (f))		14	<u>%</u>
	support percentage from 2021					15	<u>%</u>
16a 33 1/3	3% support test - 2022. If the c	rganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and
_	here. The organization qualifies		-				
	3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check thi	s box
	top here. The organization qual	•	•				
17a 10% -	facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	the organization meets the facts			=		VI how the organiz	ation
	s the facts-and-circumstances te	•			•		
b 10% -	facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	and if the organization meets th				-		
	ization meets the facts-and-circu						
18 Privat	te foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		(Form 990) 2022

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Schedule A (Form 990) 2022 COMMUNITY, INC.

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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.)

qualify under the tests listed be Section A. Public Support	elow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and			, ,			
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness 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					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20						<u>%</u>
18 Investment income percentage from						%
19a 33 1/3% support tests - 2022. If the						7 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2021. If the						L
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

232023 12-09-22

02-0280183 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
	35		
	3с		
	4a		
	4.		
	4b		
	4c		
	70		
	5a		
			
	5b		
	5c		
	6		
	6		
	7		
	8		
	9a		
	9b		
	00		
	9с		
	10a		
	10b		
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DocuSign Envelope ID: 83B6996B-7E0F-478F-BBB2-894A0C279FEC UNITED CHURCH OF CHRIST RETIREMENT 02-0280183 Page 5 COMMUNITY, INC. Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 <u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes_ No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify

those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, 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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

2b За 3b

2a

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 COMMUNITY, INC. 02-0280183 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		· ·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022 COMMUNITY, INC. 02-0280183 Page 7

1	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	.,		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				

Schedule A (Form 990) 2022

Part VI. See instructions.

and 4c.
 B Breakdown of line 7:
 Excess from 2018
 Excess from 2019
 Excess from 2020
 Excess from 2021
 Excess from 2022

6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

7 Excess distributions carryover to 2023. Add lines 3j

Schedule A	(Form 990) 2022	COMMUNITY,	INC.		02-0280183 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV, 5	explanations requir 6, 9a, 9b, 9c, 11a, 1 Section E, lines 1c, 1	red by Part II, line 10; Part II, line 11b, and 11c; Part IV, Section B, 2a, 2b, 3a, and 3b; Part V, line 1; Also complete this part for any a	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
	,				

Schedule A (Form 990) 2022

__SCLOSURE COPY **

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED CHURCH OF CHRIST RETIREMENT COMMUNITY, INC.

Employer identification number

02 - 0280183

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
		one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2

	. 490
Name of organization	Employer identification number
UNITED CHURCH OF CHRIST RETIREMENT	
COMMUNITY, INC.	02-0280183

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022) Page **3**

Name of organization
UNITED CHURCH OF CHRIST RETIREMENT
COMMUNITY, INC.

Employer identification number

02-0280183

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _{\$}	

Schedule B (Form 990) (2022)

Name of organization **Employer identification number** UNITED CHURCH OF CHRIST RETIREMENT 02-0280183 COMMUNITY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$. Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

UNITED CHURCH OF CHRIST RETIREMENT Name of the organization COMMUNITY, INC.

Employer identification number 02-0280183

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
			a 14117710
8	Does each conservation easement reported on line 2(d) abov		
_			
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Ot	ther Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		inei Olilliai Assets.
			and belongs about works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub.	•	
	•	,	· · · · · · · · · · · · · · · · · · ·
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	rierance of public service,
	provide the following amounts relating to these items:		¢.
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X	agurag or other similar aparts for financia	
2	-		ıı gaiii, provide
_	the following amounts required to be reported under FASB A		¢
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	noscis included in Form 330, Fall A		Ψ

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Schedule D (Form 990) 2022

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

_	dule D (Form 990) 2022 COMMUNI:	LY, INC.					02-02	80183	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Other	Similar	Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make si	gnificant ι	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change prograi	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatior	n's exem	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang							line 9, or	
	reported an amount on Form 990, Par		· ·					,	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributior	s or other asse	ets not i	ncluded			
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII a								
	•	•	· ·					Amount	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						X	Yes	No
	If "Yes," explain the arrangement in Part XIII.					•			X
Par						0.			
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	29,838,911.	25,757,557	23,140	,090.	19,0	19,232.	20,4	40,745.
	Contributions	12,798.	13,862	. 4	,240.		27,913.		23,389.
	Net investment earnings, gains, and losses	-3,005,016.	4,702,239	3,538	,277.	4,7	10,242.	-8	310,344.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs	489,873.	539,955	804	,004.	5	16,405.	5	542,087.
f	Administrative expenses	98,015.	94,792	121	,046.		00,892.		92,471.
g	End of year balance	26,258,805.	29,838,911				40,090.		19,232.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1a. column (a	ı)) held as:	•				
а	Board designated or quasi-endowment	30.9500	%	,,					
b	Permanent endowment 4.7700	%							
	Term endowment 64.2800								
	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	tion that are held a	nd administere	d for th	е			
	organization by:							١	res No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?						X
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or ot basis (investm	, ,	t or other (other)	٠,	ccumulate oreciation	ed	(d) Book	value
1a	Land		1,46	1,896.				1,461	,896.
	Buildings			79,674.	43,0	76,20			,410.
	Leasehold improvements		,		·				
	Equipment		8,59	2,137.		369,20		1,222	
	Other		4,70	4,547.	2,9	997,90			,645.
Total	. Add lines 1a through 1e. (Column (d) must ed		K. column (B), line	(Oc.)					,822.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 COMMUNITY, INC. 02-0280183 F Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G)	ilue
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Financial derivatives (e) Closely held equity interests (f) Closely held equity interests (g) Closely held eq	ilue
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G)	llue
(2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G)	
(3) Other	
(A) (B) (C) (D) (E) (F) (G)	
(B) (C) (D) (E) (F) (G)	
(C) (D) (E) (F) (G)	
(D) (E) (F) (G)	
(E) (F) (G)	
(F) (G)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	lue
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description (b) Book value	
(a) Description (b) Book value (1) RESIDENT FUNDS 7, 0	049.
(a) Description (b) Book value (1) RESIDENT FUNDS 7,0 (2) RESIDENT DEPOSITS 1,010,4	049. 429.
(a) Description (b) Book value (1) RESIDENT FUNDS 7,0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9	049. 429. 967.
(a) Description (b) Book value (1) RESIDENT FUNDS 7,0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2	049. 429. 967.
(a) Description (b) Book value (1) RESIDENT FUNDS 7,0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST	049. 429. 967. 277.
(a) Description (b) Book value (1) RESIDENT FUNDS 7,0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST 26,244,2	049. 429. 967. 277.
(a) Description (b) Book value (1) RESIDENT FUNDS 7,0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST 26,244,2 (6) FUND 26,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4	049. 429. 967. 277. 202. 461.
(a) Description (1) RESIDENT FUNDS 7,0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST (6) FUND 26,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58,7	049. 429. 967. 277.
(a) Description (b) Book value (1) RESIDENT FUNDS 7,0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST 26,244,2 (6) FUND 26,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58,7 (9)	049. 429. 967. 277. 202. 461. 782.
(a) Description (b) Book value (1) RESIDENT FUNDS 7, 0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST 26,244,2 (6) FUND 26,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58,7 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28,427,1	049. 429. 967. 277. 202. 461. 782.
(a) Description (b) Book value (1) RESIDENT FUNDS 7, 0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST 26,244,2 (6) FUND 26,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58,7 (9) 58,427,1 Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28,427,1 Part X Other Liabilities.	049. 429. 967. 277. 202. 461. 782.
(a) Description (b) Book value (1) RESIDENT FUNDS 7, 0 (2) RESIDENT DEPOSITS 1, 010, 4 (3) DUE FROM AFFILIATE 148, 9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250, 2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST (6) FUND 26, 244, 2 (7) INTEREST RATE SWAP AGREEMENT 707, 4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58, 7 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28, 427, 1 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	049. 429. 967. 277. 202. 461. 782.
(a) Description (b) Book value (c) RESIDENT FUNDS 7, 0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST (6) FUND 26,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58,7 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28,427,1 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value	049. 429. 967. 277. 202. 461. 782.
(a) Description (b) Book value (1) RESIDENT FUNDS 77,0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST (6) FUND 26,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58,7 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28,427,1 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes	049. 429. 967. 277. 202. 461. 782.
(a) Description (b) Book value (1) RESIDENT FUNDS 7, 0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST (6) FUND 26,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58,7 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28,427,1 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) RESIDENT DEPOSITS 1,010,4	049. 429. 967. 277. 202. 461. 782.
(a) Description (b) Book value (1) RESIDENT FUNDS 7, 0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST (6) FUND 266,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58,7 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28,427,1 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) RESIDENT DEPOSITS 1,010,4 (3) LEASE LIABILITIES - FINANCE LEASES 61,6	049. 429. 967. 277. 202. 461. 782.
(a) Description (b) Book value (1) RESIDENT FUNDS 7, 0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST (6) FUND 26,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58,7 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28,427,1 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) RESIDENT DEPOSITS 1,010,46 (3) LEASE LIABILITIES - FINANCE LEASES 61,66 (4)	049. 429. 967. 277. 202. 461. 782.
(a) Description (b) Book value (1) RESIDENT FUNDS 7, 0 (2) RESIDENT DEPOSITS 1,010,4 (3) DUE FROM AFFILIATE 148,9 (4) CASH SURRENDER VALUE OF LIFE INSURANCE 250,2 (5) BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS TRUST (6) FUND 266,244,2 (7) INTEREST RATE SWAP AGREEMENT 707,4 (8) RIGHT-OF-USE ASSETS - FINANCE LEASES 58,7 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28,427,1 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) RESIDENT DEPOSITS 1,010,4 (3) LEASE LIABILITIES - FINANCE LEASES 61,6	049. 429. 967. 277. 202. 461. 782.

1,072,111. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(8) (9)

Sche	dule D (Form 990) 2022 COMMUNITY, INC.			0280183	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue per	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements		. 1	23,221	<u>,829.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities) •		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d -1,762,280) •	- 440	204
е	Add lines 2a through 2d			-5,442	
3	Subtract line 2e from line 1		. 3	28,664,	, 153.
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		_		
b	Other (Describe in Part XIII.)				0
C	Add lines 4a and 4b			28,664	152
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial State	ments With Expenses ne	. 5 r Retur		, 133.
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	-	i itetui		
	•		1	29,373	007
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		. 1	29,313	,007.
2	, ,	2a 693,700	,		
a	Donated services and use of facilities		' —		
b	Prior year adjustments Other lesses				
4	Other losses Other (Describe in Part XIII.)				
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	693	,700.
3	Subtract line 2e from line 1			28,679	307.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				,
' a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
			40	1	0.
	Add lines 4a and 4b			28,679	0.
c 5				28,679	
c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		. 5		,307.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and 4a	art IV, lines 1b and 2b; Part V, lin	. 5		,307.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.	art IV, lines 1b and 2b; Part V, lin	. 5		,307.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and 4a	art IV, lines 1b and 2b; Part V, lin	. 5		,307.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and 4a	art IV, lines 1b and 2b; Part V, lin	. 5		,307.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	art IV, lines 1b and 2b; Part V, lin	. 5		,307.
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	art IV, lines 1b and 2b; Part V, linadditional information.	5 e 4; Part	X, line 2; Part X	, 307.
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and TV, LINE 2B:	art IV, lines 1b and 2b; Part V, linadditional information.	5 e 4; Part	X, line 2; Part X	, 307.
Provi lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and TV, LINE 2B:	Part IV, lines 1b and 2b; Part V, linadditional information. ITAGE HEIGHTS IS	e 4; Part	X, line 2; Part X	, 307.
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and T IV, LINE 2B: A LONG-TERM CARE FACILITY, HAVENWOOD-HERE GISLATION TO PROVIDE A TRUST ACCOUNT FOR	eart IV, lines 1b and 2b; Part V, linadditional information. ITAGE HEIGHTS IS RESIDENTS' PERSO	REQU	X, line 2; Part X	, 307.
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a RT IV, LINE 2B: A LONG-TERM CARE FACILITY, HAVENWOOD-HER	eart IV, lines 1b and 2b; Part V, linadditional information. ITAGE HEIGHTS IS RESIDENTS' PERSO	REQU	X, line 2; Part X	, 307.
c 5 Pau Provi lines PAF AS LEG	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b. A LONG-TERM CARE FACILITY, HAVENWOOD-HERE SISLATION TO PROVIDE A TRUST ACCOUNT FOR IDS, FOR THOSE RESIDENTS IN THE HEALTH SE	eart IV, lines 1b and 2b; Part V, linadditional information. ITAGE HEIGHTS IS RESIDENTS' PERSO	REQU	X, line 2; Part X	, 307.
c 5 Pau Provi lines PAF AS LEG	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and T IV, LINE 2B: A LONG-TERM CARE FACILITY, HAVENWOOD-HERE GISLATION TO PROVIDE A TRUST ACCOUNT FOR	eart IV, lines 1b and 2b; Part V, linadditional information. ITAGE HEIGHTS IS RESIDENTS' PERSO	REQU	X, line 2; Part X	, 307.
c 5 Pau Provi lines PAF AS LEG	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b. A LONG-TERM CARE FACILITY, HAVENWOOD-HERE SISLATION TO PROVIDE A TRUST ACCOUNT FOR IDS, FOR THOSE RESIDENTS IN THE HEALTH SE	Part IV, lines 1b and 2b; Part V, linadditional information. ITAGE HEIGHTS IS RESIDENTS' PERSO	REQU	X, line 2; Part X	, 307.
c 5 Pau Provi lines PAF AS LEG	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b. A LONG-TERM CARE FACILITY, HAVENWOOD-HERE SISLATION TO PROVIDE A TRUST ACCOUNT FOR IDS, FOR THOSE RESIDENTS IN THE HEALTH SE	Part IV, lines 1b and 2b; Part V, linadditional information. ITAGE HEIGHTS IS RESIDENTS' PERSO	REQU	X, line 2; Part X	, 307.
c 5 Pau Provi lines PAF AS LEG FUN	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and Add III III III III III III III III II	eart IV, lines 1b and 2b; Part V, lines additional information. ITAGE HEIGHTS IS RESIDENTS' PERSOI RVICES CENTER WHO	REQU	X, line 2; Part X	, 307.
c 5 Pau Provi lines PAF AS LEG FUN	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b. A LONG-TERM CARE FACILITY, HAVENWOOD-HERE SISLATION TO PROVIDE A TRUST ACCOUNT FOR IDS, FOR THOSE RESIDENTS IN THE HEALTH SE	eart IV, lines 1b and 2b; Part V, lines additional information. ITAGE HEIGHTS IS RESIDENTS' PERSOI RVICES CENTER WHO	REQU	X, line 2; Part X	, 307.
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PAF	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and Add III III III III III III III III II	Part IV, lines 1b and 2b; Part V, lined ditional information. ITAGE HEIGHTS IS RESIDENTS PERSON RVICES CENTER WHO	REQU NAL N O MAY	X, line 2; Part X IRED BY EEDS WISH TO	, 307.
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PAF PAF RES	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and another transfer of the part IV, LINE 2B: A LONG-TERM CARE FACILITY, HAVENWOOD-HERE ISLATION TO PROVIDE A TRUST ACCOUNT FOR IDS, FOR THOSE RESIDENTS IN THE HEALTH SEETHIS SERVICE.	art IV, lines 1b and 2b; Part V, lined ditional information. ITAGE HEIGHTS IS RESIDENTS' PERSON RVICES CENTER WHO	REQUINAL NO MAY	X, line 2; Part X IRED BY EEDS WISH TO	, 307.
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PAF AS LEC FUN USF RES HAV	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a RT IV, LINE 2B: A LONG-TERM CARE FACILITY, HAVENWOOD-HER SISLATION TO PROVIDE A TRUST ACCOUNT FOR IDS, FOR THOSE RESIDENTS IN THE HEALTH SE THIS SERVICE. RT V, LINE 4: STRICTED ASSETS ARE INTENDED FOR CAPITAL	art IV, lines 1b and 2b; Part V, line additional information. ITAGE HEIGHTS IS RESIDENTS' PERSON RVICES CENTER WHO IMPROVEMENTS TO TO THE SERVENTS TO THE SERVE	REQUINAL NO MAY	X, line 2; Part X IRED BY EEDS WISH TO	, 307.
PAF AS LEC FUN USF RES HAV	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, and Part XII, lines 2d and 4b. Also complete this part to provide any and Ab; and Part XII, lines 2d and 4b. Also complete this part to provide any and Ab; and Part XII, lines 2d and 4b. Also complete this part to provide any and Ab; and Part XII, lines 2d and 4b. Also complete this part to provide any and Ab; and Ab; and Part XII, lines 1a and 4; Part IV, LINE 2B: A LONG-TERM CARE FACILITY, HAVENWOOD-HER ADDS, FOR THOSE RESIDENTS IN THE HEALTH SE ADDS, FOR THOSE RESIDENTS IN THE HEALTH SE ATHER SERVICE. ATHER SERVICE. ATT V, LINE 4: ATT	art IV, lines 1b and 2b; Part V, line additional information. ITAGE HEIGHTS IS RESIDENTS' PERSON RVICES CENTER WHO IMPROVEMENTS TO TO THE SERVENTS TO THE SERVE	REQUINAL NO MAY	X, line 2; Part X IRED BY EEDS WISH TO	, 307.
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PART X, LINE 2:

Schedule D (Form 990) 2022 COMMUNITY,

Part XIII Supplemental Information (continued)

THE COMMUNITY IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IT QUALIFIES AS A PUBLICLY

SUPPORTED ORGANIZATION UNDER IRC SECTION 509 AND, THEREFORE, QUALIFIES AS

A PUBLIC CHARITY. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN

RECORDED IN THE FINANCIAL STATEMENTS. THERE WAS NO UNRELATED BUSINESS

INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021.

THE COMMUNITY FOLLOWS THE GUIDANCE IN THE INCOME TAX ACCOUNTING STANDARD
REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS, IF
ANY. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE FURTHER
PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED
TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE
APPLICATION OF THIS STANDARD HAS NO IMPACT ON THE COMMUNITY'S FINANCIAL
STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS

TRUST FUND -3,580,105.

GAIN ON FAIR VALUE OF INTEREST RATE SWAP AGREEMENT 1,817,825.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -1,762,280.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. UNITED CHURCH OF CHRIST RETIREMENT

Employer identification number 02-0280183

OMB No. 1545-0047

Inspection

COMMUNITY, INC. **Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2022

COMMUNITY, INC.

Schedule J (Form 990) 2022 COMMUNITY, INC.

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

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

02 - 0280183

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

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL A. PALMIERI	Ξ	266,793.	30,000.	36,257.	10,996.	29,160.	373,206.	0
PRESIDENT/CEO, VOTING EX-OFFICIO	<u> </u>	0 •	• 0	• 0	• 0	0 •	• 0	• 0
(2) TRACY J. JUDD	Ξ	149,946.	0.	7,008.	5,998.	0.	162,952.	0
VP/CFO	Œ		0.	• 0	0 •	0.		0
(3) JANE POITRAS	Ξ	128,418.	0	0	5,589.	28,745.	162,752.	0
VP HH HOUSING	▣	0.	0.	• 0	0.	0	• 0	0
	Ξ							
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	(ii)							
							Schedu	Schedule J (Form 990) 2022

Page 3

02-0280183

COMMUNITY, INC.

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2022

Part III Supplemental Information

PART I, LINE 7:
IN 2022, THE HAVENWOOD-HERITAGE HEIGHTS BOARD OF DIRECTORS UNANIMOUSLY
PROVED A \$30,000 BONUS FOR MICHAEL A.
SS. THIS BC
RECOGNITION OF ACHIEVEMENT OF PERFORMANCE GOALS, AND TAKES INTO
CONSIDERATION THE OVERALL FINANCIAL POSITION OF THE ORGANIZATION,
INNOVATIVE PROJECT AND OPERATIONAL WORK, LEADERSHIP OF DIRECT REPORTS, AND
GENERAL INDUSTRY STANDARDS.

Schedule J (Form 990) 2022

Schedule K (Form 990) 2022 ŝ (i) Pooled financing × × × **Employer identification number** Open to Public Inspection OMB No. 1545-0047 Yes ŝ (g) Defeased|(h) On behalf 02 - 0280183Yes No × × × ۵ of issuer Yes ŝ × × × 2,354,997. 11,006,000. 8,385,459. 4,349,910. 265,544. Yes × ŝ 2017 Д CAPITAL IMPROVEME 2006 BONDS AND PA REFINANCE SERIES 2006B BONDS AND (f) Description of purpose REFUND SERIES Yes × × × PAY COSTS OF Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. CH OF CHRIST RETIREMENT 17,470,000. 3,185,426. 277,380. CONTINUATIONS 312,728, 16,879,892, × × ဍ 2014 Ω Supplemental Information on Tax-Exempt Bonds 11006000. 15675000. Yes × 17470000 × (e) Issue price 4,230,000. 5,675,000. 15,675,000. (王) × ŝ 2009 AND 09/16/09 11/01/13 08/25/16 (d) Date issued Yes × × × (Y) FOR COLUMNS AUT 02-0279866 NONEAVAIL AUT 02-0279866 NONEAVAIL AUT 02-0279866 NONEAVAIL (c) CUSIP# Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if IΛ (b) Issuer EIN SEE PART CHURCH OF INC issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? AND NEW HAMPSHIRE HEALTH AND NEW HAMPSHIRE HEALTH AND Working capital expenditures from proceeds COMMUNITY C EDUCATION FACILITIES NEW HAMPSHIRE HEALTH EDUCATION FACILITIES EDUCATION FACILITIES UNITED Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Proceeds Department of the Treasury Internal Revenue Service **SCHEDULE K** (Form 990) Part II Part 9 4 2 N ო ω 0 우 42 5 4 5 9 4

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CHRIST RETIREMENT UNITED CHURCH OF

Page 2 ŝ Yes % % % % ဍ × × × × × × 00. .20 .20 O Yes 02 - 0280183% % % % 2 ⋈ × × × × 00. 20 .20 Yes % % % % ę × × × × 20 × 00. .20 Yes counsel to review any management or service contracts relating to the financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 8a Has there been a sale or disposition of any of the bond-financed property to a nond If "Yes" to line 3c, does the organization routinely engage bond counsel or other Enter the percentage of financed property used in a private business use as a Are there any research agreements that may result in private business use of result of unrelated trade or business activity carried on by your organization, Are there any lease arrangements that may result in private business use of c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations b If "Yes" to line 8a, enter the percentage of bond-financed property sold or Are there any management or service contracts that may result in private other than a section 501(c)(3) organization or a state or local government Was the organization a partner in a partnership, or a member of an LLC, another section 501(c)(3) organization, or a state or local government 7 Does the bond issue meet the private security or payment test? INC. which owned property financed by tax-exempt bonds? COMMUNITY business use of bond-financed property? sections 1.141-12 and 1.145-2? Part III Private Business Use bond-financed property? bond-financed property? Schedule K (Form 990) 2022 Total of lines 4 and 5 disposed of ပ N 2 9 4

%

% %

Part IV Arbitrage								
	A			В	O			٥
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	oN	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×		×		X		
b Exception to rebate?		×		×		X		
c No rebate due?	X		×		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	X		×		X			
232122 10-28-22						Sch	Schedule K (Form 990) 2022	m 990) 2022

×

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×

nonqualified bonds of the issue are remediated in accordance with the Has the organization established written procedures to ensure that all

6

requirements under Regulations sections 1.141-12 and 1.145-2?

CHRIST RETIREMENT ЮŖ CHURCH UNITED

Page 3 ŝ ŝ ۵ Yes 11,0000000 CITIZENS BANK, N.A. ŝ ŝ × \bowtie × O O Yes Yes × × 02 - 028018310.0000000 CITIZENS BANK, N.A. ŝ ŝ \bowtie × × ISSUER NAME: NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY ISSUER NAME: NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY ISSUER NAME: NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY ISSUER NAME: NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY Ω Yes Yes × × Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. REFINANCE SERIES 2006 BONDS AND PAY COSTS OF CAPITAL IMPROVEMENTS CAPITAL IMPROVEMENTS 20.0000000 CITIZENS BANK, N.A. DESCRIPTION OF PURPOSE: PAY COSTS OF CAPITAL IMPROVEMENTS ŝ ŝ ×× × Yes Yes × d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? REFUND SERIES 2006B BONDS AND PAY COSTS OF Has the organization established written procedures to ensure that violations voluntary closing agreement program if self-remediation isn't available under of federal tax requirements are timely identified and corrected through the 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? SCHEDULE K, PART IV, ARBITRAGE, LINE 2C: 4a Has the organization or the governmental issuer entered into a qualified Has the organization established written procedures to monitor the INC. SCHEDULE K, PART I, BOND ISSUES: Part V Procedures To Undertake Corrective Action COMMUNITY, DESCRIPTION OF PURPOSE: DESCRIPTION OF PURPOSE: hedge with respect to the bond issue? d Was the hedge superintegrated? requirements of section 148? e Was the hedge terminated? Part IV Arbitrage (continued) applicable regulations? Schedule K (Form 990) 2022 **b** Name of provider **b** Name of provider c Term of hedge c Term of GIC (년) (A) (A) (F) (A) (A)

(H

ISSUER NAME: NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY

(A)

DATE THE REBATE COMPUTATION WAS PERFORMED: 12/28/2021

DATE THE REBATE COMPUTATION WAS PERFORMED: 12/28/2021

UNITED CHURCH OF CHRIST RETIREMENT COMMUNITY, INC.

Page 4 Schedule K (Form 990) 2022 COMMUNITY, INC. 02-0280183

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. (continued)

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/27/2021 02 - 0280183

SCHEDULE K, PART I, ROWS A AND B: THE SERIES 2009 AND 2013 BONDS ARE PRESENTED SEPARATELY ON THE SCHEDULE K TO BEST ALIGN WITH THE ORGANIZATION'S INTERNAL DESIGNATION AND TRACKING, FOR FEDERAL TAX PURPOSES THE BONDS ARE TECHNICALLY ONE ISSUE.
MODIFIED AND REISSUED ON

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization UNITED CHURCH OF CHRIST RETIREMENT COMMUNITY, INC.

Employer identification number 02-0280183

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported o Form 990, Part VIII, lin	noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (COVID-19 BINAX)	X	1	27,26	4. MARKET PRIC	Έ		
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 th	rough 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be ι	used for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard con	tributions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell none	cash			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is	checked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Sched	ule M (Form					ITY,							02-0280		Page 2
Part		olei	mental	Infor	matic	on. Provi	de the informa	ation r	equired	by Part I, lines	s 30b,	32b, and 33, an	d whether th	e organizat	ion
	is repo	ortin art f	ig in Part or any ad	i, colui ditiona	mn (b) ıl infori	, the numi mation.	per of contribu	itions,	tne num	iber of items i	eceive	ed, or a combina	ition of both.	Also comp	olete
	<u> </u>														
SCHI	EDULE 1	1,	PART	I,	COI	LUMN	(B):								
THE	NUMBER	R F	REPOR'	TED	IN	THIS	COLUMN	IS	THE	NUMBER	OF	CONTRIB	UTORS.		

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED CHURCH OF CHRIST RETIREMENT COMMUNITY, INC.

Employer identification number 02-0280183

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

A FAITH-BASED NOT-FOR-PROFIT RETIREMENT COMMUNITY, AFFILIATED WITH THE

NEW HAMPSHIRE CONFERENCE OF THE UNITED CHURCH OF CHRIST, PROVIDING A

CONTINUUM OF SERVICES AND LONG-TERM CARE, WHERE PEOPLE OF VARYING

BACKGROUNDS, 62 YEARS AND OLDER, LIVE TOGETHER IN AN ATMOSPHERE OF

INDEPENDENCE AND DIGNITY WITH A COMMON BOND OF COMPANIONSHIP AND A

SENSE OF COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AN INTEGRAL PART OF OUR FAITH-BASED MISSION IS OUR CHARITY CARE

PROGRAMS WHICH PROVIDE FINANCIAL SUPPORT TO THOSE MEMBERS WHO HAVE

OUTLIVED THEIR FINANCIAL RESOURCES THROUGH NO FAULT OF THEIR OWN, THUS

AFFORDING THEM THE OPPORTUNITY TO REMAIN IN THE COMMUNITY REGARDLESS OF

THEIR FINANCIAL STATUS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE ELECTED OFFICERS OF THE BOARD:
CHAIRPERSON, VICE CHAIRPERSON AND ALL COMMITTEE CHAIRPERSONS. IT SHALL ALSO
CONSIST OF THE FOLLOWING OFFICERS: PRESIDENT, TREASURER AND SECRETARY. THE
EXECUTIVE COMMITTEE SHALL, IN THE INTERIM BETWEEN REGULARLY SCHEDULED BOARD
MEETINGS, EXERCISE ALL THE POWERS OF THE BOARD IN ACCORDANCE WITH THE
ARTICLES OF AGREEMENT, BY-LAWS AND ESTABLISHED POLICIES OF THE BOARD OF
DIRECTORS AS REFLECTED IN THE MINUTES OF THEIR DELIBERATIONS. THE EXECUTIVE
COMMITTEE DOES NOT HAVE THE RIGHT TO AMEND, REPEAL OR OTHERWISE CHANGE THE
GOVERNING DOCUMENTS AND THE EXECUTIVE COMMITTEE CANNOT ELECT BOARD MEMBERS.

Schedule O (Form 990) 2022 Page 2 UNITED CHURCH OF CHRIST RETIREMENT Name of the organization **Employer identification number** 02-0280183 COMMUNITY, INC. FORM 990, PART VI, SECTION A, LINE 6: THE SOLE VOTING MEMBER IS THE NEW HAMPSHIRE CONFERENCE OF THE UNITED CHURCH OF CHRIST (THE MEMBER), A RELATED PUBLIC CHARITY. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBER SHALL ELECT THE BOARD OF DIRECTORS AT THEIR ANNUAL MEETINGS FOR TERMS OF THREE YEARS. TERM EXTENSIONS ARE EVALUATED ON AN EXCEPTION BASIS DUE TO EXTENUATING CIRCUMSTANCES AND ARE ALSO APPROVED BY THE MEMBER AT THEIR ANNUAL MEETING. FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBER SHALL HAVE THE SOLE AUTHORITY TO ADOPT/APPROVE ANY PROPOSED AMENDMENTS TO THE GOVERNING DOCUMENTS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN A DRAFT IS REVIEWED IN DETAIL BY KEY FINANCIAL SERVICES EMPLOYEES. THE FINAL FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: ANY POTENTIAL OR ACTUAL CONFLICT IS REQUIRED TO BE DISCLOSED TO THE BOARD IMMEDIATELY UPON DISCOVERY. ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCLOSED AND REVIEWED AT BOARD MEETINGS, OR ARE DISCLOSED ON AN INDIVIDUAL BASIS TO THE CHAIRPERSON AND PRESIDENT/CEO. IN ADDITION, ROUTINE REVIEW OF BUSINESS TRANSACTIONS BY SENIOR MANAGEMENT STAFF HELPS TO ENSURE THAT POTENTIAL CONFLICTS OF INTEREST ARE IDENTIFIED AND ISSUES RESOLVED. THE

BOARD OF DIRECTORS DETERMINE IF A POTENTIAL CONFLICT IS AN ACTUAL CONFLICT.

Schedule O (Form 990) 2022 Page **2**

Name of the organization UNITED CHURCH OF CHRIST RETIREMENT COMMUNITY, INC.

Employer identification number 02-0280183

IF A CONFLICT WERE TO ARISE, THE PERSON IN CONFLICT WOULD AT MINIMUM RECUSE
THEMSELVES FROM ANY DELIBERATION OR VOTE RELATED TO THE MATTER IN CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT/CEO'S COMPENSATION IS REVIEWED AND APPROVED ON AN ANNUAL
BASIS BY THE BOARD OF DIRECTORS. AS PART OF THE DELIBERATION PROCESS, THE
BOARD REVIEWS INDUSTRY SALARY INFORMATION OBTAINED FROM LEADINGAGE AS WELL
AS RECENT COMPENSATION SURVEYS FOR BENCHMARK STATISTICS. THE PRESIDENT/CEO
REVIEWS AND APPROVES THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES
ON AN ANNUAL BASIS. AS PART OF THIS REVIEW, THE PRESIDENT/CEO UTILIZES
INDUSTRY SALARY INFORMATION FROM LEADINGAGE AND THE COUNCIL FOR HEALTH AND
HUMAN SERVICE MINISTRIES OF THE UNITED CHURCH OF CHRIST (CHHSM). THE
PRESIDENT/CEO, ON AN "AS NEEDED" BASIS, WILL CONSULT WITH THE BOARD OF
DIRECTORS REGARDING SIGNIFICANT SALARY VARIANCES FROM INDUSTRY STANDARDS.
THE DELIBERATION AND FINAL DECISION RELATED TO COMPENSATION OF OFFICERS AND
KEY EMPLOYEES IS TIMELY DOCUMENTED AS PART OF APPLICABLE MINUTES AND
EMPLOYMENT FILES. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE KEPT BY THE CHAIRPERSON OF THE BOARD OF DIRECTORS,

THE PRESIDENT/CEO AND THE VICE PRESIDENT/CFO. COPIES OF SUCH DOCUMENTS WILL

BE DISTRIBUTED BY THESE INDIVIDUALS AS APPROPRIATE UPON REQUEST. THE

AUDITED FINANCIAL STATEMENTS ARE ALSO POSTED ON THE ORGANIZATION'S WEBSITE:

WWW.HHHINFO.COM.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN HAVENWOOD-HERITAGE HEIGHTS

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED CHURCH OF CHRIST RETIREMENT COMMUNITY, INC.	Employer identification number 02-0280183
TRUST FUND	-3,580,105.
GAIN ON FAIR VALUE OF INTEREST RATE SWAP AGREEMENT	1,817,825.
TOTAL TO FORM 990, PART XI, LINE 9	-1,762,280.

Schedule O (Form 990) 2022

DocuSign Envelope ID: 83B6996B-7E0F-478F-BBB2-894A0C279FEC

Employer identification number $0.2-0.28\,0.18\,3$ OMB No. 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. UNITED CHURCH OF CHRIST RETIREMENT Attach to Form 990. COMMUNITY, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Partl

2022

Open to Public Inspection

Direct controlling

End-of-year assets **e** Total income ਰ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded 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. Part

	12(b)(13) lled	:3/2	No			×			×			
(b)	Section 512(b)(entity?	Yes									
(t)	Direct controlling	entity				N/A			N/A			
(e)	Public charity	status (if section	501(c)(3))			LINE 12B, II N/A			LINE 1			
(g)	Exempt Code	section				501(C)(3)			501(C)(3)			
(c)	Legal domicile (state or	foreign country)				NEW HAMPSHIRE			NEW HAMPSHIRE			
(q)	Primary activity			SUPPORT OF UNITED CHURCH	OF CHRIST RETIREMENT	COMMUNITY AND RESIDENTS	TO WORSHIP, WORK, AND PRAY	WITH THE CONGREGATIONS OF	ITS CONFERENCE			
(a)	Name, address, and EIN	of related organization		HAVENWOOD-HERITAGE HEIGHTS TRUST FUND -	02-0366556, 33 CHRISTIAN AVENUE, CONCORD, NH	03301	NEW HAMPSHIRE CONFERENCE OF THE UNITED	CHURCH OF CHRIST - 02-0222165, 140 SHEEP	DAVIS ROAD, PEMBROKE, NH 03275			

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

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UNITED CHURCH OF CHRIST RETIREMENT

COMMUNITY, INC.

Schedule R (Form 990) 2022

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

Page 2

02 - 0280183

	tage								
3	General or Percentage managing ownership partner?								
S	General or managing partner?								
(E)	Code V-UBI amount in box m 20 of Schedule E K-1 (Form 1065)								
	Code amour 20 of \$ K-1 (Fc								
(F)	Disproportionate allocations? Yes No								
(6)	Share of end-of-year assets								
(f)	Share of total income								
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)								
(p)	Direct controlling entity								
(c)	Legal domicile (state or foreign country)								
(q)	Primary activity								
(a)	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

1				I		ı		ı		I		ı	
	<u> </u>	512(b)(13) controlled entity?	٥										
	ď	512 con	Yes										
	Ē	<u> </u>											
	(6)	Share of end-of-year	dosels										
	£	Share of total income											
	(e)	orp, S corp	or it day										
	(P)	Direct controlling entity											
	(0)	Legal domicile (state or foreign	country)										
	(q)	Primary activity											
	(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2022

Page 3 02-0280183

UNITED CHURCH OF CHRIST RETIREMENT COMMUNITY, INC. Schedule R (Form 990) 2022

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

Price to the Control of Control o	2	Þ	\$ >	4		×	×		Þ	∢	×	×	×	×		×		×	×	×	×	4		×) 2022
the set year, give set of Parts II II, or N of this scheolek that critical controlled or the set of se	Yes		\perp	ŀ	×												×					Þ	4		×						066 m
the time of any entity is listed in Parts II III, or Not this schedule. The tax year, do the organization engage in any of the following reasoning with one or more related organizations isseed in combine to related organization engage in any of the following reasoning and combined combined combined in selected organization(s) The comparison of the related organization of the related organization(s) The comparison of the related organization of the related organiza			<u>a</u>	2	ပု	19	1	2		÷	19	f	F	F	7	¥	=	1	두	우	4	₽ ₹	2	÷	15		rolved				R (For
lete line 1 if any entity is listed in Parts II, III, or IV of this schedul the tax year, did the organization engage in any of the following to (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a conant, or capital contribution to related organization(s) ant, or capital contribution from related organization(s) or loan guarantees to or for related organization(s) or loan guarantees by related organization(s) dis from related organization(s) assets to related organization(s) assets to related organization(s) se of assets from related organization(s) facilities, equipment, or other assets from related organizations for nance of services or membership or fundraising solicitations for nance of services or membership or fundraising solicitations by go facilities, equipment, mailing lists, or other assets with related go facilities, equipment, mailing lists, or other assets with related go facilities, equipment, related organization(s) Insement paid by related organization(s) for expenses are sement paid by related organization(s) for expenses ransfer of cash or property from related organization(s) Name of related organization (a) Name of related organization	§ ::	מונא וויוע?																								tionships and transaction thresholds.	(d) Method of determining amount inv				Schedule
the tax year, did the organization engage in any of the following to (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a conant, or capital contribution to related organization(s) ant, or capital contribution from related organization(s) ant, or capital contribution from related organization(s) or loan guarantees to or for related organization(s) or loan guarantees by related organization(s) disset from related organization(s) assets to related organization(s) assets to related organization(s) assets from related organization(s) of facilities, equipment, or other assets from related organizations for nance of services or membership or fundraising solicitations for nance of services or membership or fundraising solicitations for nance of services or membership or fundraising solicitations by gof facilities, equipment, mailing lists, or other assets with related go facilities, equipment, mailing lists, or other assets with related go facilities, equipment paid to related organization(s) for expenses arsement paid by related organization(s) for expenses ransfer of cash or property from related organization(s) maker to any of the above is "Ves," see the instructions for infor newer to any of the above is "Ves," see the instructions for information or any of the above is "Ves," see the instructions for information or the fact of the above is "Ves," see the instructions for information or the fact of the above is "Ves," see the instructions for information or the fact of the above is "Ves," see the instructions for information or the fact of the above is "Ves," see the instructions for information or the fact of the above is "Ves," see the instructions for information or the fact of the above is "Ves," see the instructions for information or the fact of the above is "Ves," see the instructions for information or the fact of the above is "Ves," see the instructions for information or the fact of the above is "Ves," see the instructions for information or the fact of the above is "Ves," see the instructi		iateu organizations iisteu iii r																								s line, including covered rela	(c) Amount involved				
lete line 1 if any entity is listed in Parts II, III, or IV of this schedul the tax year, did the organization engage in any of the following to (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a conant, or capital contribution to related organization(s) ant, or capital contribution from related organization(s) or loan guarantees to or for related organization(s) or loan guarantees by related organization(s) or loan guarantees by related organization(s) assets to related organization(s) assets from related organization(s) of facilities, equipment, or other assets from related organization(s) of facilities, equipment, or other assets from related organizations for nance of services or membership or fundraising solicitations for nance of services or membership or fundraising solicitations by go facilities, equipment, mailing lists, or other assets with related go facilities, equipment, mailing lists, or other assets with related go facilities, equipment paid to related organization(s) for expenses arsement paid by related organization(s) for expenses ransfer of cash or property from related organization(s) maker to any of the above is "Ves," see the instructions for infor however to any of the above is "Ves," see the instructions for information or any of the above is "Ves," see the instructions for information or the paid organization organizatio																	ization(s)	ization(s)								o must complete thi	(b) Transaction type (a-s)				46
1	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	Loans or loan quarantees by related organization(s)			Dividends from related organization(s)	Sale of assets to related organization(s	Purchase of assets from related organiza	Exchange of assets with related organization(s)				I Performance of services or membership or fundraising solicitations for related organi						nermoursement paid by related organization(s) for expenses	Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)		(a) Name of related organization				232163 09-14-22

COMMUNITY, INC.

Schedule R (Form 990) 2022

02-0280183 Page 4

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.

(k) centage nership				
or Perc				
(j) General or managing partner?				
(h) (i) (j) (k)				
(h) Disproportionate allocations? Yes No				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all Are all 501(c)(3) 6r Ves No				
Predominant income prelated, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2022

Schedule R	R (Form 990) 2022	COMMUNITY,	INC.	02-0280183	Page 5
Part VII	(Form 990) 2022 Supplemental Info	rmation			
			questions on Schedule R. See instructions.		
	Provide additional inform	lation for responses to	questions on schedule h. See instructions.		
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1					
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